

Strengthening Nursing and Midwifery



2020 International Year of the Nurse and the Midwife

Fran McConville, WHO

For Zurich University of Applied Sciences, February 25th 2020

FILM

<https://www.youtube.com/watch?v=pz84KiKAKPs>



World Health
Organization

PARALLEL LIVES, Water Aid

At the 72nd World Health Assembly 194 Member States put nursing and midwifery at the centre of achieving UHC by 2030



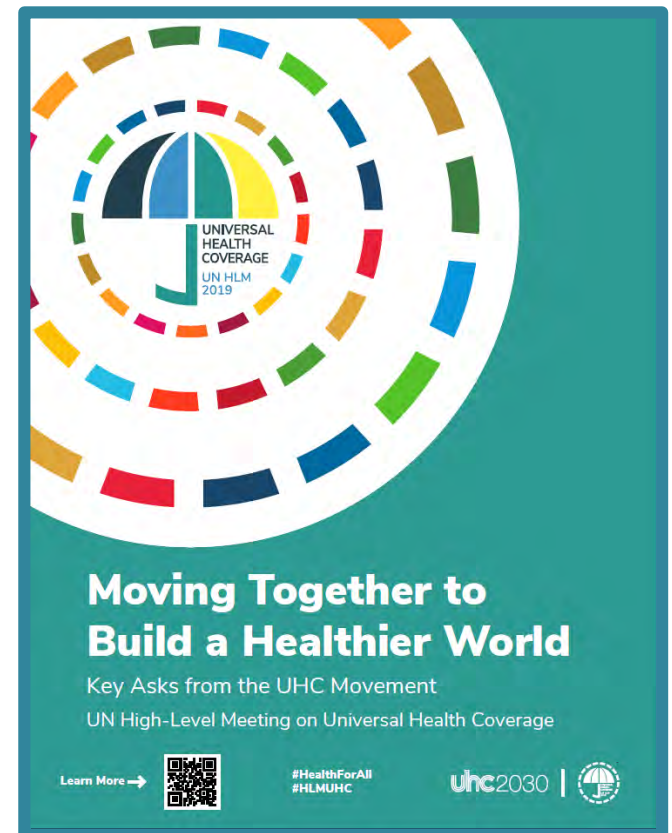
2020

“The International Year of the Nurse and the Midwife”

**Celebrating 200 year anniversary
of the birth of Florence Nightingale
1820-1910**

Midwives and nurses are *critical to achieving Universal Health Coverage (UHC)* and make a significant contribution to global commitments:

- ❑ **2019 Astana Declaration on PHC**
- ❑ **Global Action Plan on Healthy Lives and Well-Being**
- ❑ **Political Declaration on Universal Health Coverage (UHC)**



3 Key Messages in 2020

- 1. Strengthening nursing and midwifery to achieve health for all**
- 2. Boost nursing and midwifery leadership and influence to improve health services**
- 3. Commit political will and funding to improve nursing and midwifery**

5 Key Investment Areas for the next decade

- 1. Invest in nurse-led and midwife-led services - work to their full potential**
- 2. Employ more specialist nurses**
- 3. Make midwives and nurses central to primary health care services**
- 4. Support nurses and midwives in health promotion and disease prevention**
- 5. Invest in nursing and midwifery leadership**

KEY NURSING AND MIDWIFERY EVENTS in 2020

Date	Event
April 7	World Health Day Launch of the State of the World's Nursing (SOWN)
May 5	International Day of the Midwife
May 12	International Nurses Day Theme set by the International Council of Nurses <i>“nursing the world to health”</i> ,
May 13 - 15	Global Forum for Govt. Chief Nursing and Midwifery Officers in Geneva
May 17 – 22	World Health Assembly Palais de Nations, Geneva
December 12	Universal Health Day

The 2020 focus in WHO EURO



- **Communications:** inspiring stories portraying the capability of empowered N&Ms, and the impact peoples lives
- **Publications:** focus on education planned for International Day of the Midwife.
- **Sub- regional Workshops:** focus on PHC and Multidisciplinary Teams – key aspects on the road towards UHC.
- **European Strategic Directions for Strengthening Nursing and Midwifery** development of a new Regional Roadmap(or similar) on Nursing and Midwifery.

9 ideas for campaign activities!

1. Recognition awards/ certificates
2. Set up or take part in public events
3. Display campaign posters
4. Engage local leaders and celebrities
5. Work through the media
6. Work with artists
7. Build and strengthen partnerships
8. Get active on Social Media
9. Get moving ! organize your own
“Walk the Talk”



- ❑ WHO campaign website for more ideas. <https://www.who.int/docs/default-source/documents/yonm-2020/campaign-toolkit.pdf>

International Year of the Nurse and Midwife HEALTH FOR ALL FILM FESTIVAL!!

<https://www.who.int/news-room/events/detail/2019/10/24/default-calendar/the-health-for-all-film-festival>

CATEGORY 3: Videos about nurses and midwives (3-8 minutes long)

Any audiovisual narration style will be accepted for this special theme for the International Year of the Nurse and the Midwife in 2020.

5 Critical areas for 2020 - ALL nurses, ALL midwives

“It may seem a strange principle to enunciate as the very first requirement in a hospital that it should do the sick no harm.”

Florence Nightingale

200 years later.....

- **> 1 million deaths** each year associated with unclean births: infections account for 26% of neonatal deaths and 11% of maternal mortality.
- **1 in 4** health care facilities lack basic water
- **1 in 5** health care facilities have no sanitation
- **2 in 5** health care facilities lack hand hygiene at the point of care
- **2 in 5** health care facilities lack systems to segregate waste
- **1 in 10** patients experience Health-care Acquired Infections (HAIs)
- **61%** of health workers do not adhere to hand hygiene practices.

What can we do about this in 2020?

Focus!

- 1. Antimicrobial Resistance (AMR)**
- 2. Water Sanitation and Hygiene (WASH)**
- 3. Infection Prevention and Control (IPC)**
- 4. Patient Safety**
- 5. Respectful Care**

Progress....What would Florence Nightingale think?!

“No man, not even a doctor, ever gives any other definition of what a nurse should be than this -'devoted and obedient.' This definition would do just as well for a porter. It might even do for a horse. It would not do for a policeman.”



Florence Nightingale mid 19th century

ANY QUESTIONS?

FRAMEWORK FOR ACTION



STRENGTHENING QUALITY MIDWIFERY EDUCATION for Universal Health Coverage 2030



Why focus on midwifery education ?

830 women and 7000 newborns die every day

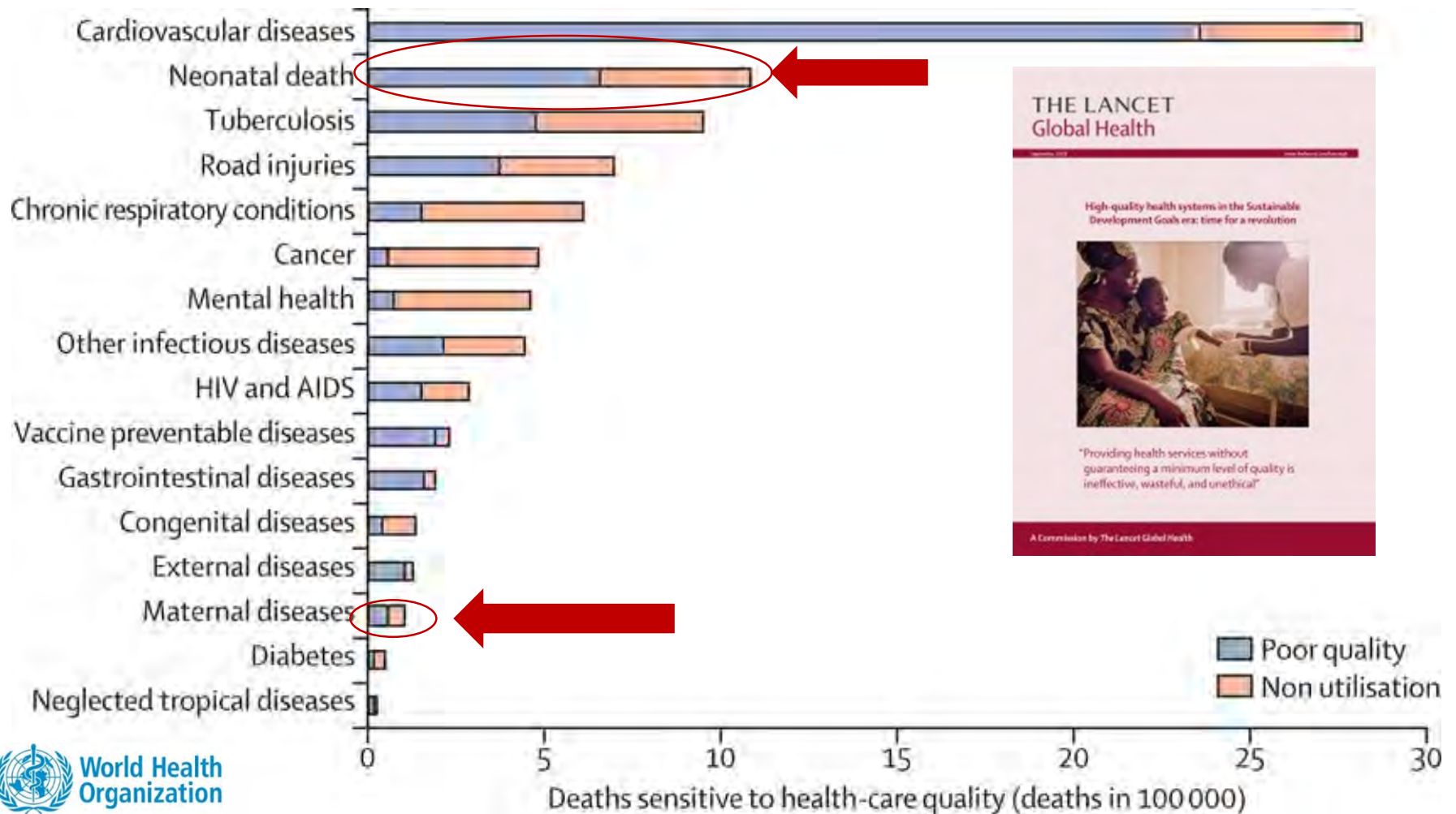
Many educators in education institutes:

- lack essential competencies (knowledge, skills, behaviors)
- are without teaching materials
- lack water and sanitation

(Ref WHO Midwifery Educator Survey, to be published 2020)



Mortality due to poor quality and non utilisation of health services



Globally “too much too soon, too little too late” *Lancet MH Series 2016*

“Poor quality of care is now a bigger barrier to reducing mortality than insufficient access to care” *Lancet Global Health Commission 2018*



TRENDS IN ESTIMATES OF MATERNAL MORTALITY RATIO (MMR, MATERNAL DEATHS PER 100 000 LIVE BIRTHS), BY WHO REGION, 2000–2017

WHO region	MMR point estimates					Overall reduction in MMR between 2000 and 2017 (%)	Average annual rate of reduction in MMR between 2000 and 2017 (%)
	2000	2005	2010	2015	2017		
Africa	857	735	615	548	525	38.7	2.9
Americas	73	68	64	60	58	20.9	1.4
South-East Asia	355	280	214	165	152	57.3	5.0
Europe	27	22	17	14	13	52.8	4.4
Eastern Mediterranean	330	275	220	175	164	50.3	4.1
Western Pacific	75	61	51	43	41	45.8	3.6
World	342	296	248	219	211	38.4	2.9

Source : WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. Maternal mortality: Level and trends 2000-2017. WHO, Geneva, Switzerland 2019.

For every
100 000 live
births in the
WHO European
Region,
an average of
12
mothers
die.

Be a
data explorer.
#StatsDay16



Dr Gunta Lazdane,
Regional Adviser,
Sexual and
Reproductive Health

Maternal and newborn mortality in Switzerland

Neonatal mortality rate

2.94 deaths per 1,000 live births (2018)

Maternal mortality ratio

5 deaths per 100,000 live births (2017)



Source: UN Maternal Mortality Estimation Interagency Group

Why focus on midwifery education in Europe?

- Significant inequality within and between countries: women in some European countries **25 times more likely to die** as a result of pregnancy than in other countries
- For **every women who dies of pregnancy-related causes in Europe, 20–30 women experience acute or chronic morbidity**



The evidence for midwifery education and care

When midwives are educated to international standards, and midwifery includes the provision of family planning...

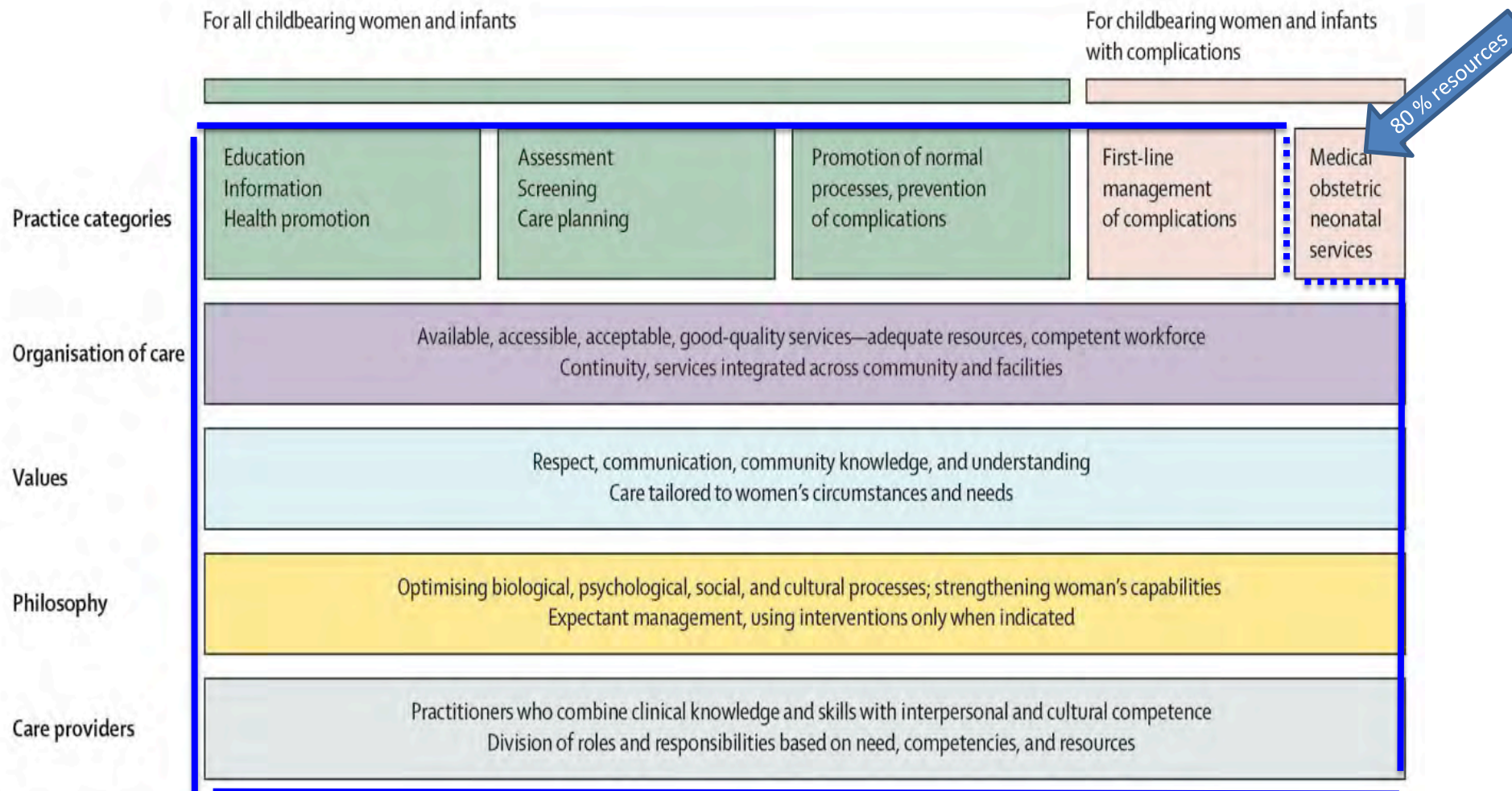
more than 80% of all maternal deaths, stillbirths and neonatal deaths could be averted.

(Lancet Series Midwifery 2014)

NB: SOWMY 2021 evidence update x 2 papers to be launched at ICM Triennial, Bali, June 2020



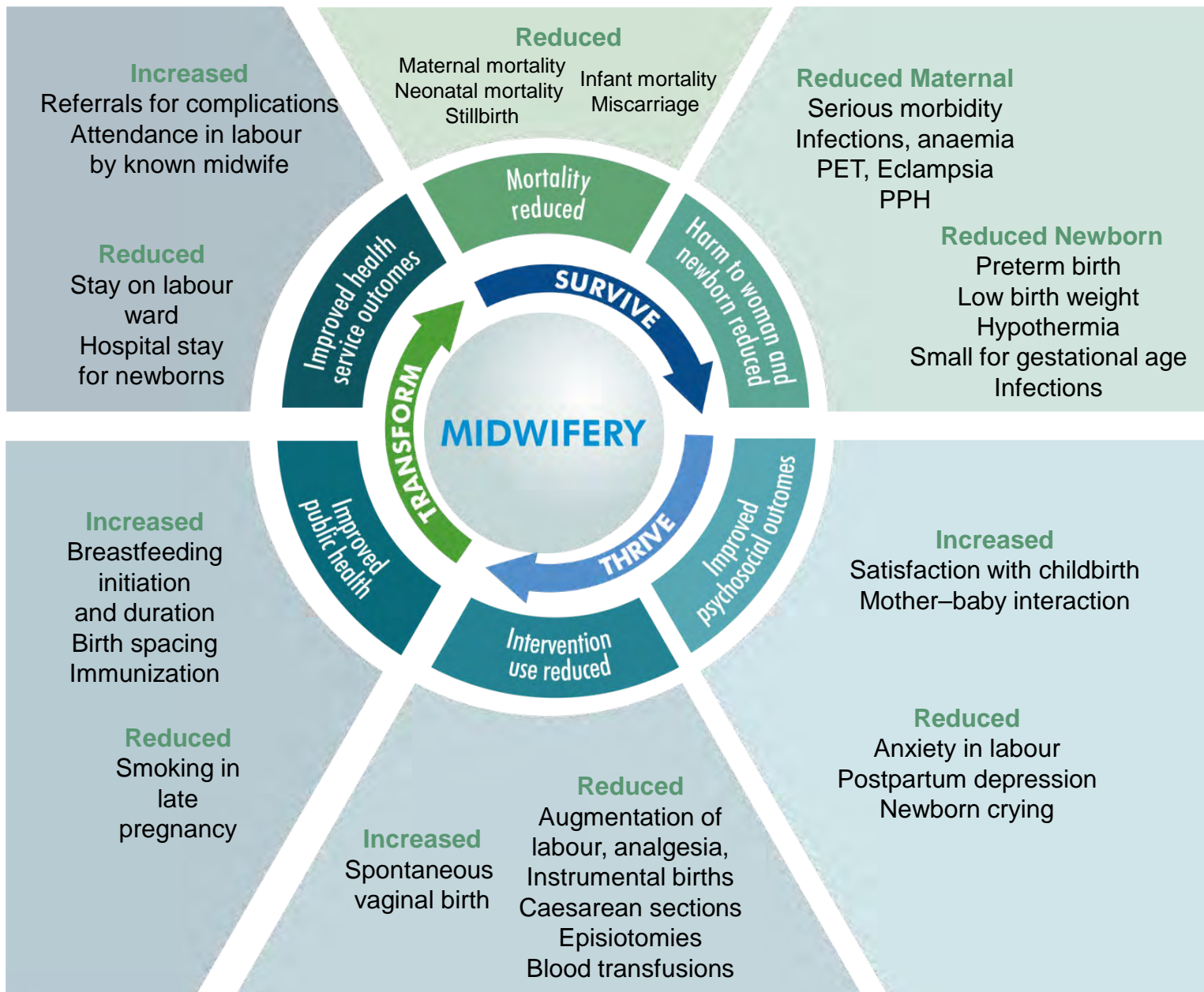
The scope of midwifery, level of investment and impact on the experience of women, newborns and midwives



Scope maps exactly to the ICM competencies of the midwife:
full scope midwifery = international standard midwife

Quality Midwifery education and care improves over 50 health-related outcomes





Midwives in humanitarian, fragile and conflict-affected settings

Midwives are uniquely able to provide essential services to women and newborns in the most difficult circumstances:

.....Albania earthquake?

.....Nepal earthquake increase in pre-term births



UN Photo/Tobin Jones

Regulation, integration and interprofessional teams

Achieving this impact also requires that midwives are...

licensed, regulated, fully integrated into health systems and working in interprofessional teams



A “startling” lack of investment in a cost-effective solution

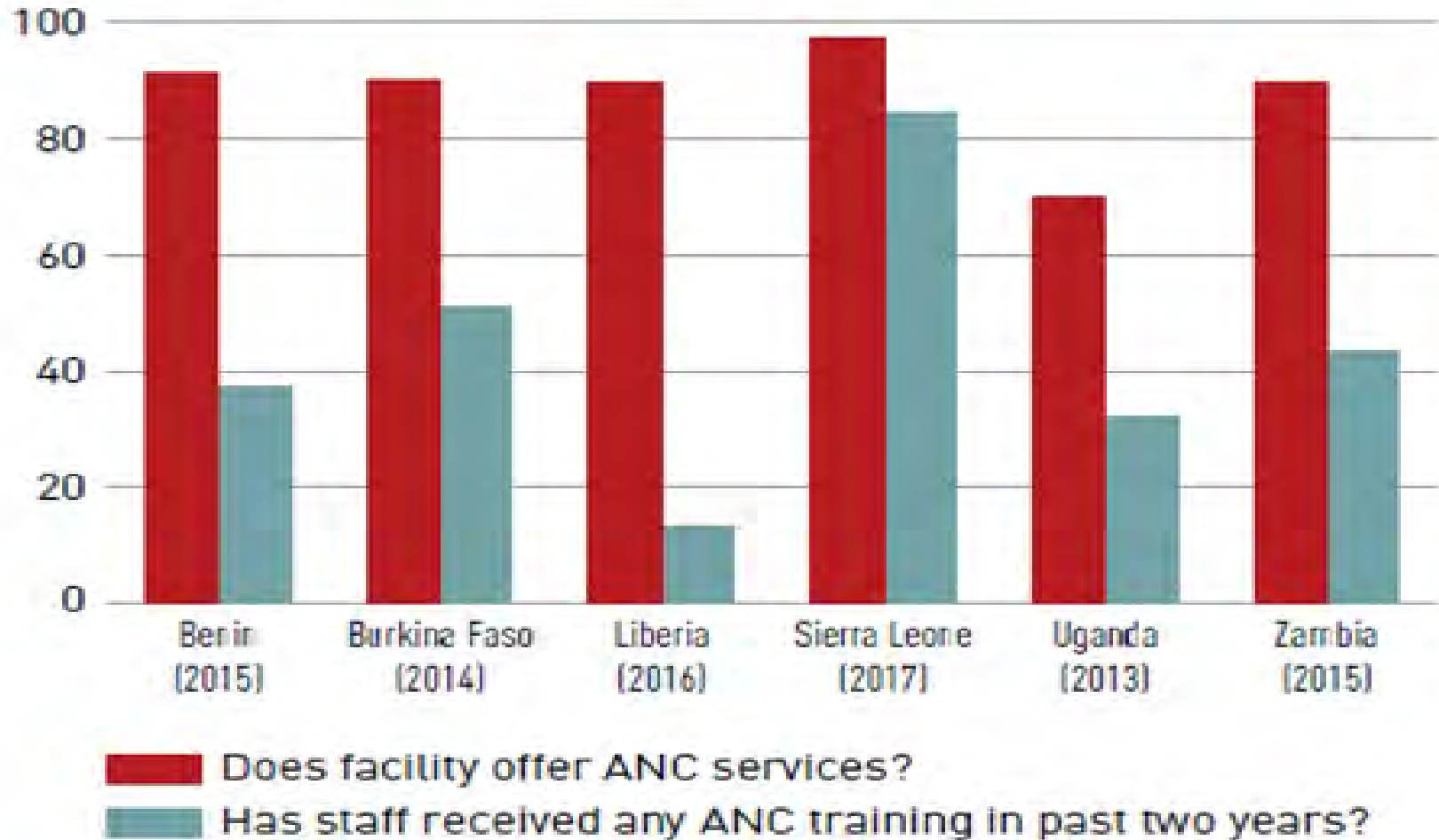
Educating midwives to international standards is a cost-effective investment as it saves resources by reducing costly and unnecessary interventions

Yet there is a “*startling*” *lack of investment* in quality midwifery education.



Lack of investment in training in ANC

Percent of facilities



Source: UHC Monitoring Report 2019

The global consensus:

3 strategic priorities

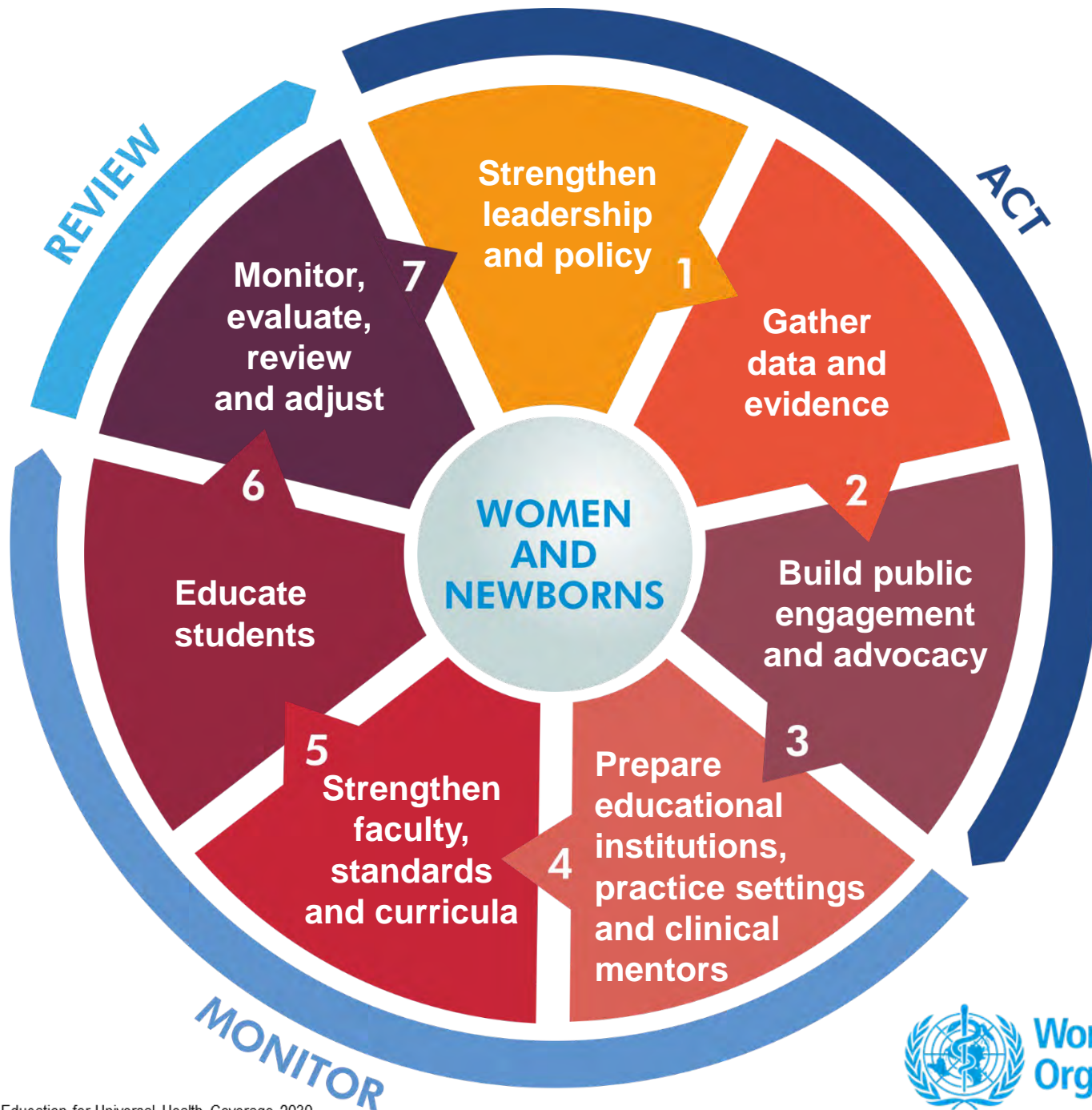
- implications for Europe?

1. Every woman and newborn to be cared for by a *midwife educated to international standards*. The “title” midwife should only be used for providers who are **educated to international standards**
2. *Strengthen midwifery leadership.*
3. *Improve coordination between all stakeholders* to align evidence-informed investments, education and training.



7-step Action Plan to strengthen quality midwifery education





STEP 1. Strengthen leadership & policy

1. Align, strengthen leadership
2. Establish/strengthen a National Midwifery Task Force
3. Review/update policy
4. Address barriers (gender, power, voice)



2019: Chief Midwife in Kazakhstan and England

2020: Situation in Switzerland.....?

What are the **social, economic and professional** barriers preventing midwifery personnel in low and middle income countries from providing quality of care to mothers and newborns?

SYSTEMATIC MAPPING

Low and middle income countries Between Jan 1990 – Aug 2013

No language restrictions

Included midwifery personnel (WHO SBA definition)

5 databases searched. Expert call for papers and grey literature

9126 items



82 items

RESEARCH ARTICLE

What Prevents Quality Midwifery Care? A Systematic Mapping of Barriers in Low and Middle Income Countries from the Provider Perspective

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Midwifery is a vital solution—What is holding back global progress?

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⁵New Zealand College of Midwives, Christchurch, New Zealand

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⁷Yale School of Nursing, Yale University, New Haven, Connecticut

⁸United Nations Population Fund, New York, New York

GENDER INEQUALITY

SOCIO-CULTURAL

Care at birth considered 'women's work'
Lack of acceptance of midwifery
Transgression of accepted gender roles
Vulnerability to physical and sexual assault

"gender penalty" from low social status

Midwifery feminized, not professionally valued

**MORAL
DISTRESS
BURN OUT
POOR QoC**

ECONOMIC

Infrequent wages fail to meet basic living costs
Lack of investment in safe accommodation

PROFESSIONAL

Lack of investment in education, regulation
Weak professional autonomy
Medical hierarchies constrain scope of practice

Midwives' Voices, Midwives Realities

2,470 online responses from 93 countries in 4 languages

Midwives' Voices Midwives' Realities



Findings from a global consultation
on providing
quality midwifery care



“Obstetricians have taken over childbirth and midwifery personnel work mostly as their obstetric nurses, following orders and discouraged to voice their opinion”

- **Gender inequality**
- **Lack of voice and lack of space in the political agenda**
- **Issues of safety and security**

37% OF MIDWIVES HAVE SUFFERED
HARRASSMENT, FEAR VIOLENCE OR LIVE
IN UNSAFE ACCOMMODATION



#MidwivesVoices

Source: WHO, 'Midwives Voices', 2016

STEP 2. Gather data and evidence

1. Identity, synthesize baseline data and evidence
2. Align with existing indicators and data systems
3. Use data & evidence to inform Actions 3,4,5,6



Midwifery and Statistics



How are we progressing?

*“Statistics is the most important science in the world: for upon it depends the practical application of every other science and of every art: the one science essential to all political and social administration, **all education**, all organization based on experience, for it only gives results of our experience”*

Florence Nightingale, 1800s

Midwife-led continuity of care: profound impact on provision, experience and outcomes

Women who received models of midwife-led continuity of care



7x more likely to be attended at birth by a known midwife



16% less likely to lose their baby



19% less likely to lose their baby before 24 weeks



15% less likely to have regional analgesia



24% less likely to experience pre-term birth



16% less likely to have an episiotomy



Women's Experience

Women attended at birth by a known midwife reported higher ratings of maternal satisfaction with...



Information



Advice & Explanation



Place of Birth



Preparation for Labour and Birth



Choice for Pain Relief

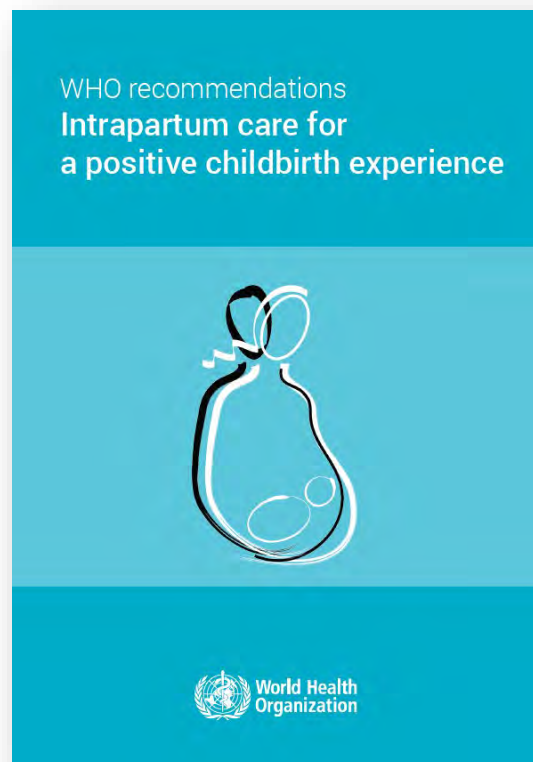
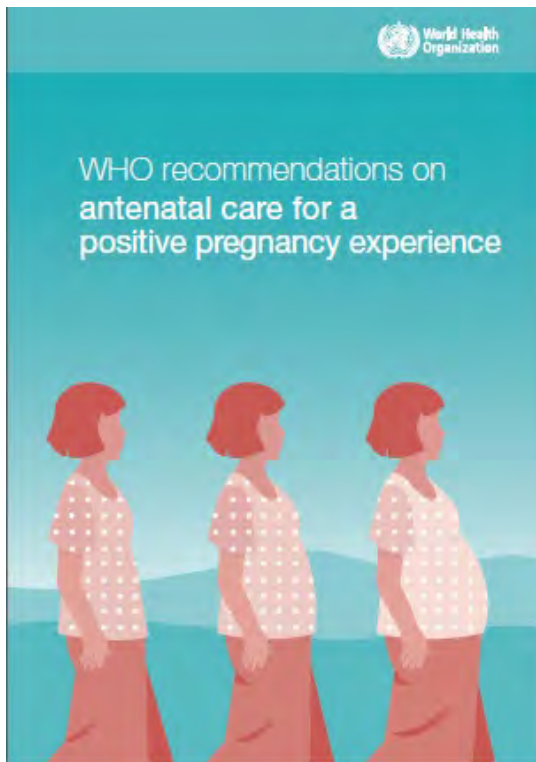


Feeling in Control

Sandall J, Soltani H, Gates S, Shennan A, Devane D. Midwife-led continuity models versus other models of care for childbearing women. Cochrane Database of Systematic Reviews 2016, Issue 4. Art. No.: CD004667.

The evidence: midwife-led continuity of care models

WHO ANC, IPC, PNC Guidelines



Midwifery Assessment Tool for Education (MATE)

Self Assessment Tool

- ❑ To inform discussions in country at early planning stages
- ❑ It asks midwives to think about:
 - Where they are now?
 - Where would they like to be?
 - What do they need to do to get there?
- ❑ It belongs to the midwives who use it

WHO Collaborating Centre for Midwifery,
Cardiff University

MATE will be available on WHO website (translated)



STEP 3. Build public engagement and advocacy

1. Develop evidence-based advocacy
 2. Align national consensus
 3. Women groups, parliamentarians, professional associations
- White Ribbon Alliance



Build public
engagement
and advocacy

3

STEP 4. Prepare education institutions, practice settings and clinical mentors

Accelerate

1. assessment of education and training institutions
 - with engagement of senior managers
 - establish mechanisms to ensure national standards met
2. Assessment of practice settings
 - Develop simulation and skills labs for continuity of midwifery care and midwife-led care units (MLCUs)



Prepare educational
4 institutions, practice
settings and clinical
mentors

WASH in midwifery education institutes

Early findings from WHO educator survey

- more than 1,000,000 deaths each year are associated with unclean births
 - Infections account for 26% of neonatal deaths and 11% of maternal mortality
- African English-speaking and French-speaking regions
- 50% of educators surveyed reported they do not always have a functioning toilet where they teach.

STEP 5. Strengthen faculty, standards and curricula

1. Accelerate assessment of educator capacity
2. Strengthen the capacity of educators
3. Review and update curricula to international standards



New! UK NMC Standards

Standards for competence required of midwives are divided into 4 areas

1. Effective midwifery practice.
2. Professional and ethical practice.
3. Developing the individual midwife and others.
4. Achieving quality care through evaluation and research.

NB: All midwives must demonstrate their knowledge and competence in all these areas to register as a midwife.



STEP 6. Educate students

1. Accelerate assessment of provider capacity
2. Strengthen competencies- more than skills: requires knowledge and behaviours
3. Innovative technology
4. Integrate theory and practice



Midwifery Toolkit – structure and content



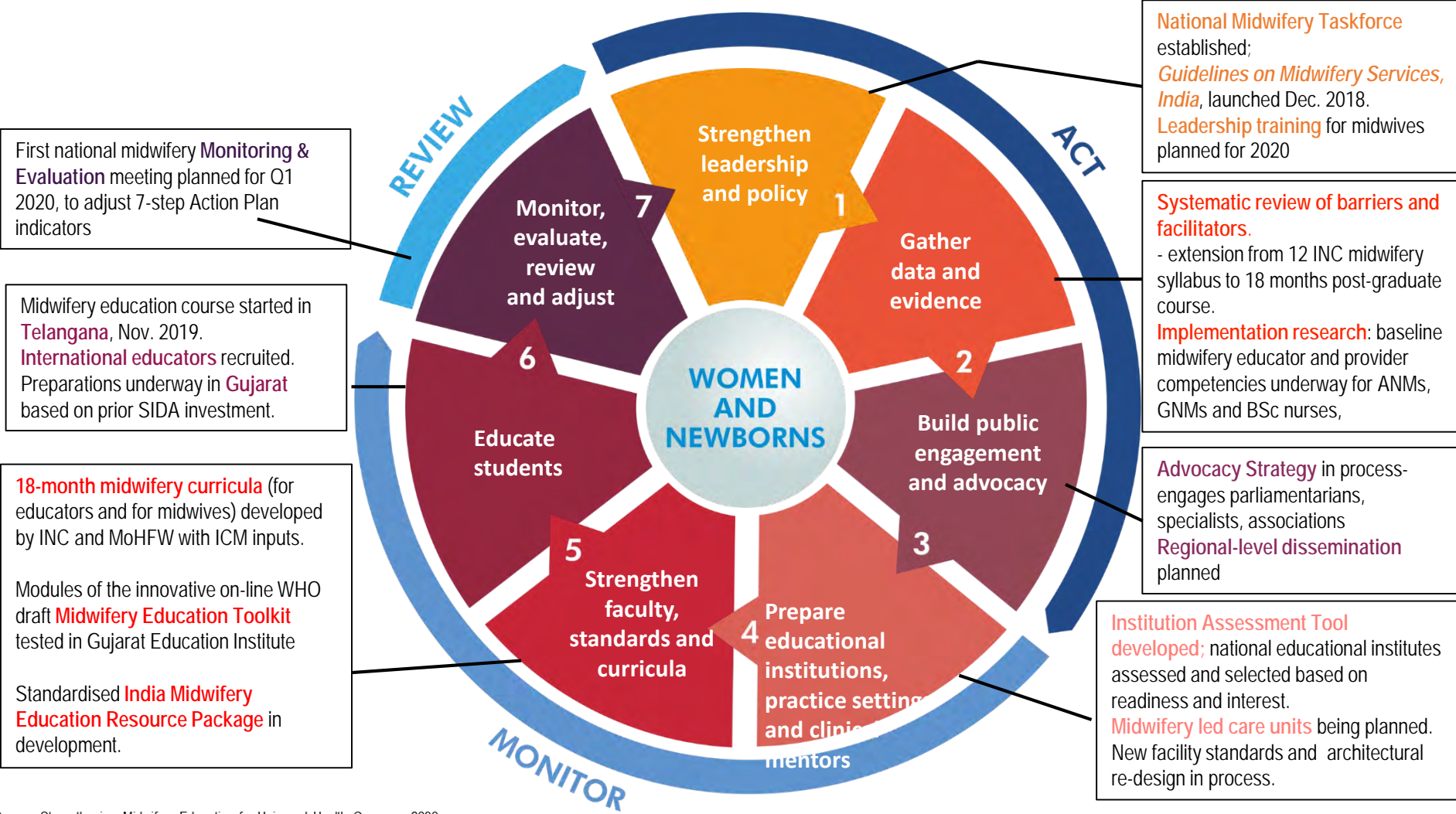
STEP 7. Monitor, evaluate, review, adjust

1. Assess and review all plans and progress, use data & evidence
2. Develop M&E plan alongside program plan, NOT at end
3. Takes place Steps 1-6
4. Assume 10% budget
5. Enables Logical Framework of objectives-activities-indicators-costs
6. Leads to increased donor investment



**Monitor,
evaluate,
review
and adjust**

Progress in India 2018-2019 MoHFW & WHO



Source: Strengthening Midwifery Education for Universal Health Coverage 2030

An apology and an ode to midwives (thank you for what you do) Holly McNish

“...sometimes i lie and say i’m a midwife when strangers on trains ask what i do

i want them to think i am good

i want them to look at my hands and imagine those hands have held more than a pen,

i want them to think I have run between bedsides, mermaid to ships, carrying sailors to safety on shores, delivering life or toast or condolences, comforting those in the midst of an earthquake, sewing stitches in skin like life saving tapestries, sitting for seconds catching breath between screams...”



THANK YOU !