



# DELIVERING HOPE AND SAVING LIVES – INVESTING IN MIDWIFERY

*Updated with technical feedback December 2012*

## Introduction

Some 15 per cent of pregnant women worldwide face potential life-threatening complications during pregnancy, delivery or afterwards. Despite this, 35 percent of new mothers in developing countries will give birth either alone or without skilled care during what is one of the most dangerous passages a woman will undergo in her entire lifetime.<sup>1</sup>

For a country to prevent women and newborn babies from dying during childbirth, one of the most important investments it can make is in human resources to ensure skilled birth attendance during pregnancy and delivery.



However, the shortage of midwives and skilled health personnel is most acute in the poorest countries of the world. Fifty-eight countries, nearly all among the world's least developed, represented 58 per cent of global births, but accounted for 91 per cent of global maternal deaths, 80 per cent of stillbirths and 82 per cent of neonatal death. These countries have just 17 per cent of the world's midwives, nurses and physicians.<sup>2</sup>

Each year, an estimated 287,000 women die from complications in pregnancy or childbirth.<sup>3</sup> Another 5.7 million<sup>4</sup> women suffer severe or long-lasting illnesses or disabilities, the worst of which are obstetric fistula, severe uterine prolapse, depression and infertility. Skilled health care during pregnancy and childbirth is critical to lowering the number of women and newborn babies killed or injured while giving birth.

## The Current Situation

Almost all births in developed countries are assisted by skilled birth attendants. In developing countries, the figure is 65 per cent.<sup>5</sup> In some of the least developed countries, it falls to less than 20 per cent. Just six per cent of all births are attended by skilled health personnel in Ethiopia, where most of the population lives in rural areas. A woman in rural Ethiopia who experiences a birth complication—as over 1,100 do each day—is unlikely to have help from a doctor, nurse or midwife.<sup>6</sup>

Of those who do receive assistance in developing countries, many will not receive the quality of care they need to preserve their life, their health or that of their newborns.

Shortages in skilled birth attendants are triggered by various factors, including lack of institutions and practical training, as well as varying standards in midwifery education. Poor absorption into the workforce and ineffective regulation compromises service quality. Finally, poor working conditions, low pay, poor support, weak supervision, and lack of career path make it difficult to retain midwives, especially in rural areas.

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The global shortage of roughly 334,000 professional midwives according to the World Health Organization (2005) means that many women and babies die from complications that could have been prevented easily by a health worker with the right skills, equipment and support. A recent report found that 3.6 million lives could be saved each year by doubling the number of well-trained and supported midwives providing care in the 58 countries where most maternal and newborn deaths occur.<sup>7</sup>

## Inadequate and Poor Training

Even where services are available, they are often inadequate or of poor quality. Studies in Benin, Ecuador, Jamaica and Rwanda show that practitioners' knowledge is often lacking, with test scores between 40 and 65 per cent of pre-specified norms.

In Ghana, as few as 17 per cent of hospital births met the standards of good clinical practice while technical and quality-of-care scores were likewise woefully inadequate in health centres located in Nigeria and Cote d'Ivoire. In some cases, women gave birth in a hospital with no professional support whatsoever.<sup>8</sup>

## Cultural Issues and Lack of Sensitivity

A lack of cultural sensitivity and poor treatment can also discourage women from accessing services, even where available.

Women have cited a variety of abusive behaviors as reasons for choosing the more perilous route of home birth. Among them: offensive and demeaning language on the part of health-care personnel and ridicule of a woman's clothing, smell, hygiene, cries of pain, or the desire to remain clothed while giving birth.

In some cases, the provider doesn't speak the local language. In other cases, female providers may not be available when wanted.

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## Brain Drain

One of the key factors hampering progress is an inability to retain skilled workers in the regions that have the highest maternal mortality rates. “Brain drain”—the migration of skilled practitioners to better-paying jobs in developed countries, or in the capital of the country—coupled with HIV-related deaths among the professional classes is exacerbating an already dire health-care situation in much of Sub-Saharan Africa.

## Benefits Of Action

Skilled care during childbirth can lead to better health for both mother and newborn and prevent death and disability, which contributes to poverty reduction.

Skilled birth personnel can also play a decisive role in preventing the 47,000 annual deaths from complications due to unsafe abortions. They play a critical role in newborn care and in averting the death of newborns, as well as in detecting HIV incidence in pregnant and non-pregnant women.

Midwives help address critical family planning needs in communities, not only as service providers but also as counselors who are trusted members in societies.

In countries as diverse as Cuba, China, Jordan, Malaysia, Thailand, Sri Lanka and Tunisia, investments in training, recruiting and retaining midwives, as well as in emergency obstetric care, have significantly reduced the number of maternal deaths.

The returns on investment in skilled birth attendants with midwifery skills are huge. When empowered and authorized with all essential basic life-saving competencies, midwives can help avert over two-thirds of all maternal deaths.

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## What must be done?

The lives and health of millions of women and children could be saved each year with more investments in midwifery training and retention.

High-level political commitment, both nationally and internationally, is required to address the problem of the shortage in skilled birth attendants. Education of midwives and others with midwifery competencies must be fostered if there is to be a rapid expansion and scale-up of the number of midwives and quality of midwifery care.

However, training is not the only issue. Regulation, accreditation, proper delegation of authority and supportive supervision of midwives are equally important. So is ensuring that midwives have appropriate employment protection, remuneration, incentives and motivation.

It is estimated that the number of midwives globally will have to increase by 350,000 if the Millennium Development Target of reducing maternal deaths by two-thirds by 2015 is to be met.

## What Is UNFPA Doing?

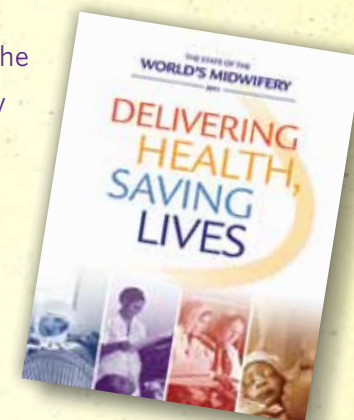
In addition to working with governments to ensure reproductive health for all, UNFPA supports training of health personnel in various aspects of maternal care, including life-saving skills for emergency cases. To further scale-up efforts, UNFPA in 2008 launched a joint programme with the International Confederation of Midwives, which is currently covering over 30 countries.

Among other things, this programme supports strengthening of midwifery schools, midwives' competencies and skills, strengthening midwifery associations to promote the profession, and high-level political advocacy to ensure suitable legislation in the field of midwifery.



For more information on UNFPA's work, please visit [www.unfpa.org](http://www.unfpa.org).

Read the State of the World's Midwifery Report 2011.



### NOTES

- 1 World Health Organization, UNICEF, UNFPA and the World Bank, "Trends in Maternal Mortality: 1990-2010," 2012.
- 2 UNFPA, "State of the World's Midwifery Report 2011."
- 3 World Health Organization, UNICEF, UNFPA and The World Bank, "Trends in Maternal Mortality: 1990-2010," 2012.
- 4 WHO and UNICEF, "Countdown to 2015: Maternal, Newborn & Child Survival," 2012.
- 5 World Health Organization, UNICEF, UNFPA and the World Bank, "Trends in Maternal Mortality: 1990-2010," 2012.
- 6 UNFPA, "State of the World's Midwifery Report 2011."
- 7 UNFPA, "State of the World's Midwifery Report 2011."
- 8 Koblinsky M, Matthews Z, Hussein J, et al., "Going to scale with professional care," *Lancet* 2006; 368: 1377-1386.