



FACT SHEET: THE STATE OF THE WORLD'S MIDWIFERY 2014

ABOUT THE REPORT

The State of the World's Midwifery (SoWMY) 2014 report, which examines the global midwifery landscape across 73 low- and middle-income countries, calls for urgent investment in high-quality midwifery to prevent about two thirds of all maternal and newborn deaths – saving millions of lives every year.

The 73 African, Asian and Latin American countries represented in the report account for 96 per cent of global maternal deaths, 91 per cent of stillbirths and 93 per cent of newborn deaths. But they have only 42 per cent of the world's doctors, midwives and nurses. Investment in quality midwifery could help bridge this gap and prevent some two thirds of maternal and newborn deaths.

PROGRESS

Since 1990, maternal death has been dropped by almost half and child death by 41 per cent. In the 73 countries analyzed by this report, maternal death was reduced by 3 per cent per year and newborn death by 1.9 per cent per year. Since the 2011 edition, reporting countries, governments, regulatory bodies, training institutions, professional associations, and non-governmental organizations have taken bold steps to strengthen midwifery.

- Nearly half (45 per cent) of the 73 countries are working to improve retention in remote areas
- 28 per cent are increasing the recruitment and deployment of midwives
- 20 per cent have new codes of practice/regulatory framework
- 71 per cent are improving data, information and accountability

THE CHALLENGE

There is still a lack of adequately educated midwives to support the health of women and infants. Today, only 22 per cent of countries have potentially enough adequately educated midwives to meet the basic needs of women and newborns. Seventy-eight per cent of the countries are facing serious shortages in midwifery that will result in unnecessary deaths of women and babies.

SUCCESS FACTORS

As the population grows, so does the gap in critical resources, such as health care professionals, and infrastructure. The report discusses four factors that must be addressed to ensure that all women have access to sexual, reproductive, maternal and newborn services as a basic human right. The report highlights the progress made since the inaugural 2011 edition and calls for change in four key areas: **availability**, **accessibility**, **acceptability** and **quality** of midwifery.

Availability

- Comparing the number of midwives to health outcomes is inadequate. By calculating the number of midwives available according to “full-time equivalent”, data can provide a better sense of access to midwives.
- Midwives' salaries are among the lowest in low- and lower-middle-income countries, despite the midwives' huge impact. Compensation can contribute to the attractiveness of the profession.

Accessibility

- For all women to have access to midwives, countries should develop a “minimum guaranteed benefits package” that provides basic services for reproductive, maternal and newborn health and is available for free at the point of access.
- Improved data collection through information systems that measure the access women have to a competent health-care provider would enable new insights into the availability of midwifery services.

Acceptability

- An important factor in increasing the uptake of maternal and newborn health services is whether women find the care they receive culturally and morally acceptable and feel respected by health-care providers.

The report finds that seven perceptions inhibit women from seeking the services of a midwife, such as the lack of knowledge about midwifery and their importance for pregnancy and childbirth.

- Only 18 countries surveyed are aware of studies documenting public attitudes about midwives. More robust research is crucial for thoroughly understanding the barriers and encouraging women to surmount obstacles to obtaining life-saving care.

Quality

- Gaps in infrastructure and resources are challenges for midwifery and as a result have an impact on quality of care. Lack of capacity to educate midwives include inadequate secondary or high school education, lack of classroom space and teaching staff, poor-quality equipment, few opportunities for practical training,
- Increasing coverage alone, without addressing quality of care, is not enough to reduce maternal and newborn death or sickness.

THE ROAD TO 2030

- The vision set out in the report is that all women of reproductive age, including adolescents, have universal access to midwifery until 2030.
- The global number of pregnancies per year between now and 2030 is expected to remain constant at 166 million. To compensate for the shortage of midwives, countries need to strengthen their policies and planning to extend the reach midwifery.
- *Midwifery 2030, A Pathway to Health*, outlines key planning and policy measures that will increase maternal and newborn survival and healthy communities. The recommendations include:
 - Delaying marriage
 - Completing secondary education
 - Comprehensive sex education for boys and girls
 - Contraceptive use to protect from HIV
 - Family planning using modern contraceptive methods
 - Maintaining a woman's health while pregnant
 - Receiving at least four care visits – discussing birth preparedness and emergency planning
 - Demanding and receiving professional supportive and preventive midwifery
 - Women participating in the decisions about the care they and their newborn receive
 - Being supported by a collaborative and effective midwifery team when emergency care is needed



Photo credit: Abbie Traylor Smith/Panos/H4+

A GLOBAL CALL TO ACTION

To save the lives of more women and babies through quality midwifery, the following must be addressed by countries surveyed in the report:

- Ensure that the midwifery workforce is supported by quality education, regulation and effective human and financial resource management.
- Champion quality midwifery education programmes.
- Support regulation and legislation for midwifery practice.
- Ensure that midwifery is prioritized in national health budgets and that all women are given universal financial protection.
- Champion midwifery and ensure all women have access to these services.
- Provide first-level midwifery close to the woman and her family, with seamless transfer to next-level care when needed.
- Expand the capacity for life-saving interventions by midwives at facilities.
- Strengthen and increase the number of professional midwives' associations.



- Develop and implement midwifery licensing, with continued education and renewal requirements.
- Collect and share accurate data on the midwifery workforce.

A Midwife's story: Midwives in South Sudan Heed Call to Save Women

Jennifer Ikokole, 49, started working as a midwife 24 years ago in her country, Uganda. When she joined UNFPA's midwifery programme in South Sudan two years ago, she knew her work was cut out for her. South Sudan, the world's youngest country, has one of the highest maternal death rates in the world. Health facilities are poorly equipped and understaffed, making the country ground zero in the battle against maternal death.

Although she was working under harsh conditions, in the midst of a humanitarian emergency that has gripped the country, nothing could stop her from working to save the lives of the women and children in her care. "When I was told to come and work at the displacement camp, nobody said it would be easy. The conditions are not good, but helping mothers is a calling I must heed, and I get satisfaction from that. It is good to know I'm saving lives by helping mothers deliver safely," she says.

Midwives are the first contact many expectant women have with health personnel, bringing hope to women who have no access to doctors or clinics - especially during the current humanitarian crisis. When delivery complications occur, trained health personnel are crucial to saving the lives of women and their babies. But many South Sudanese women give birth at home, often without trained midwives. Inside the protection camp, UNFPA's midwives rely on volunteer traditional birth attendants to sensitize women on the services available at the camp's makeshift maternity tent.



Jennifer Ikokole attends to an expectant mother at UNFPA's maternity tent. *Photo credit: NFPA/Kenneth Odiwuor*

SUPPORTING PARTNERS

The State of the World's Midwifery 2014 report is coordinated by UNFPA, the United Nations Population Fund, and the World Health Organization (WHO), on behalf of the [H4+](#) (UNAIDS, UNFPA, UNICEF, UN Women, WHO, and the World Bank), with the International Confederation of Midwives (ICM) and supports the United Nations Secretary-General's Every Woman, Every Child campaign. Supporting partners include Australian Aid; Averting Maternal Death and Disability Programme (AMDD); Bill & Melinda Gates Foundation; Department for International Development (DFID, United Kingdom); Family Care International; Foreign Affairs, Trade and Development Canada; Girls' Globe; Instituto de Cooperación Social Integreare; International Council of Nurses (ICN); International Federation of Gynaecology and Obstetrics (FIGO); Jhpiego, Johnson & Johnson; Mamaye! Evidence for Action; Ministère des Affaires Etrangères et du Développement International (France); Norwegian Agency for Development Cooperation (Norad); Partnership for Maternal, Newborn & Child Health; Save the Children; Swedish International Development Cooperation Agency (Sida); University of Southampton; University of Technology, Sydney; USAID's Maternal and Child Health Integrated Programme (MCHIP); and the White Ribbon Alliance.