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Midwifery is a vital solution

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2 [Midwifery is a vital solution – what is holding back global progress?](#)

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5 **Commentary**

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7 **Submitted to Birth**

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110 We need look no further than midwifery for compelling evidence of gender
111 inequalities blocking progress in global health. Despite growing evidence of the
112 extensive impact of midwifery,¹⁻⁶ midwives and the women they care for are
113 disempowered by patriarchal structures and professional, socio-cultural and
114 economic barriers.⁷⁻⁸ Widespread misunderstanding of the role and scope of
115 midwifery exists at all levels of policy, health services, academia, and funders.⁹ The
116 consequence is the fragmentation of care, with inevitable safety and quality gaps.⁸
117 This retards progress on universal health coverage and efforts to improve quality,
118 equity and dignity, and contributes to adverse outcomes including the unprecedented
119 rise in unnecessary and unsafe interventions.¹⁰ These barriers disable the human
120 rights of women and children, and ultimately harm families, communities, and
121 economies.¹¹

122 The evidence

123
124 Science has played a part in this. Most research has focused on obstetric areas of
125 interest: the clinical and emergency interventions needed when complications
126 arise.^{1,12} Much less research exists on enhancing respectful, supportive, women-
127 and newborn-centred, high quality care for all. There is a serious lack of investment
128 in examining the contribution that quality midwifery care can make. Community-
129 based studies in low-income countries have focused on non-professional health
130 workers with more than 100 trials, compared with a dearth of trials on professional
131 midwives in these countries.¹ Science, in this case led predominantly by women, has
132 also provided answers. Growing evidence using a range of methods shows that
133 midwifery – knowledgeable, skilled and compassionate care across the continuum
134 from pregnancy to birth and beyond - saves lives, reduces preterm birth, promotes
135 health and well-being, and improves sustainability.^{1-3, 5} While disruptive to the status

136 quo, midwifery is a vital, bold, constructive solution to the challenges of providing
137 high quality care for all women, newborn infants, and their families.

138

139 Systemic barriers to midwifery

140

141 Why has the global community been so hesitant to act on all of the evidence on the

142 benefits of midwifery from many different sources¹⁻⁶? We argue that the

143 intersectionality of gender, social, professional, and economic disempowerment,

144 fuelled by powerful precedents and perverse incentives, constrains momentum.^{7, 13,14}

145 The population midwives serve, women and children, are often disempowered,

146 discriminated against and seen as low priority by decision-makers.¹⁵ Midwives, who

147 are predominantly women, are subject to the same discrimination as other women in

148 their societies.¹⁶ The work of midwives may be valued less than other health

149 professionals, concerned with the intimacies of sexual and reproductive health and

150 therefore contentious or ignored. Many midwives are inadequately remunerated or

151 supported, overwhelmed by workload, and working in situations that expose them to

152 sexual and other forms of violence. Midwives may work in less accessible, low-

153 income areas where there are few other health professionals. Hence they

154 experience the exclusion associated with vulnerable communities while providing an

155 essential service for the women and children who are likely to experience the worst

156 outcomes.^{6, 17} Complicating this gender and social inequality is an underlying related

157 professional bias.⁷ Health services and global agencies are often administered by

158 public health practitioners or medical doctors who bring their own experiences and

159 professional perspectives to decision-making. The common conflation of midwifery

160 and nursing causes confusion about roles and responsibilities. Even in countries

161 where midwifery is strong midwives may have to fight for their full scope of practice
162 and few senior leadership positions are available to midwives.⁷

163 The transformative potential of midwifery

164

165 Yet midwifery can be transformative for women, families, communities, and health
166 systems alike. Countries with long-established midwifery such as the Nordic
167 countries have very low rates of maternal and newborn mortality. Countries that have
168 strengthened midwifery as part of the health system have seen a fall in maternal
169 mortality, and improved quality of care.³ Midwifery addresses the challenges both of
170 ‘too little too late’ and of ‘too much too soon’, providing accessible and appropriate
171 care where it is needed, be it in communities or large hospitals.¹⁸⁻²⁰ High quality
172 midwifery makes a key contribution to reducing unacceptably high maternal and
173 newborn mortality,²¹ stillbirth, and preterm birth; increasing access to care in remote
174 and rural areas; preventing the escalating use of interventions conducted without
175 medical indication;⁵ reducing disrespect and abuse in childbirth²²; improving early
176 childhood development; and strengthening the sustainability of health systems.
177 Midwives, enabled by quality midwifery education, professional regulation,
178 embedded in an enabling health system, and working in the context of
179 multidisciplinary teams, provide a cost-effective strategy to address these problems
180 and more. Midwives working in this way act as powerful human rights defenders for
181 women and children.

182

183 Moving forward – global action

184

185 The message is beginning to be heard. The broader concept of quality that
186 encompasses equity, dignity, and preventive and supportive care is gaining ground
187 and the evidence of midwifery’s contribution to evidence-informed quality strategies

188 is being acknowledged.^{8, 13} Together global agencies, governments, funders and
189 universities are working to strengthen the implementation of high quality midwifery
190 education²³ and identifying ways to mobilise resources for research to examine how
191 best to scale up more effective, compassionate and sustainable models of care.²⁴
192 The 2019 report on the Global Strategy for Women's Children's and Adolescent
193 Health²⁵ focusses on midwifery education, with a seven-step action plan for
194 countries working towards international-standard midwifery.²⁶ At the global and
195 country level, evidence-informed midwifery competencies, tools for programmatic
196 measurement and evaluation, and guidance for strengthening midwifery are being
197 developed.²⁷ Countries in sub-Saharan Africa (eg Ghana, Zambia and Somalia) and
198 South Asia (eg Bangladesh, Nepal and India) are making progress on strengthening
199 midwifery and implementing international standards. Midwives are needed in
200 leadership positions globally, regionally and locally to promote, prioritize and
201 implement this ambitious agenda.

202

203 Gender equality is fundamental to the system-wide change needed; the voices of
204 women must be heard and valued more clearly.²⁸ Without exception, countries that
205 have successfully strengthened midwifery in recent years such as Canada, New
206 Zealand, Australia, the UK, and Malawi have done this by also strengthening
207 midwifery-led academic leadership and through working in partnership with women
208 and forming alliances with women's advocacy groups.²⁹ Interdisciplinary support has
209 also been key.

210

211 There is a long road ahead towards the equitable implementation of quality care³⁰,
212 meeting the health-related United Nations Sustainable Development Goals³¹ and

213 universal health coverage. Science shows us that the journey would be considerably
214 shortened through the implementation of midwifery that meets the international
215 standards set by the International Confederation of Midwives. Tackling the systemic
216 barriers that are rooted in gender inequality is fundamental to achieving this.

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