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NURSES TOGETHER: A FORCE FOR GLOBAL HEALTH

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Global and Regional Updates on Midwifery Practice

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Sexual, Reproductive, Maternal, Newborn and Adolescent Health (SRMNAH) is an essential component of the Sustainable Development Goals (SDGs). Evidence shows that universal coverage of midwife-delivered interventions would avert 65% of maternal and neonatal deaths and stillbirths, allowing 4.3 million lives to be saved annually by 2035.

Though there has been much progress in midwifery globally and in the Pacific region, there are still many issues that remain of concern, such as workforce shortages, an inadequate working environment, low-quality education and training, restrictive scopes of practice, inadequate regulation and licensing systems and limitations in health workforce data.

Future midwife workforce availability in most countries is threatened by high levels of staff turnover, out migration and/or an ageing workforce. The region faces particular challenges to the education and recruitment of sufficient midwives necessitating a regional, co-operative approach to midwifery workforce availability.

1. BACKGROUND

Sexual, Reproductive, Maternal, Newborn and Adolescent Health (SRMNAH) is an essential component of the Sustainable Development Goals (SDGs).

The [2021 State of the World's Midwifery Report](#) (SOWMY Report) shows that fully educated, regulated and integrated midwives supported by interdisciplinary teams can provide 90% of all SRMNAH services, yet [The State of the Pacific's RMNCAH Workforce 2019 Report](#) from 14 Pacific Island Countries and Territories (PICT)s reveals that the Pacific has only 1500 Midwives, which constitute barely 10% of the Pacific SRMNAH workforce.

Evidence shows that a substantial increase in coverage of midwife-delivered interventions (25% increase every five years to 2035) could avert 40% of maternal and newborn deaths and 26% of stillbirths, while universal coverage of midwife-delivered interventions would avert 65% of maternal and neonatal deaths and stillbirths, allowing 4.3 million lives to be saved annually by 2035. Furthermore, investing in midwives facilitates positive birth experiences, improves health outcomes, augments workforce supply, favors inclusive and equitable growth, facilitates economic stabilization, and can have a positive macroeconomic impact. Achieving these results however, requires increased commitment to, and investment in the midwifery workforce.

2. PROGRESS AND ACHIEVEMENTS

2.1 Global Progress

Year	Progress Milestones	Supporting Agencies
2018	<ul style="list-style-type: none"> • Global Midwifery Strategy 2018–2030. Developed to advance the attainment of SDG 3, the strategy aims to help reduce the global maternal mortality ratio to less than 70 deaths per 100,000 live births by 2030. • Essential competencies for midwifery practice 2018 update: outlines the minimum set of knowledge, skills and professional behaviours required to use the designation of midwife as defined by ICM. 	UNFPA International Confederation of Midwives (ICM)
2019	<ul style="list-style-type: none"> • Strengthening quality midwifery education for universal health coverage 2030: framework for action: the report 	WHO, UNFPA, UNICEF and ICM

	<p>includes a seven-step action plan for use by all stakeholders in maternal and newborn health.</p> <ul style="list-style-type: none"> • Essential competencies for midwifery practice 2019 update: includes midwives' role in preventing, detecting and stabilizing complications. 	ICM
2020	<ul style="list-style-type: none"> • International Year of the Nurse and the Midwife • 8th WHO-ICM-ICN Triad Meeting: participants commit to support countries in developing and implementing 10 priority actions to advance nursing and midwifery agendas in response to the COVID-19 pandemic and towards the realization of UHC. • Impact of midwives' paper in <i>The Lancet Global Health</i>: provides new estimates on midwives' potential to reduce maternal and neonatal mortality and stillbirths. 	<p>Designated by the World Health Assembly</p> <p>WHO, ICM, ICN</p> <p>ICM, UNFPA and WHO</p>
2021	<ul style="list-style-type: none"> • The State of the World Midwifery Report 	UNFPA, WHO, ICM
2023	<ul style="list-style-type: none"> • 33rd Triennial ICM Congress, Bali: From Evidence to Reality 	ICM

2.2 Regional Progress

- **2016; 2020 Midwifery Societies establishment and inclusion in ICM: Papua New Guinea (PNG) and Fiji Midwifery Societies** fully accepted and integrated into the International Confederation of Midwives (ICM) as member associations in 2016 and 2020 respectively
- **2018 -2023 Midwifery Curriculum revision and renewal:** Curricula of 7 Midwifery Schools (Fiji, Kiribati, Tonga, Samoa, Solomon Islands, Vanuatu) reviewed and curricula of 4 schools (Kiribati, Tonga, Samoa and Solomon Islands) updated to International Standards in 2023. Curricula update of remaining 3 schools to be completed in 2024.
- **2018 Establishment of Model Midwife Led Birthing Unit:** Studies show that midwife-led teams can achieve comparable effectiveness and outcomes using less medically intensive care in saving maternal and newborn lives compared with physician-led teams¹. Makoi's Midwifery led Maternity Unit is a great example of this. It is Fiji's 1st and

¹ 2015, Howard S Friedman, Mengjia Liang, Jamie L Banks: Measuring the cost-effectiveness of midwife-led versus physician-led intrapartum teams in developing countries. *Women's Health*

only Midwifery led Birthing Unit (MLU); and the only one of its kind in the Pacific, excluding Australia and New Zealand. Opened in 2018, it offers childbirth care to low risk women, including allowing partner support through labor and birth. The unit has 26 midwives to provide these services across the full continuum of maternity and postnatal care, and on average attends to 100 deliveries per month.

- **2019 The State of the Pacific’s RMNCAH Workforce Report** developed.
- **2022 (November) PNG Midwifery Policy:** PNG RMNCAH TAC endorsed the policy with a name change as “Expanded Access to Midwifery in PNG: Support to develop a midwifery policy and midwifery education options paper in Papua New Guinea”. The policy is awaiting final endorsement by PNG Department of Health Management.
- **2021-2023 International Day of the Midwife Celebrations (IDM):** Annual Celebrations of the IDM across the Pacific, with the 2023 theme as “Together Again- From Evidence to Reality” which was aimed at engaging and galvanizing the support and commitment of donors, government officials, civil society organisations (CSOs) and key stakeholders on the importance of midwives and midwifery-led care in achieving Universal Health Coverage (UHC) across the Pacific.

3. CHALLENGES

Though there has been much progress in midwifery in the region, there are still many issues that remain of concern, such as workforce shortages, an inadequate working environment, low-quality education and training, restrictive scopes of practice, inadequate regulation and licensing systems and limitations in health workforce data. Insufficient human and other resources, and the inequitable distribution of resources, reduce the effect of midwives on health outcomes

The State of the Pacific’s RMNCAH Workforce 2019 Report shows that most countries have sufficient nurses to meet the need for the elements of SRMNCAH care that nurses are competent to provide however most have insufficient specialist SRMNCAH cadres, especially midwives. Future midwife workforce availability in most countries is threatened by high levels of staff turnover, out migration and/or an ageing workforce. The region faces particular challenges to the education and recruitment of sufficient midwives necessitating a regional, co-operative approach to midwifery workforce availability.

4. FUTURE DIRECTIONS

Bold Investments are needed to sustain and accelerate the results achieved thus far and for midwives to achieve their potential. This calls for greater investment in 4 key areas:

- i) Health workforce planning.
- ii) High quality education and training of midwives.
- iii) Midwife led improvements to SRMNAH service delivery including the Midwife led Models of Care.
- iv) Midwifery leadership and Governance including strengthening the capacity of midwives to drive health policy advancements.

4.1 Recommendations for governments:

- 4.1.1 Develop clear, standardised career pathways for each cadre, with midwives identified separately from nurses in regulation. Ensure remuneration reflects qualifications and responsibilities.
- 4.1.2 Develop health workforce planning approaches that reflect the autonomy, role, responsibilities and professional scope of midwives.
- 4.1.3 Make continuous professional development a condition of re-licensing in all countries, to encourage in-service training for all, even isolated practitioners.
- 4.1.4 Design mentoring programmes so that established or recently retired health workers can share their knowledge and experience with less experienced colleagues.
- 4.1.5 Establish Midwifery Led Birthing Units which provides continuity of care through pregnancy, birth, and the postnatal period.

4.2 Recommendations for development partners:

- 4.2.1 Support an enabling environment for midwifery practice through the development of a regional Midwifery Strategy that articulates midwifery professional development and training

needs; maps possible career paths for midwives in each country based on country specific HR structure vis a vis international standards of career pathways for midwives; and consists of an implementation plan to strengthen midwifery profession based on development needs and pathways mapping.

- 4.2.2 Support the roll-out and implementation of the updated and revised 18 month midwifery curricula by the midwifery faculties across the countries.
- 4.2.3 Support the development and consideration of alternative education pathways and options to improve the numbers of graduating midwives in the PICTs.
- 4.2.4 Support the establishment of midwifery societies in each country to strengthen midwifery leadership, and enable the voice of midwives to be heard.