The Lancet Series: The intersection of global and local midwifery

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The Lancet Series on Midwifery

Bill & Melinda Gates Foundation
Aims of the Lancet series on Midwifery

- to examine, comprehensively and systematically, the contribution midwifery can make to the quality of care of women and infants globally
- and the role of midwives and others in providing midwifery care
The Lancet Series on Midwifery Challenges: evidence base limited

• Especially in low- and middle-income countries
• Inadequate quality of some routine data
• Focus on specific interventions
• Components of experimental and control groups not well described
  – what? how? who?
• Wide range of short-, medium- and long-term outcomes not measured
The Lancet Series on Midwifery

Authors

Evidence prepared by multidisciplinary group of 35+ specialists from around the world

- health systems analysts, demographers, statisticians, epidemiologists, health service researchers, social scientists, health economists, specialist midwife researchers, service user advocates, public health and policy experts, and clinical experts: midwives, obstetricians, pediatricians, other related disciplines

• Close readers/critical friends, WHO, Gates Foundation, ICM, FIGO, Lancet editors and reviewers
Midwifery and quality care
Findings from a new evidence-informed framework for maternal and newborn care
Midwifery and quality care
Multi-method, step-by-step approach

- Defined midwifery and mapped its scope

- Developed framework for care needed by childbearing women and infants
  - identifying what, how, and who
  - acted a stable basis for analysis of evidence

- Used framework to analyze practices in the scope of midwifery and identify outcomes improved by midwifery
Sources of evidence

• Three reviews of reviews: women’s views and experiences, effective practices, care providers
  – 13 meta-syntheses of women’s views and experiences (229 studies)
  – 461 Cochrane reviews of practices
  – Seven high-quality systematic reviews of workforce (114 trials)
• Three case studies of middle-income countries in transition: Brazil, China and India
• Mapping of ICM competencies of the midwife
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. 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, respecting 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’.
Framework for quality maternal and newborn care

For all childbearing women and infants

- Education
- Information
- Health promotion

- Assessment
- Screening
- Care planning

- Promotion of normal processes, prevention of complications

For childbearing women and infants with complications

- First-line management of complications
- Medical obstetric neonatal services

Practice categories

Organisation of care

Available, accessible, acceptable, good-quality services—adequate resources, competent workforce
Continuity, services integrated across community and facilities

Values

- Respect, communication, community knowledge, and understanding
- Care tailored to women’s circumstances and needs

Philosophy

- Optimising biological, psychological, social, and cultural processes; strengthening woman’s capabilities
- Expectant management, using interventions only when indicated

Care providers

- Practitioners who combine clinical knowledge and skills with interpersonal and cultural competence
- Division of roles and responsibilities based on need, competencies, and resources
Framework for quality maternal and newborn care (QMNC)

The scope of midwifery

Practice categories
- Education
- Information
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56 outcomes improved by midwifery

• Maternal and newborn mortality, fetal loss reduced
• Less preterm birth, low birthweight
• Maternal morbidity reduced
  – eg infections, anaemia, pre-eclampsia, perineal trauma
• Reduced interventions in labour
  – eg augmentation, caesarean section, blood transfusions
• Improved psycho-social outcomes
  – eg satisfaction with pain relief, anxiety, post-partum depression, improved mother-baby interaction
• Increased birth spacing, contraceptive use
• Increased breastfeeding initiation and duration
• Shorter hospital stays, improved referrals, increased attendance by known midwife
Midwifery and quality care

Key findings

• The QMNC framework can be used and tested in a range of contexts – i.e. planning, education, monitoring

• Midwifery has a particular contribution – in preventive and supportive care, preventing complications, promoting positive outcomes for both women and infants

• Midwifery associated with more positive outcomes and cost savings when provided by midwives
  – educated, trained, regulated, integrated in the health system, with effective teamwork
The projected impact of scaling up midwifery
Aim and objectives

- **Aim**: To estimate the effect of midwifery care, as defined in this Series, on maternal and newborn outcomes

- **Objectives**
  - estimate maternal, fetal, and neonatal deaths averted using the Lives Saved Tool (LiST) under different coverage 2010 to 2025 in 78 low-income and middle income countries, classified into three groups using the human development index
  - to estimate the value of the incremental addition of specialist care to midwifery on maternal, fetal, and neonatal lives saved
The 78 countries ....

- All 58 countries in *The state of the world’s midwifery 2011*
  - plus all additional *Countdown 2015* countries
- These 78 countries are high-burden, low-income and middle-income countries accounting for 97% of maternal and 94% of neonatal mortality
- We used the HDI to classify the countries into 3 groups of 26 countries each
Findings

• Universal coverage results in reductions in maternal deaths, stillbirths, and neonatal deaths in the 78 countries
• In low HDI countries
  – modest (10%) increase in midwifery including family planning – reduced maternal mortality by 27%
  – substantial coverage increase (25%) reduced maternal mortality 50%
  – universal coverage (95%) reduced maternal mortality 82%
• Similar reductions on stillbirths and neonatal deaths.
Total percentage changes in maternal, neonatal, and fetal mortality, by level of HDI and 4 scenarios, per 1 million population.
Country experience with strengthening health systems to support midwifery services in high maternal mortality countries
This paper documents the constellation of health system efforts in support of maternal & newborn health with increased evolution of midwifery in 4 countries.

- Burkino Faso
- Cambodia
- Indonesia
- Morocco
Rapid and sustained reduction of MMR is associated with increased facility birthing.
In countries with rapid and sustained reduction of MMR, increased facility birthing is often, but not always, associated with an increased share of midwife-assisted births.
Multiple interventions at multiple levels
There is a pattern in the sequencing of HSS efforts
No early milestones for “political will”:

- Starting point: system managers and the concern for access
- Acceleration: The pressure from uptake of services by women
- Buy-in: the political mileage of success in responding to demand

Mobilize the right people around issues that matter to women: access, quality, price
Improving maternal and newborn health through midwifery
Midwifery and quality care

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Purpose of Paper 5

- Identify top 10 research priorities from the series to improve maternal and newborn health using the QMNC framework

- Modified CHNRI approach in collaboration with series authors, WHO, & stakeholders

- Bring funders and stakeholders together to strategically develop next steps