Petra ten Hoope-Bender: The Facilitator
by Scarlett Hawkins – Advocacy Manager
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Petra ten Hoope-Bender is as intersectional an advocate as they come. It seems no matter where you turn in the civil society space, if a conversation can generate benefit from women of all walks of life, then Petra – who has been profiled by the Lancet as “the midwife’s midwife” – is probably already involved. In the International Development sector, where every stakeholder is eager to yield the highest impact with their funding, Petra’s expertise has made vital resources, support and capacity development to people who might otherwise miss out.

Accessibility is important to Petra: at the core of everything she does, she believes in balancing the scales of gender inequality. Wherever an opportunity arises to create a safer, healthier and kinder world for women and girls, Petra gravitates towards almost as if from some greater, subconscious calling.

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“Compassion is needed to take the world out of a downward spiral,” she says, “It’s the word that best counterbalances everything that’s happening at the moment.”

She’s not wrong. As a Technical Advisor on Sexual and Reproductive Health at the United Nations Population Fund (UNFPA), Petra’s perspective is informed by decades of experience and, most recently, the findings of UNFPA’s State of the World’s Population report, launched last year. Through analysis of inequalities all over the world – not only economic, but within social, racial, political and institutional dimensions also – the report found that the two greatest hindrances to equity and equality were gender inequality, and inequalities in realising sexual and reproductive health and rights. A former Secretary General of the International Confederation of Midwives (ICM), Petra believes that this is where midwives can make a significant impact.

“Midwifery is a very good model of care that can show the power and return on investment of compassionate support for women, rather than rules and regulations and aggression [around sexual and reproductive health]. We don’t need to have the bigger fist to slam on the table,” she says.

Midwifery has been a subject on the lips of many civil society leaders – since UNFPA’s second State of the World’s Midwifery report, released in 2014, the case for midwifery has been further reinforced by compelling evidence: the return on investment in a midwifery cadre that is trained and educated to
the standards set by the International Confederation of Midwives can manage up to 87% of essential maternity care in non-emergency situations, and yields a sixteen-fold return on investment for funders.

“You have to make the economic argument because that’s what people understand,” says Petra, “We need to have a strong profile and business case for what midwifery does and what midwives can do. People question what evidence exists, but even from 2014, you can see the cost–benefit of educating a midwife against the number of lives saved and unnecessary interventions prevented. The bit that we can’t really count is the impact of a positive birth experience over the rest of the life of a woman. That is such a grounding experience of a start of life in a way – it’s where the return on investment is – but many countries don’t see the importance of that or the value of women. Birth is significant in this way; it shouldn’t be overlooked. It is a strong moment in the life of women that gives them the capacity to recognise their own strength and community.”

An increased commitment to and promotion of midwifery does not only affect the women and families involved – it has a positive ripple effect through the midwifery cadre as well. In settings where skilled work may be difficult to access for many women, the inevitability of pregnancy and childbirth represents a great economic and social opportunity.

“If there’s a case to be made – and there is – for empowering women by giving them an opportunity to do work that is very much needed and has a level of autonomy that doesn’t exist in a number of other caring professions, it is midwifery,” Petra says, “An issue though is that midwives are at the bottom of the rung in health systems and international organisations even now – there’s not a lot of understanding of the value of midwives, though the value is evidenced. We need to make it as a business case because investment has a multiplying effect for women’s rights – particularly because the majority of midwives are women.”

However, unfavourable perceptions of midwifery can at times work against its ability to succeed. Midwifery doesn’t fit a traditional medical framework. Midwives do not always have the ability, nor desire, to clock out when their shift ends; many remain with pregnant women through the birth experience for however long it takes. This, of course, seldom aligns with risk–prevention-oriented, bureaucratic medical systems. Accordingly, midwives can be seen as defiant, or renegades. And whilst there’s a certain romance to those terms, it’s taken less pleasantly when applied to a profession that is dominated by women and works for the benefit of women.

“The profession is not always put in a very favourable light,” says Petra, “The role of the midwife and the capacity of midwives to provide the care that strengthens women’s own capacity is reduced by all the procedural things and the prevention of liability. The profession is really pushed into a box that it doesn’t fit in. There needs to be space for the individuality of the women we care for – not all of their needs are the same.
and so a midwife needs to dedicate all of their senses and capacity to keep pregnancy and childbirth safe. It’s not a tick-box kind of job.”

Though midwives seem – almost universally – to describe their work less as a job and more of a vocation, the dissonance with medical hierarchies and unpredictable hours can make it difficult to promote to young people considering a health science career. Doctors sit at the top of the medical pecking-order and the subsequent tier, nurses (who, blessedly, have seen the pervasive pop culture caricature of being ‘sexy sidekicks’ to doctors finally limp away to die), report experiencing significantly less professional respect and job satisfaction than doctors. When these issues ripple through the rest of the hierarchy, midwives – who are skilled to work both in medical settings and the community itself – are somewhat dissonant with the system at large: too autonomous to be truly medical, but too highly-skilled to be disregarded as an unregulated, alternative health worker.

The World Health Organisation (WHO) Midwives’ Voices, Midwives’ Realities report of 2016 surveyed and analysed 2470 midwives in 93 countries and describes, from their perspective, the barriers they experience to providing quality, respectful care for women, newborns and their families, and found – perhaps unsurprisingly – that endemic subordination and disrespect from senior medical staff significantly inhibited their job satisfaction and ability to deliver the highest standards of care. All of these factors conspire to create difficulty in attaining the next generation of midwives.

“It’s difficult,” Petra says, “There’s growth happening in midwifery units and in the Respectful Maternity Care space, but it’s hard to make midwifery attractive to 15-17 year-olds, particularly, when caring professions aren’t always that highly valued by that age group anyway.”

But Petra believes that the issues that have hindered the uptake of midwifery – in policy, programming and promotion to young people – can be overcome. The avenue, she is adamant, can only come through partnership, and not only partnership at a global level. Bridging systemic inequalities requires buy-in from leaders at all levels to create the kind of impact that is needed to bridge the gender divide. Petra, who has worked with and for many of the leading sexual, reproductive, maternal, newborn, child and adolescent health stakeholders in the world, is quick to point out synergies that can be harnessed to push the entire world towards the common goal of improved health care quality, resourcing and accessibility for women.

“Even now, I still work with the United Nations Partnership for Maternal, Newborn and Child Health (PMNCH),” she says, “I’ve always thought that the only way to go is through doing things together that are not competitive but adds value to the work of others as well; to use ICM’s Essential Competencies for Midwifery Practice and its pillars of Education, Regulation and Association to further midwifery and then spread the message through White Ribbon Alliance’s (WRA) Citizen’s Voices; bring in the WHO for standards and guidelines, UNFPA for implementation of midwifery programs and care in humanitarian settings and through gender lens,” she says.
And stakeholders are coming together. Midwifery is a word increasingly finding its way into high-level meetings, on panels, and in strategic documents. And despite the challenges the profession faces in general, its fundamental woman-centred focus makes a sympathetic case. It comes through even now with Petra, who has participated in most likely hundreds of these same conversations over and over again to change misperceptions around midwifery.

“What really drives me is giving women the opportunity to use their pregnancy and childbirth as a way to strengthen and find themselves. It’s so enormously empowering if women can be in charge of their pregnancy and childbirth and find support in health providers and their community to grow from new situations,” she says, “That’s been in my drive for everything – to be part of that amazing moment where a woman whose birth is a clinical challenge become an opportunity for her to find the strength inside herself.”

It seems that when it comes to making the case for midwifery – for the women, their newborns, their families, and their midwives – Petra ten Hoope-Bender is tireless. Which inspires the rest of the world to be also.

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