

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

For childbearing women and infants
with complications

Practice categories

Education
Information
Health promotion

Assessment
Screening
Care planning

Promotion of normal
processes, prevention
of complications

First-line
management
of complications

Medical
obstetric
neonatal
services

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

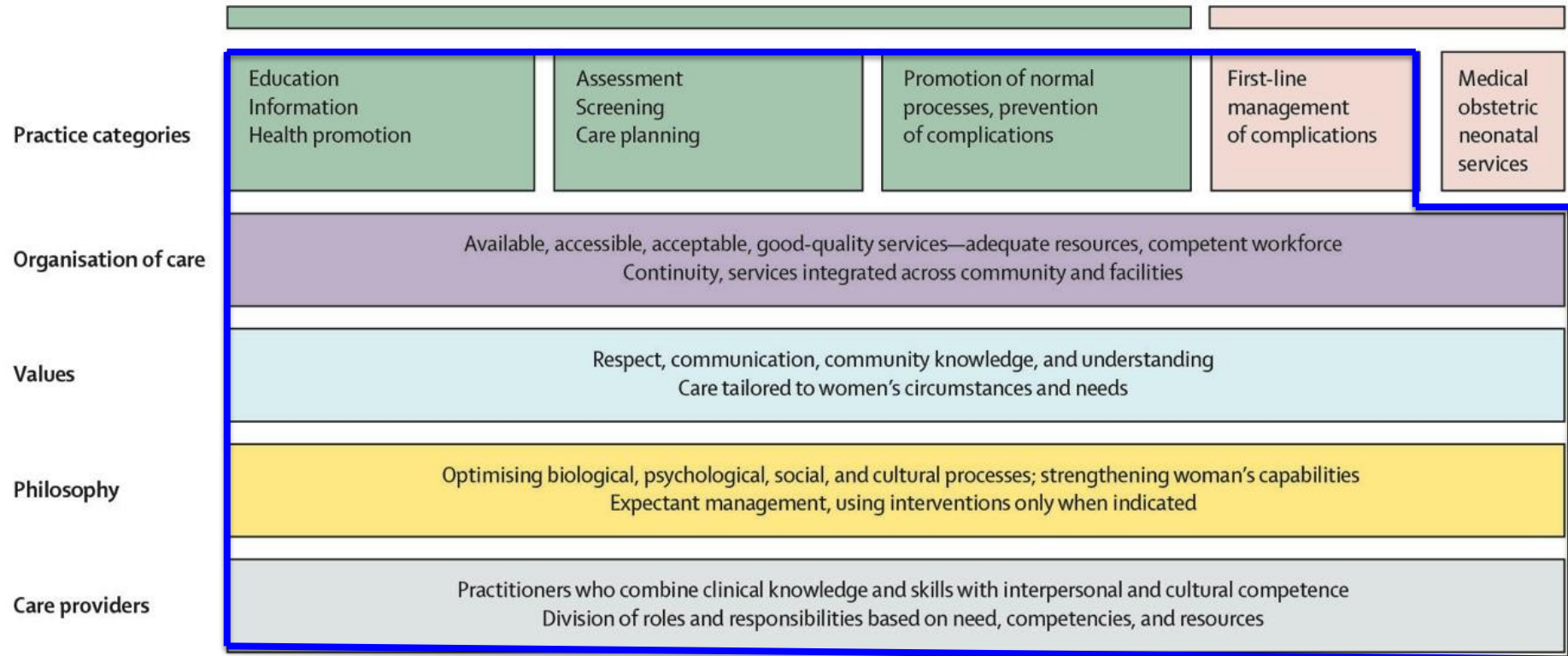
Practitioners who combine clinical knowledge and skills with interpersonal and cultural competence
Division of roles and responsibilities based on need, competencies, and resources

Framework for quality maternal and newborn care (QMNC)

The scope of midwifery

For all childbearing women and infants

For childbearing women and infants with complications



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

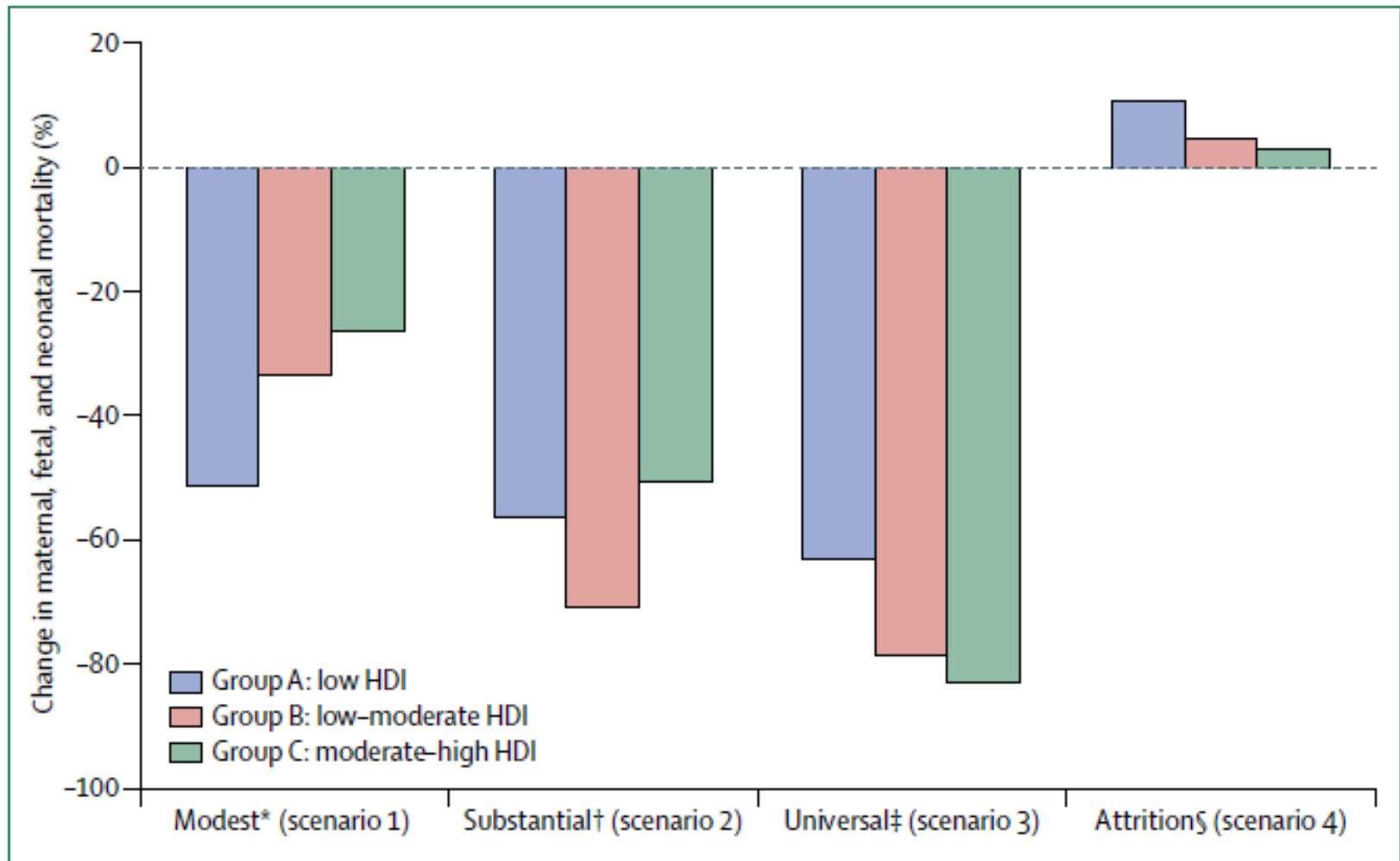


Findings

- 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.



Percentage changes



Total percentage changes in maternal, neonatal, and fetal mortality, by level of HDI and 4 scenarios, per 1 million population



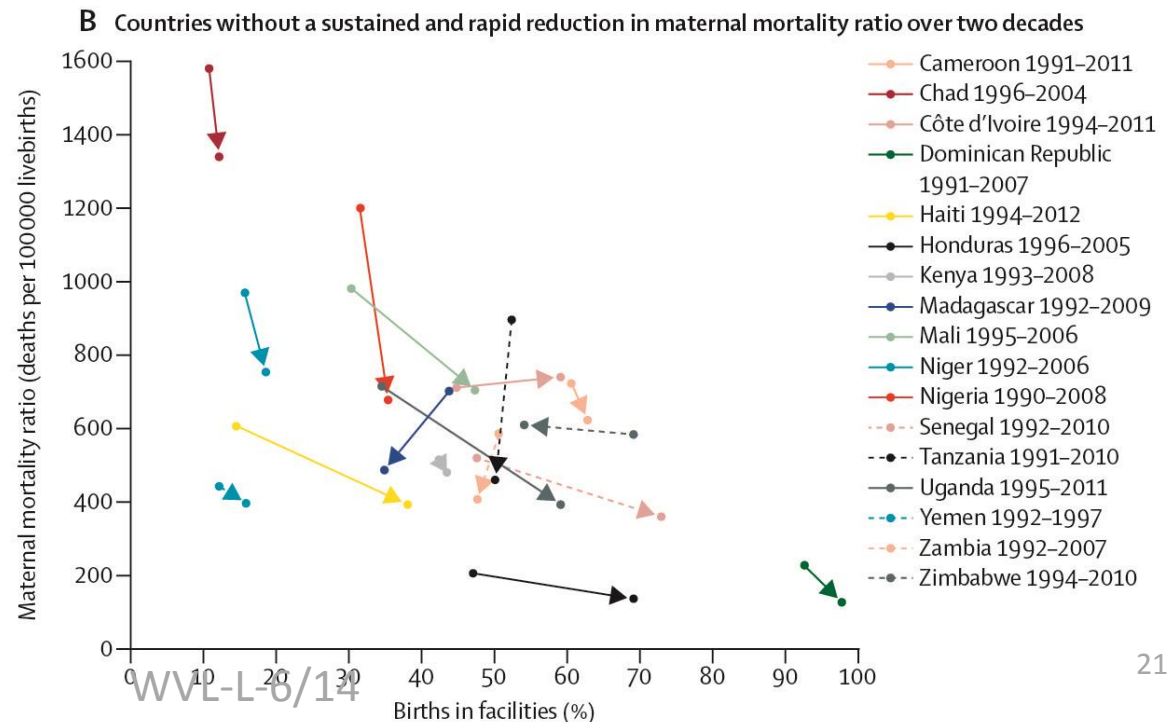
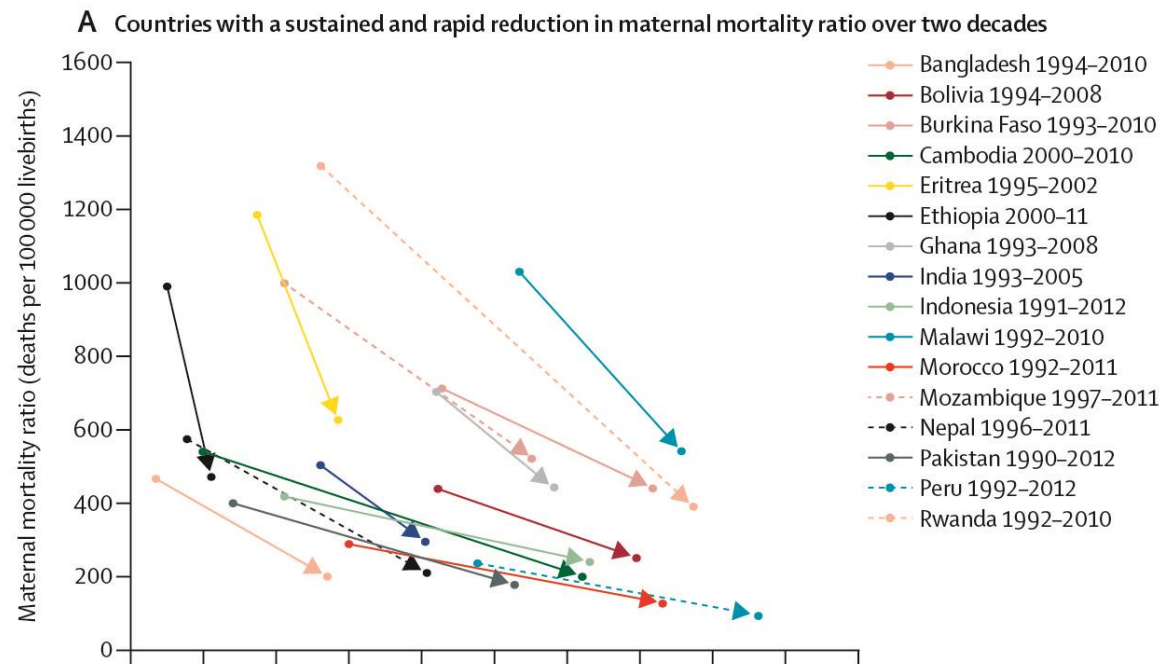
Country experience with strengthening health systems
to support midwifery services
in high maternal mortality countries

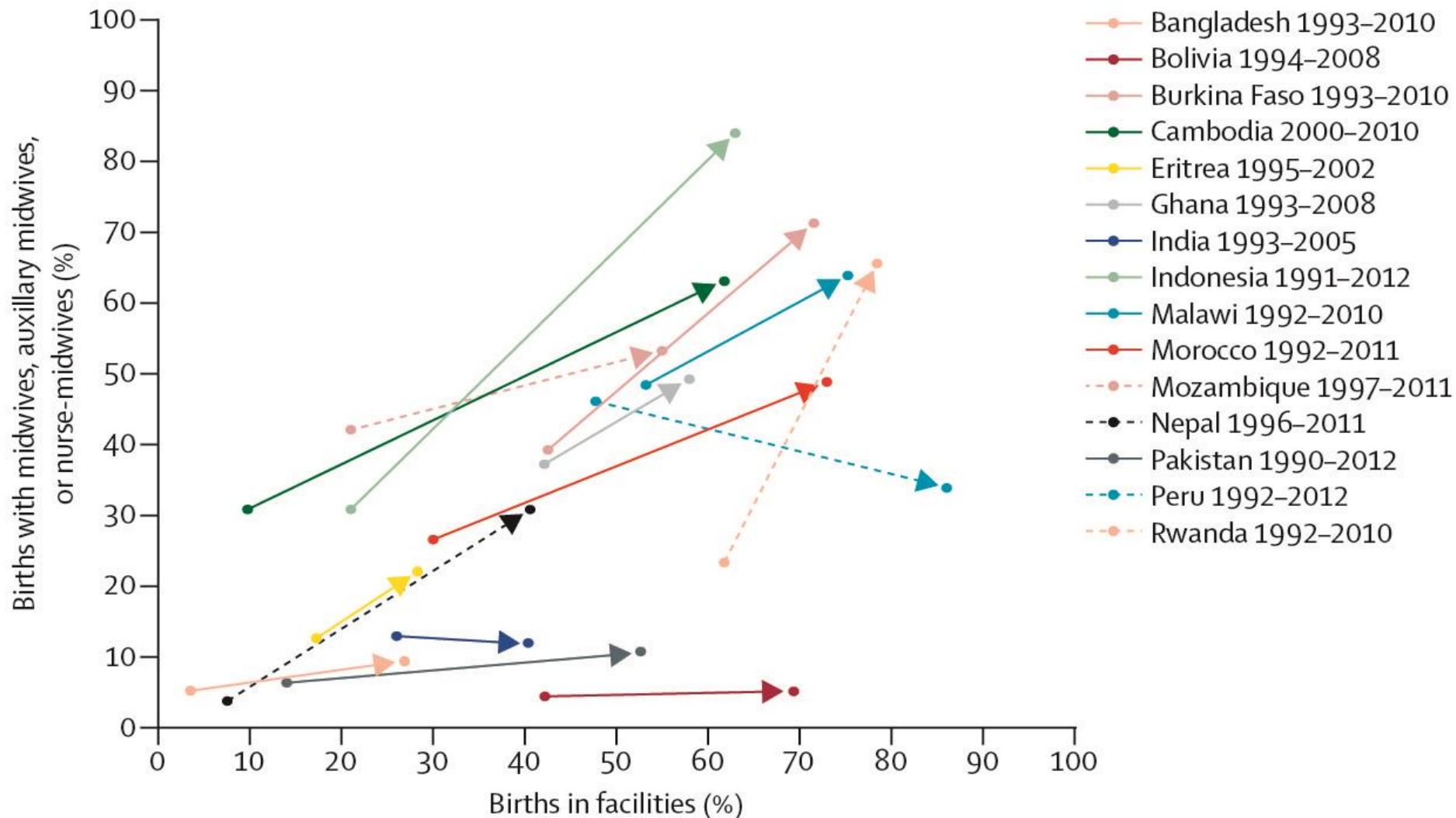
This paper documents the constellation of health system efforts in support of maternal & newborn health with increased evolution of midwifery in 4 countries.

- Burkino Faso
- Cambodia
- Indonesia
- Morocco

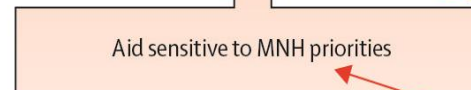
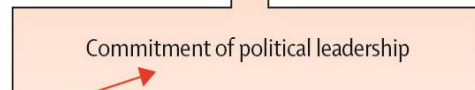
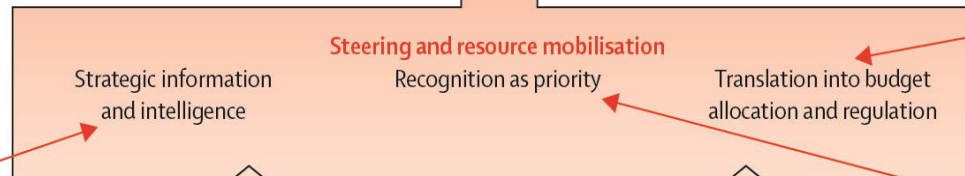


Rapid and sustained reduction of MMR is associated with increased facility birthing





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



2010: standardisation of care.

Mid 1990s: midwifery schools reopened. 2002: competency based curriculum. End 2000s: posts created and accelerated deployment to expanding network of facilities.

2008: delivery care free in public facilities.

Unmet Obstetric Needs survey 1980s; 5 yearly population surveys; near-miss research programme; EmONC survey.

2008: Minister of Health makes maternal health top priority.

End 2000s: procedures for transfer and management of complications formalised.

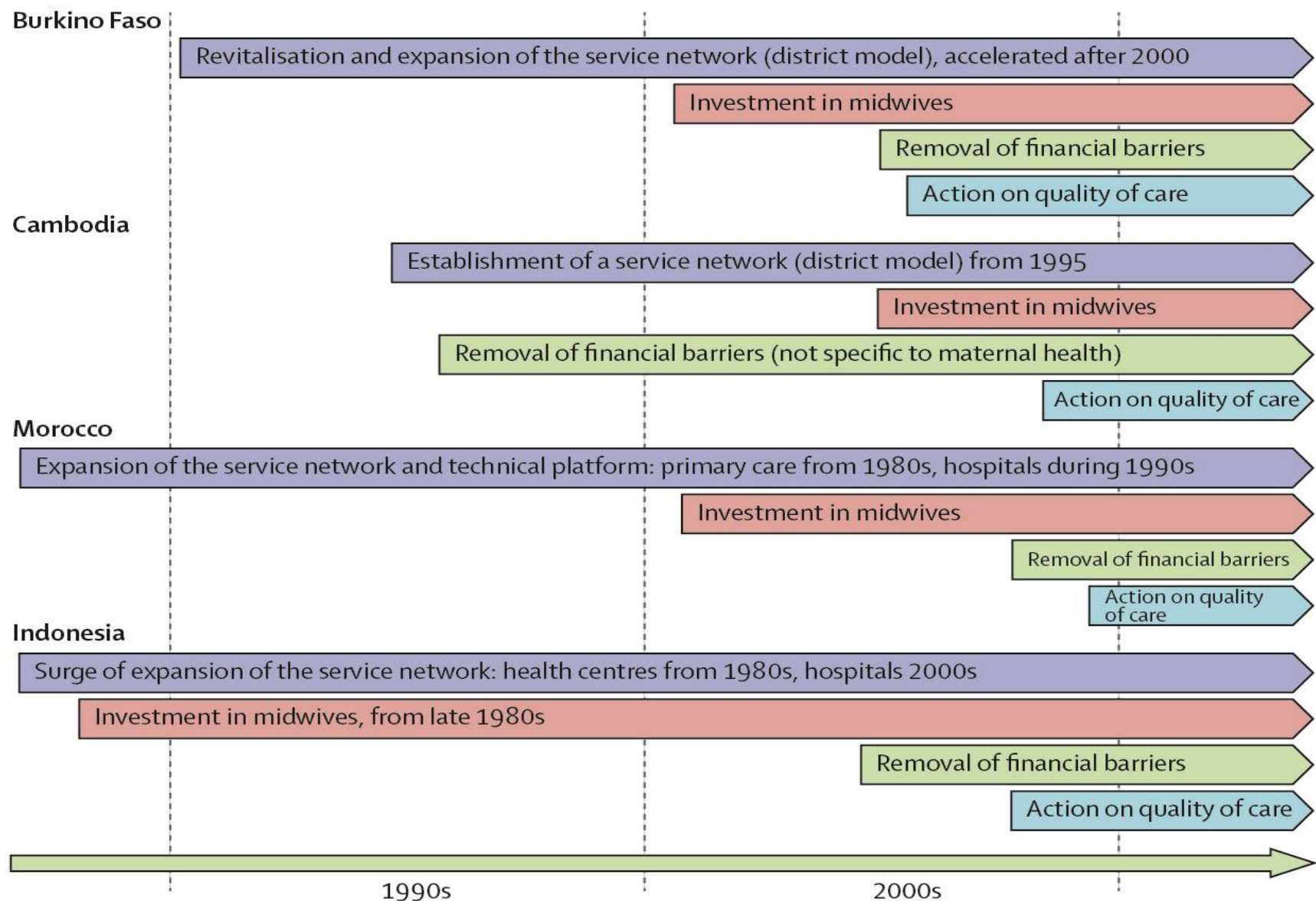
1980–90s: scaling up of investment in basic health and hospital infrastructure. 1990s: EmOC equipment; hospital autonomy.

Late 1980s: long-term investment in infrastructure. End 1990s: budgets for midwife posts. End 2000s: major budget earmarks for maternal health.

1987: Nairobi meeting. 1990s: pressure from donor agencies; lobbying by MOH officials. 2000s: media pressure.

1990s: maternal health becomes priority for donors and partners.

Multiple interventions at multiple levels



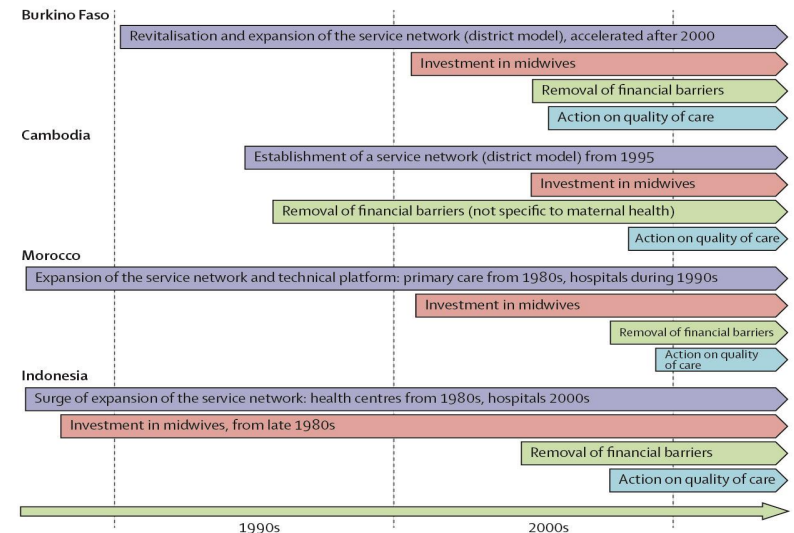
There is a pattern in the sequencing of HSS efforts

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

Who leads?





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

