

MIDWIFERY

ISSUE:

Evidence shows that midwives provide safe antenatal, intrapartum and postnatal care to low-risk childbearing women; it has been found that antenatal care provided by midwives may result in lower preterm deliveries and a reduced rate of pre-eclampsia. Additionally, the evidence shows that midwifery care may result in a more satisfying birth experience for the childbearing woman. Currently, there are substantial variations in the education and role of midwives. These variations create confusion for the health care profession and for the public and serve to undermine midwifery care.

The designation “midwife” is therefore accompanied by a qualifying term such a Certified Nurse- Midwife (CNM), Certified Midwife (CM) or Certified Professional Midwife (CPM) which shows the midwife has successfully passed a national certifying exam and is competent to practice. Currently, Certified Nurse-Midwives are eligible for licensure in all states and constitute the largest group of midwives. However, direct entry midwives (meaning the midwife is not first a nurse before becoming a midwife) are also eligible for licensure in many, but not all states once they have graduated from an accredited midwifery program and have passed their national certification examination. The term “midwife” is also used by those whose education is limited to apprenticeship without a theoretical component; often call a “lay midwife”. It should be noted the available evidence does not support a skills-based program without a theoretical framework.

In order to promote midwifery care for childbearing women, the public must be confident the midwife is competent to practice having graduated from an accredited program of study.

BACKGROUND:

In many parts of the world, midwives are the primary providers of care for childbearing women. In fact, the World Health Organization has stated that midwifery care is crucial to reducing mortality, morbidity and disability in populations. The World Health Organization has called for strengthening and increasing the number and role of nurses and midwives.

While the evidence supports midwifery care, there remains some debate on the appropriate provider for routine prenatal, intrapartum and postnatal care for healthy pregnant women. There are differences between the midwifery and other models of care including differences in philosophy, goals of obstetrical and postnatal care, prenatal care objectives, and use of interventions during labor. Midwifery care is based on a philosophy of pregnancy and birth as normal physiological processes. Its focus is on the promotion of normality and psychosocial support. “Although each profession contributes unique knowledge and skills to health promotion, the care of patients and the health care system as a whole, there is a need for multidisciplinary and

interdisciplinary work in a spirit of recognition and respect for each other's authority, responsibility, ability and unique contribution".

POLICY:

NPA supports the use of a qualified midwife for prenatal, intrapartum and postnatal care of the healthy childbearing woman. A qualified midwife is someone who has completed a nationally accredited midwifery education program with a curriculum of evidence-based theory integrated with practice.

STRATEGY:

Provide education and clarification of the multiple definitions of midwife and to improve access to midwifery care.

ADDENDUM:

The World Health Organization Definition of a Midwife adopted from the International Confederation of Midwives and the International Federation of Gynecology and Obstetrics Definition Developed Jointly

A midwife is a person who, having been regularly admitted to a midwifery educational program, duly recognized in the country in which it is located, has successfully completed the prescribed course of studies in midwifery and has acquired the requisite qualifications to be registered and/or licensed to practice midwifery. She must be able to give the necessary supervision, care and advice to women during pregnancy, labor and the postpartum period, to conduct deliveries on her own responsibility and to care for the newborn and the infant. This care includes preventative measures, the detection of abnormal conditions in mother and child, the procurement of medical assistance and the execution of emergency measures in the absence of medical help. She has an important task in health counseling and education, not only for the women, but also within the family and community. The work should involve antenatal education and preparation for parenthood and extends to certain areas of gynecology, family planning and child care. She may practice in hospitals, clinics, health units, domiciliary conditions or in any other service.

i Villar J, Carroli G, Khan-Neelofur D, Piaggio G, Gülmezoglu M. Patterns of routine antenatal care for low- risk pregnancy. Cochrane Database of Systematic Reviews 2001, Issue 4. Art. No.: CD000934. DOI: 10.1002/14651858.CD000934.

ii Villar J, Carroli G, Khan- Neelofur D, Piaggio G, Gülmezoglu M. Patterns of routine antenatal care for low-risk pregnancy. Cochrane Database of Systematic Reviews 2001, Issue 4. Art. No.: CD000934. DOI: 10.1002/14651858.CD000934

iii Between the 1970s and 1990s, the World Health Organization promoted traditional birth attendant (TBA) training as one strategy to reduce maternal and neonatal mortality. To date, evidence in support of TBA training remains limited and conflicting. See Sibley LM, Sipe TA, Brown CM, Diallo MM, McNatt K, Habarta N. Traditional birth attendant training for improving health behaviours and pregnancy outcomes. Cochrane Database of Systematic Reviews 2007, Issue 3. Art. No.: CD005460. DOI: 10.1002/14651858.CD005460.pub2

iv World Health Organization, 1999

v At the Fifty-fourth World Health Assembly in May 2001, delegates from the 191 countries present passed a resolution emphasizing the crucial and cost-effective role of nurses and midwives in reducing mortality, morbidity and disability in populations, in caring for those who are ill and in promoting healthier lifestyles.

vi. The world health report 2006. Working together for health. Geneva, World Health Organization, 2006; Nursing and midwifery services. Strategic directions 2002-2008. Geneva, World Health Organization, 2002; Ninth plenary meeting, 27 May 2006 –Committee A, sixth report)

vii Rooks J, Childbirth in America, 1999

viii WHO European Strategy for Continuing Education for Nurses and Midwives 2003

ix Jointly developed by the International Confederation of Midwives and the International Federation of Gynecology and Obstetrics. Adopted by the World Health Organization

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