

The Lancet Series on Midwifery: what happened next?

Transforming understanding, informing policy and action

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#LancetMidwifery



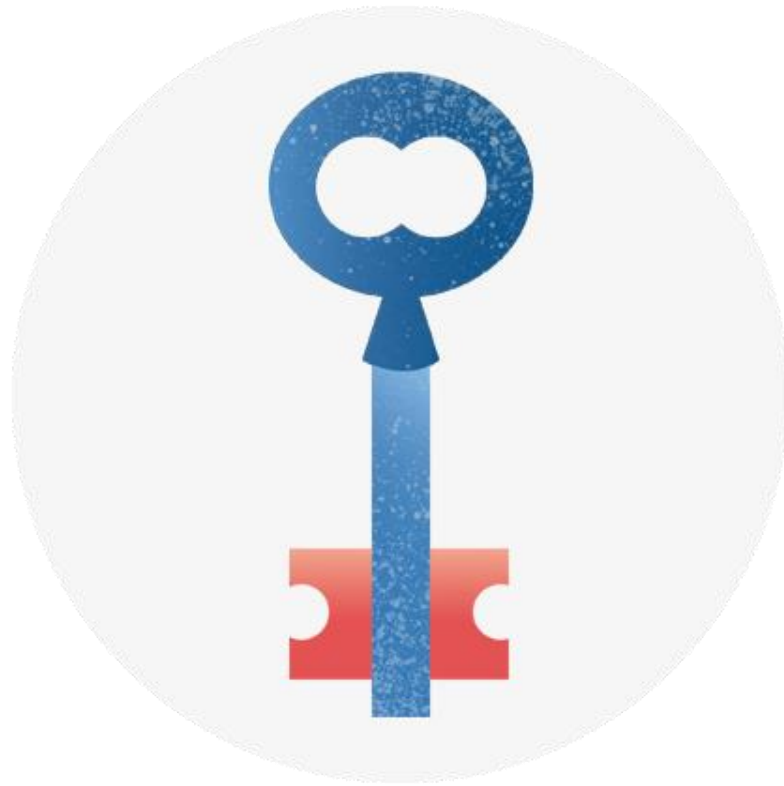
THE LANCET

June, 2014

www.thelancet.com

‘Midwifery is a vital solution to the challenges of providing high quality maternal and newborn care for all women and infants in all countries’

Evidence for a new standard of care



The Lancet Series on Midwifery

‘The Lancet Series on Midwifery has influenced perspectives on human rights, advocacy and action and motivated national discussions on the development of the midwifery profession in India’



Guidelines on MIDWIFERY SERVICES IN INDIA | 2018



In summary "Midwifery is associated with improved efficient use of resources, and outcomes when provided by midwives who are educated, trained, licensed and regulated, and that midwives were most effective when integrated into the health system in the context of effective teamwork, referral mechanisms and sufficient resources." (Lancet Series of Midwifery, 2014)

Thus midwifery care introduces a system level shift from fragmented maternal and newborn care focused on identification and treatment of pathology, to skilled and compassionate woman-centric care.

Introduction to Midwifery

The provision of midwifery is witnessing long awaited increase in global attention. Recognizing the significant contribution made by midwives worldwide, many countries are giving centre stage to midwives in order to improve quality of care, reduce "over-medicalization" during child birth and increase efficient use of resources.

What is midwifery ?

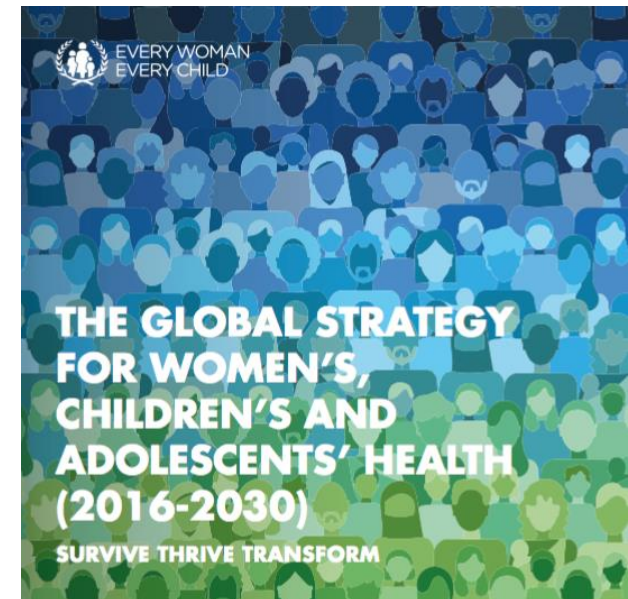
"Skilled, knowledgeable and compassionate care for childbearing women, new-born infants and families across the continuum throughout pre-pregnancy, pregnancy, birth, postpartum and the early weeks of life. Core characteristics include optimising normal biological, psychological, social and cultural processes of reproduction and early life; timely prevention and management of complications; consultation with and referral to other services; respect for women's individual circumstances and views; and working in partnership with women to strengthen women's own capabilities to care for themselves and their families." (Lancet Series on Midwifery, 2014)

Who is a midwife?

"A midwife is a person who has successfully completed a midwifery education programme that is duly recognized in the country where it is located and that is based on the International Confederation of Midwives (ICM) Essential Competencies for Basic Midwifery Practice and the framework of the ICM Global Standards for Midwifery Education; who has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery and use the title 'midwife' and who demonstrates competency in the practice of midwifery." (International Confederation of Midwives, 2015)

‘The Lancet Series on Midwifery is pivotal in not just valuing midwifery, but also strategically positioning midwives as integral for achieving health care reform and global stability’

Davidson 2015, *Midwifery* 31 (2) 1119-1120



The Lancet Series on Midwifery: authors

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Transforming
understanding,
informing
policy
and action



Why The Lancet Series on Midwifery was needed

- Unacceptable levels of mortality, low quality care, inequalities
- Escalating use of unnecessary interventions
- Deaths, damage, disrespect and abuse continuing
- Focus on pathology, not support and prevention or longer-term health, well-being
- Focus on workforce and coverage of 'skilled birth attendance'
- Focus on tasks, not on quality or women's views
- Sources of evidence and information - separate, not integrated, some disputed
- Most high quality evidence from high income countries
- Midwifery inconsistently understood and implemented, strong barriers, diverse workforce

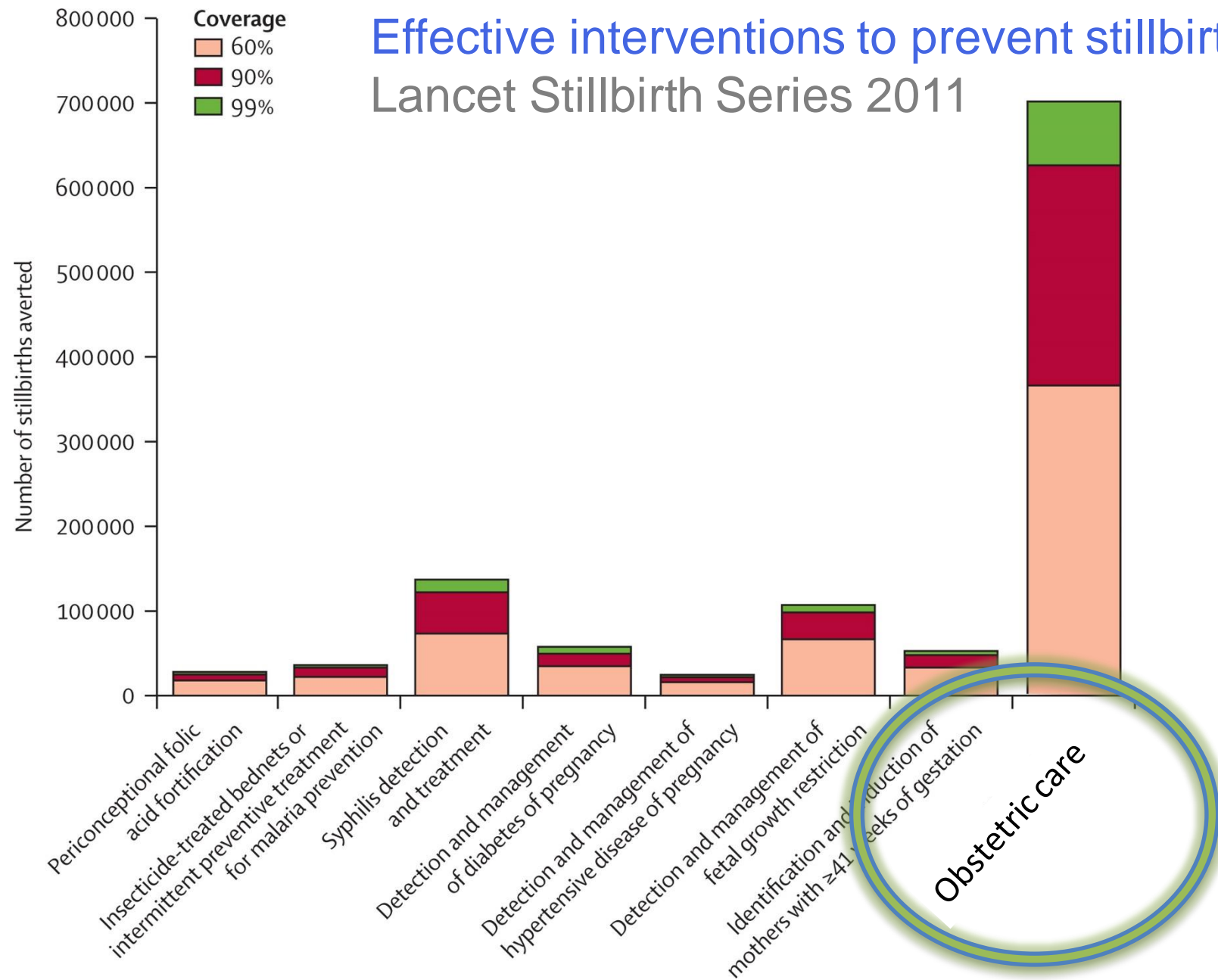
Why The Lancet Series on Midwifery was needed

RCTs of less-skilled workers in low and middle-income countries = 109

RCTs of midwives in low- and middle-income countries = 0

Effective interventions to prevent stillbirth

Lancet Stillbirth Series 2011



Bhutta et al *The Lancet Stillbirth Series* 2011 377, 1523-1538 DOI: (10.1016/S0140-6736(10)62269-6)

New approach needed to address divided perspectives,
turn the lens on women's and babies' needs,
and on midwifery

Re-examination of the evidence urgently
needed to inform decision-makers





Transforming
understanding:
new theory,
new analyses,
new language



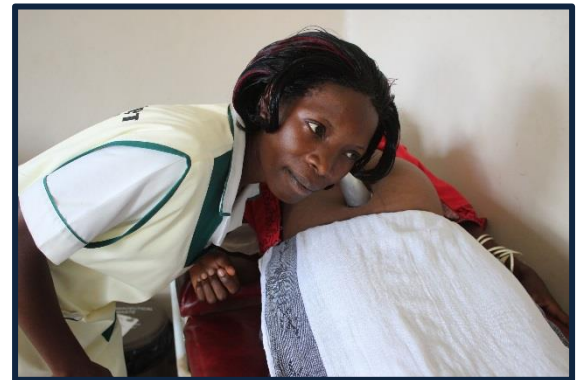


A new way of seeing the evidence



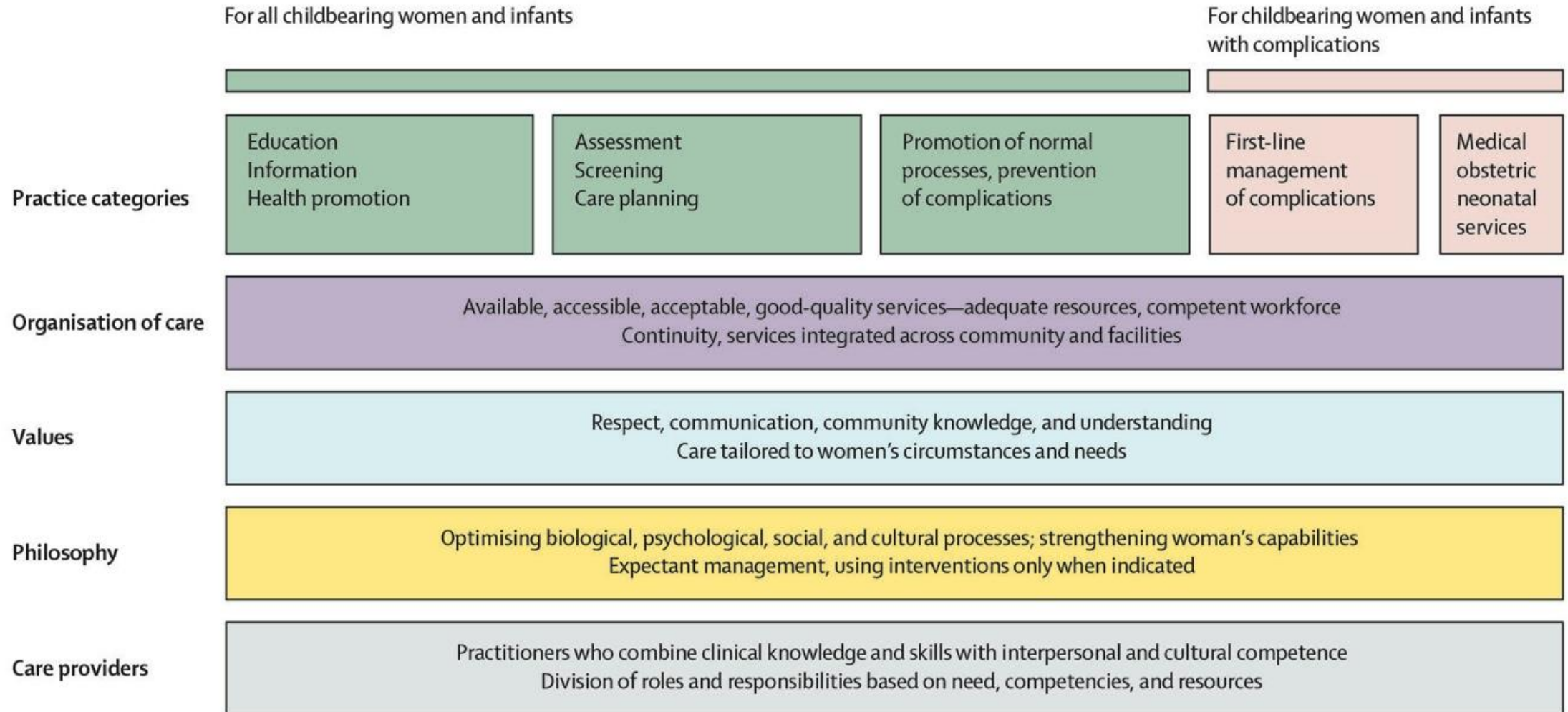
Defining midwifery

‘Skilled, knowledgeable and compassionate care for childbearing women, newborn infants and families across the continuum from pre-pregnancy, pregnancy, birth, postpartum and the early weeks of life.....’

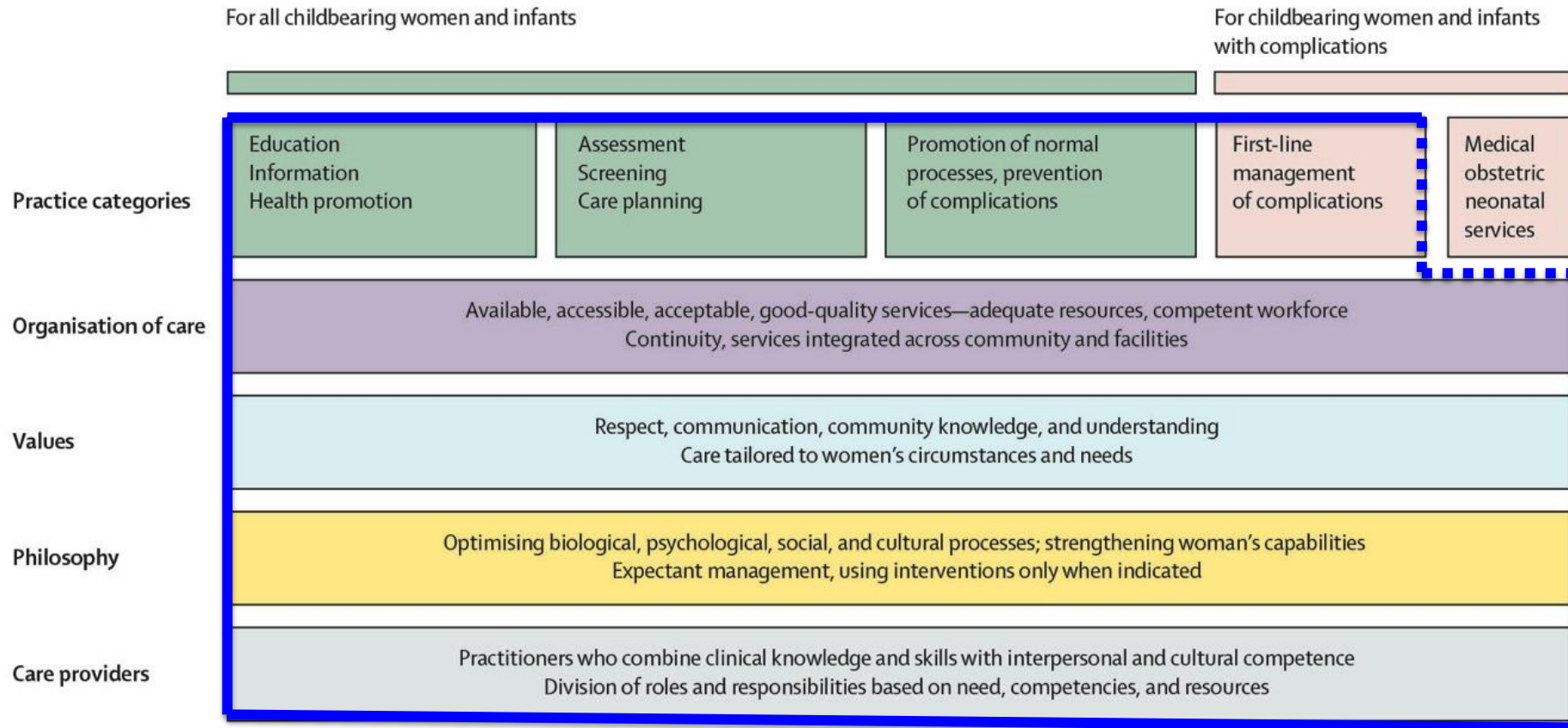


Renfrew, McFadden, Bastos, Campbell et al The Lancet 384, 19948, 1129 – 1145, 2014

Framework for quality maternal and newborn care



The scope of midwifery



Scope maps exactly to the ICM competencies of the midwife:
full scope midwifery = international standard midwife

✦ 'Optimising normal reproductive processes of reproduction and early life.....strengthening women's capabilities....' ✦

Analysis of the 86 evidence-based practices
needed by women and babies
in the scope of midwifery -

62% support optimizing normal reproductive processes



✦ Midwifery is central to quality care ✦

‘These findings support a system-level shift from fragmented maternal and newborn care focused on identification and treatment of pathology to skilled care for all.

Midwifery is pivotal to this approach’



Evidence for a new standard of care



‘the balance that midwives bring to the system’

Midwifery: key to
maternal and
newborn survival,
health, well-being,
and to health
systems

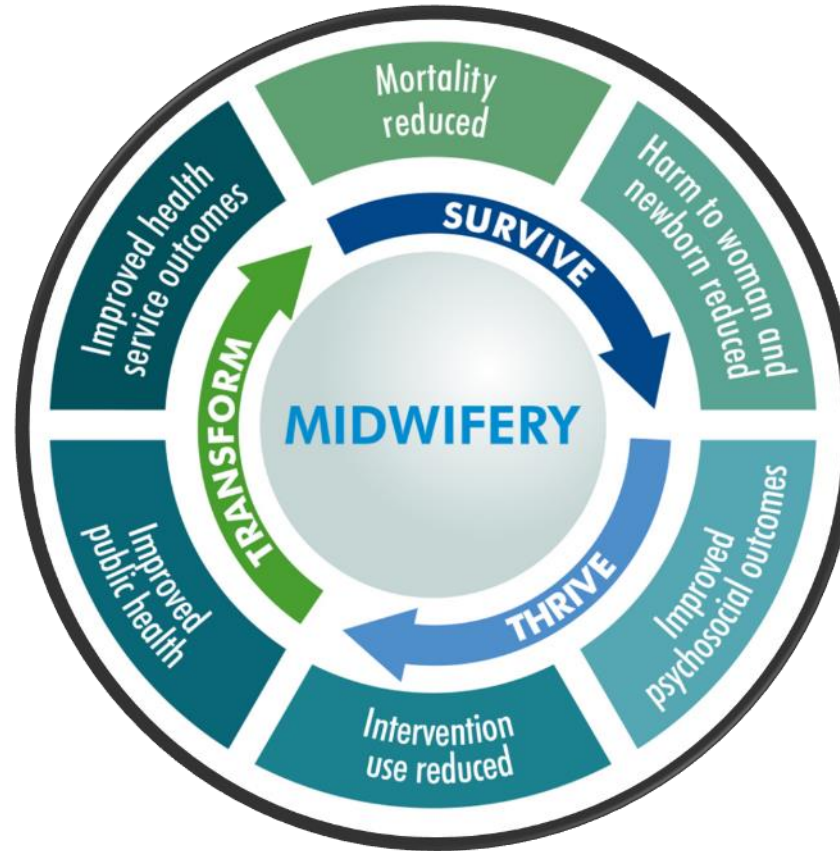




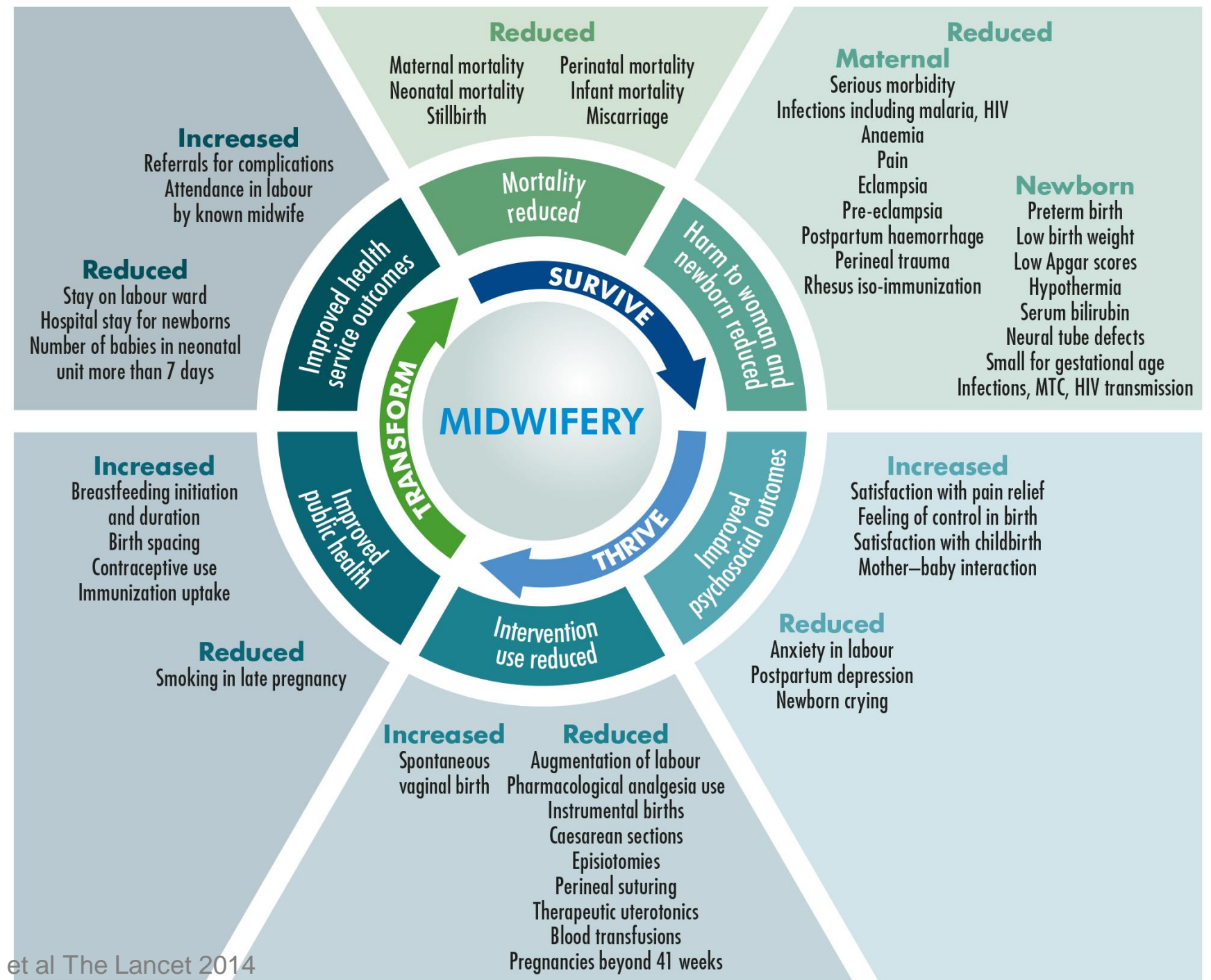
Access to **quality midwifery care**
80%
can avert
of maternal and newborn deaths
and stillbirth

#MidwiferyEd4SDGs

56 outcomes improved by midwifery



56 outcomes improved by midwifery



WHO 2019:

Data from Renfrew, McFadden, Bastos et al The Lancet 2014

Evidence for advocacy



‘We need midwives, we need midwives,
we need midwives’

Margaret Chan, Director General WHO 2015





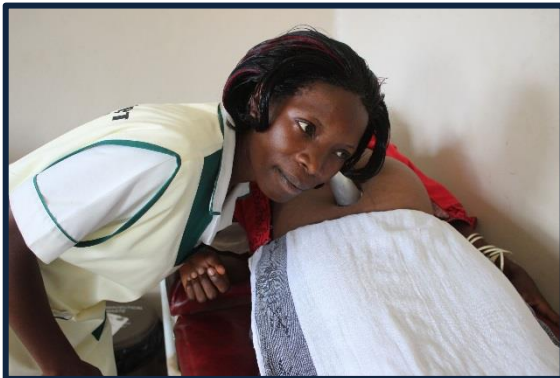
Midwives are essential



‘Midwifery was associated with more efficient use of resources and improved outcomes

when provided by midwives who were educated, trained, licensed, and regulated.....

There are few benefits from relying on less-skilled healthcare workers.’





Midwives are essential

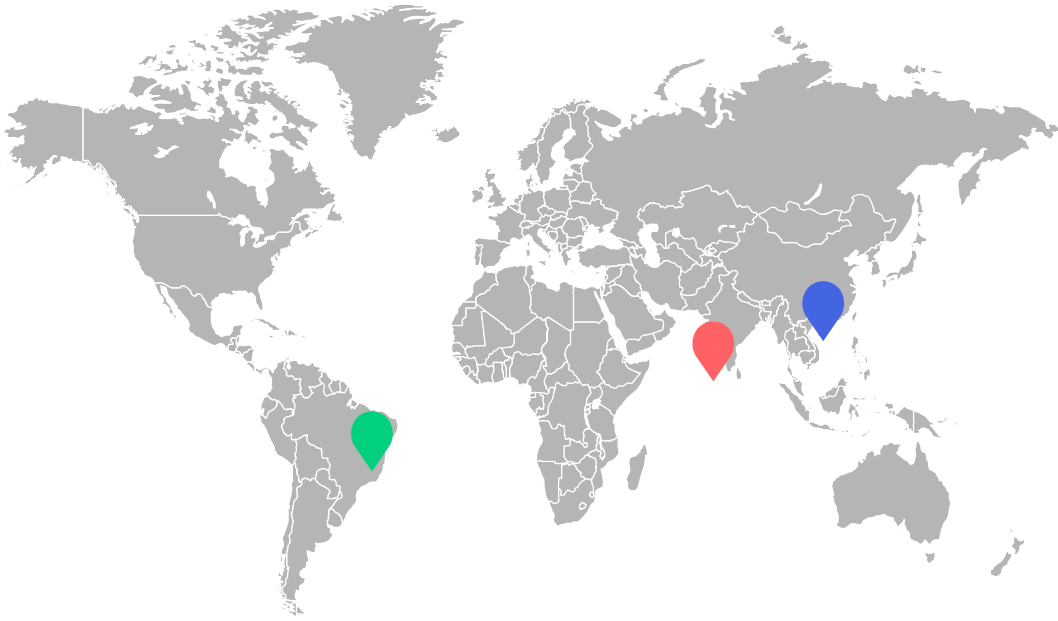


‘care led by midwives – educated, licensed, regulated, integrated in the health system and working on interdisciplinary teams – had a positive effect on maternal and perinatal health across the many stages of the framework, even when compared with care led by other health professionals together with midwives’



What happens in systems without midwives?

Case studies of Brazil China, India



Brazil, China – prevalence of caesarean section
among highest in the world

India – high maternal mortality,
poor quality of care, inequalities ++

'....care led mainly by
obstetricians
without the balance
midwives
bring to the health system
might reduce
mortality and morbidity,
but might also reduce quality
and increase cost'

‘Midwives are the single most important cadre for preventing maternal, neonatal deaths and stillbirths’

Healthy Newborn Network, Washington DC 2015

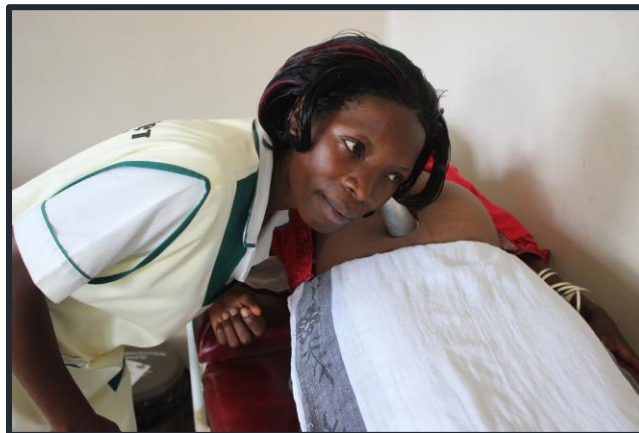


WHO Africa region

Malawi, Ghana, Zambia, Zimbabwe, South Africa, Tanzania

‘The Lancet Series on Midwifery is a resource mobilisation tool used by governments, development partners, and education institutions to inform -

- National policy direction
- Development of direct entry programs
- Regulatory bodies renewed commitment to midwifery’



Evidence for
policy and
guidance
change

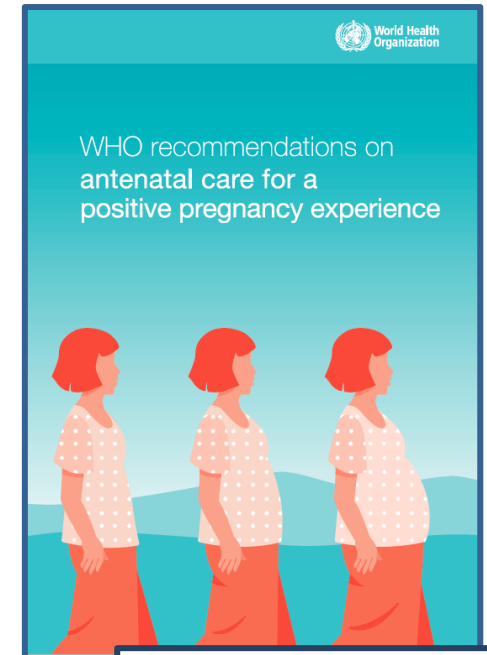
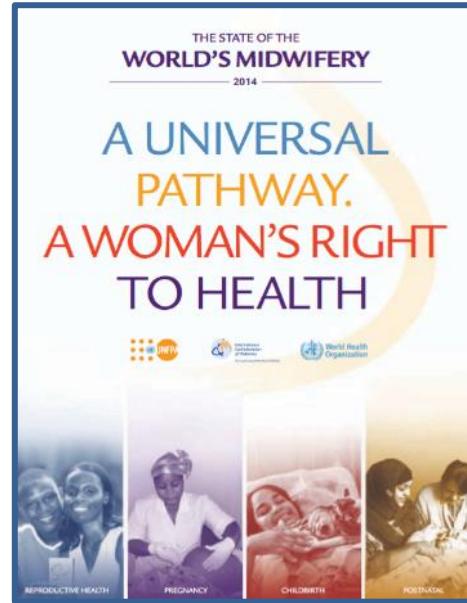
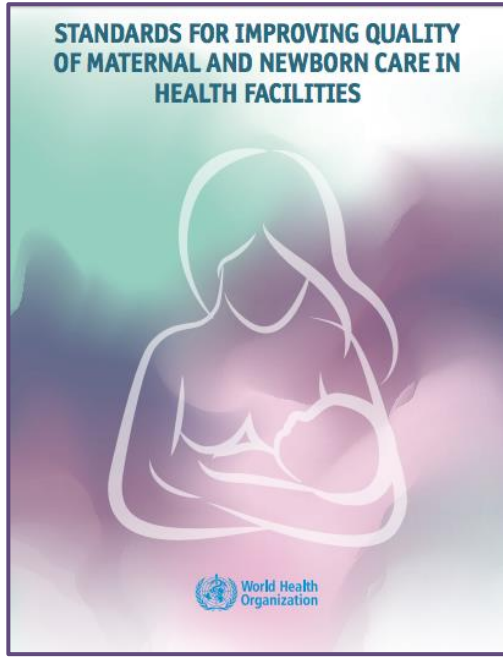


✧ Midwifery is central to quality care ✧

‘In high-income countries, quality of care often focuses on informed choice without addressing the other aspects of the framework....resulting in a focus on relatively quick-fix technical solutions while little attention is paid to the more difficult longer-term building of systems...’



Informing policy and guidance – global, national, local





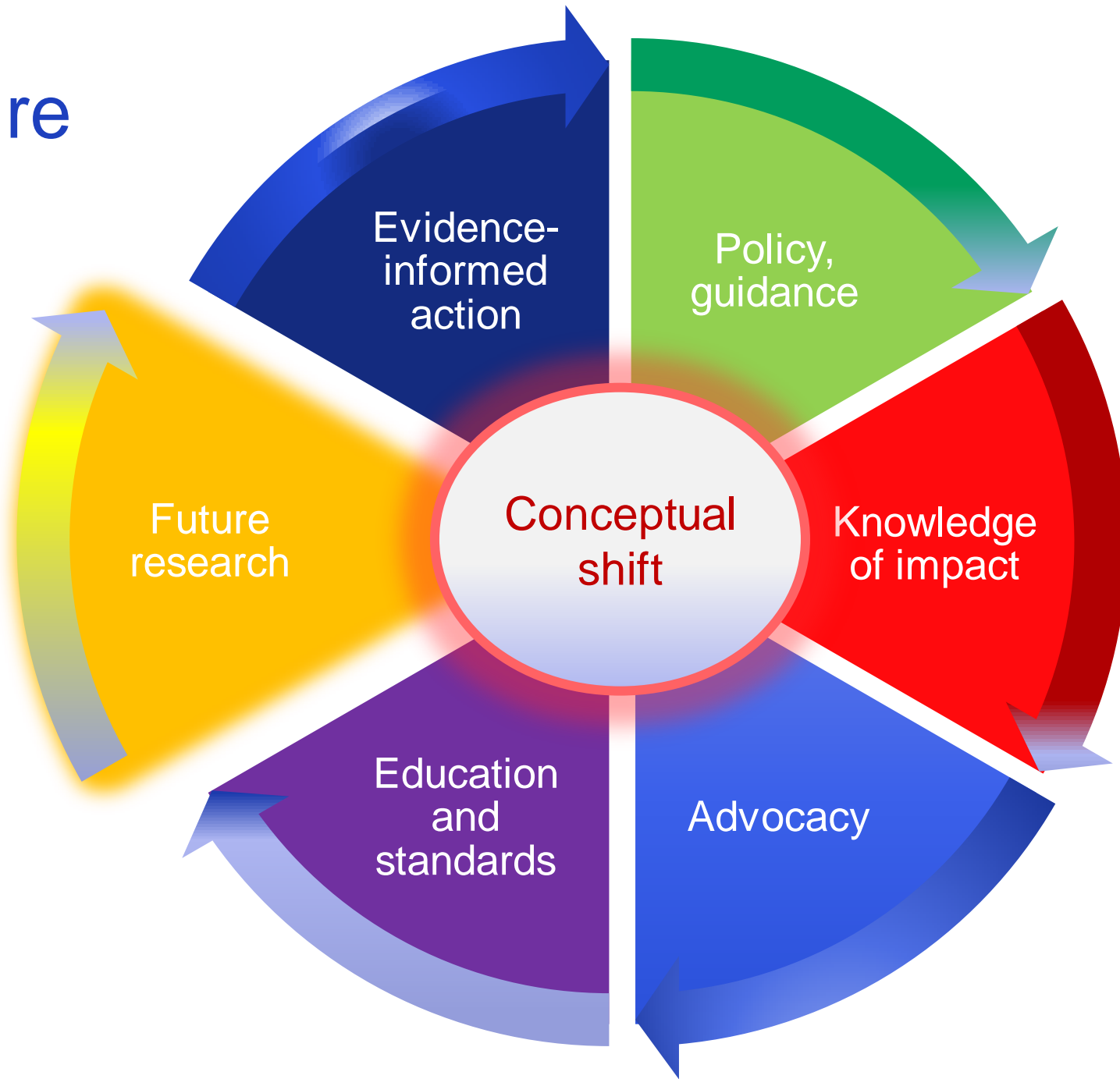
Informed national
strategy, policy,
practice change
in Scotland

‘we are committed to ...midwives being at the centre of
universal health coverage’

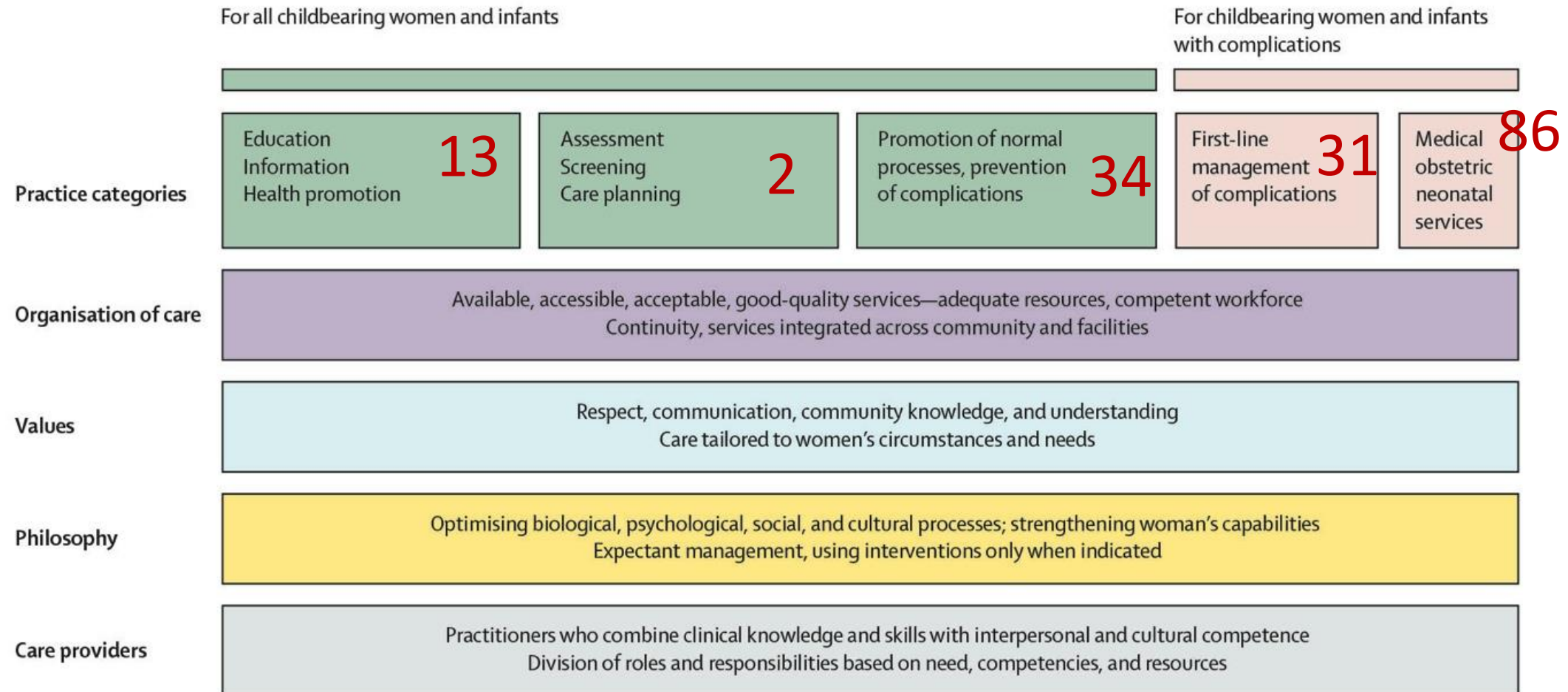
Peter Salama, WHO Executive Director, Universal Health Coverage



Shaping future
research for
maximum
impact



Seeing existing research imbalance
















Transforming future research – priorities and funding

COMMENTARY

WILEY **BIRTH** JOURNAL IN PERINATAL CARE

Asking different questions: A call to action for research to improve the quality of care for every woman, every child

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Abstract

Despite decades of considerable economic investment in improving the health of families and newborns world-wide, aspirations for maternal and newborn health have yet to be attained in many regions. The global turn toward recognizing the importance of positive experiences of pregnancy, intrapartum and postnatal care, and care in the first weeks of life, while continuing to work to minimize adverse outcomes, signals a critical change in the maternal and newborn health care conver-

Asking different questions: research priorities to improve the quality of care for every woman, every child



Unacceptably high rates of adverse outcomes persist for childbearing women and infants, including maternal and newborn mortality, stillbirth, and short-term and long-term morbidity.¹ In light of the challenges to achieve the UN Sustainable Development Goals, it is timely to reconsider priorities for research in maternal and newborn health. Are we asking the right questions?² Recent evidence indicates the importance of seeking knowledge beyond the treatment of complications, to inform better ways of providing sustainable, high quality care, including preventing problems before they occur.³

by whom.⁴ These are concepts that are often confused or ignored in existing studies. Midwifery was identified as a cost-effective and fundamentally important element of quality care, with the potential to improve over 50 different maternal and newborn outcomes including mortality and morbidity. However, there are substantive barriers to proper implementation and integration of midwifery into health systems.¹

We adapted the Child Health and Nutrition Research Initiative (CHNRI) methodology to score competing future research topics on quality maternal and newborn

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Transforming future research – collaboration



[QMNC Research Alliance](#)[Global QMNC Program](#)[Resources](#)[Contact](#)



We are an alliance of researchers, clinicians, advocates, and policymakers working together to foster and support research to improve quality maternal and newborn care.

The Quality Maternal and Newborn Care (QMNC) Research Alliance developed out of the seminal work published in the 2014 Lancet Series on Midwifery. Subsequent to the publication of this research the authors identified significant knowledge gaps and future research priorities. The alliance has developed a mission, vision, and strategic plan. Our goal is to invite colleagues to collaborate in work that addresses our identified research priorities.

Informing the wider knowledge base

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Published: 19 May 2014

Transforming the workforce, shaping future midwives





Contents lists available at ScienceDirect

Midwifery

journal homepage: www.elsevier.com/midw



Commentary

An agenda for midwifery education: Advancing the state of the world's midwifery[☆]



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Inspiring midwifery students in Sweden, shaping the midwifery curriculum

‘The Lancet Series on Midwifery demonstrates that reproductive, maternal, and neonatal health should involve women, families, and communities in the design and delivery of quality maternal and newborn care’



‘The Lancet Series on Midwifery inspired national interest in the development of the midwifery profession in Bangladesh - and the curriculum for midwives is aligned with the LSM framework for quality maternal and newborn care’



The Future Midwife project: a radical programme of change for education standards in the UK



FRAMEWORK FOR ACTION



STRENGTHENING QUALITY MIDWIFERY EDUCATION for Universal Health Coverage 2030



Driving global,
national, local
action



WHO South East Asia region

‘All countries working together to develop their first national plans for midwifery as a result of Lancet Series on Midwifery evidence’



‘there’s a lot that has happened as a result of the Lancet Series on Midwifery in the Asia Pacific region, including in Afghanistan, Bangladesh and Nepal.

The midwife is being recognised as separate from the nurse and her role better understood.

Government and development partners are developing new education programmes and regulation, and discussing ways to get midwives into more corners of their countries.

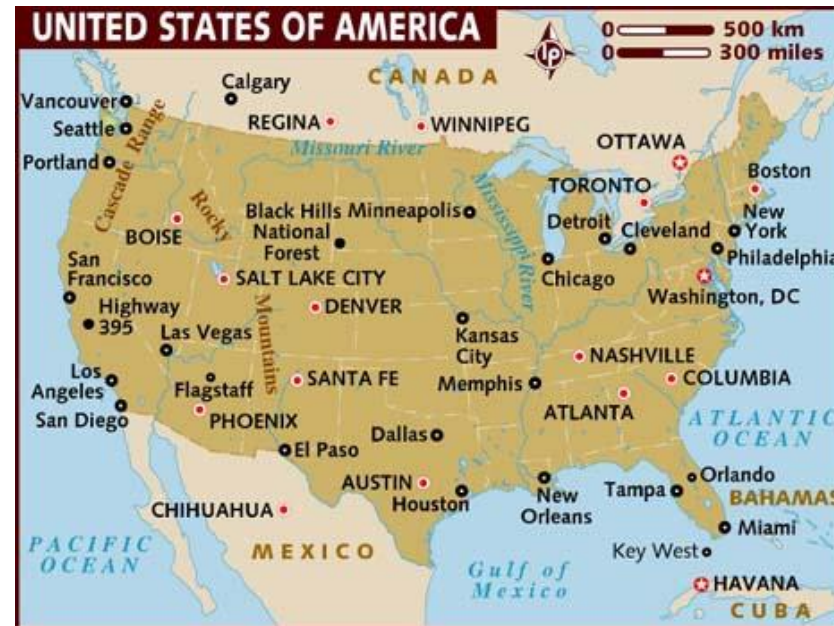
Slow... but certain’.





‘We used the Lancet Series on Midwifery to build a midwifery model of care for Sudan, Mumbai, Malawi’

‘The Lancet Series on Midwifery has been used extensively by professional organizations in the US in supporting policy discussions, including the development of model midwifery legislation and regulation’



Saving midwives in public health in New York City

- Budget cuts threatening midwifery services and education
- Action and public engagement informed by Lancet Series on Midwifery evidence



Improving services in Warrington & Halton Hospitals, UK



‘our new model of care is based on the Lancet Series on Midwifery framework for quality maternal and newborn care’

Informing inter-professional working

Quality maternal
and newborn care:
Implications for the
UK of *The Lancet*
Series on Midwifery



Royal College of
Obstetricians &
Gynaecologists

Where next?





THE LANCET

June, 2014

www.thelancet.com

‘Midwifery is a vital solution to the challenges of providing high quality maternal and newborn care for all women and infants in all countries’





Thank you!

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