



Global Call to Action

Protecting Midwives to Sustain Care
for Women, Newborns and their Families in
the COVID-19 Pandemic

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We are facing a global health crisis: health systems are being tested, as shortages of both staff and resources place intense pressure on services. As the world struggles to get COVID-19 under control, our global health workforce is under increasing strain – and woman-centred, midwifery-led care is more at risk than ever.

Midwives are central to the health and protection of women and newborns during pregnancy, childbirth and in those critical early days and months once a baby is born. Midwives also play an important role in enabling access by women to contraception and other reproductive health services. The World Health Organisation (WHO) estimates that 83% of all maternal deaths, stillbirths and newborn deaths could be averted with the full package of midwifery care. However, in the battle to manage COVID-19, essential maternal and newborn health services have become less of a priority in some countries. The International Confederation of Midwives (ICM) has listened to its Member Associations in all regions, and accounts from the midwives working on the frontlines during this pandemic are harrowing, unveiling an increase in gender discrimination, domestic violence, human rights abuses, the over-medicalisation of birth and fear and

misinformation, all culminating in growing distress among women and midwives. These findings are echoed by WHO staff in country offices globally.

It's crucial that governments, health institutions, donors, NGOs and the global health community come together and ensure essential, evidence-based midwifery services are maintained as far as possible throughout this global health emergency. If we fail to protect midwife-led services, there is a high risk of poor maternal health outcomes and the avoidable harm of midwives through transmission of COVID-19.

Today is the International Day of the Midwife, a day when we come together as a global health community to celebrate midwives, and the commitment of the midwifery profession globally to saving lives and upholding the rights of women to a safe and positive birth. This year, ICM, in partnership with UNFPA, is uniting in solidarity with our global midwifery workforce to launch a series of calls to action for governments, decision makers, donors and health institutions to ensure the protection of midwives, women and newborns during the COVID-19 pandemic. We are supported by many partner organisations listed below.

The following actions will ensure the continuation of midwife-led care, and the protection of maternal health and rights:

1. Ensure equitable availability of Personal Protective Equipment (PPE) for midwives, regardless of their work environment, supported by additional training on correct and appropriate usage of PPE

The Problem:

There is an acute shortage of personal protective equipment (PPE). The purpose of PPE is two-fold: to protect the midwife and her family, and to protect the woman and her newborn. Due to the intimate nature of childbirth, midwives and women face fear and anxiety regarding potential cross-infection.

Governments around the world are responsible for the provision of personal protective equipment (PPE) for their health care professionals, but midwives in some countries are reporting that governments are neglecting to account for midwives in their orders. This signals that midwives are not valued despite the essential care they provide to mothers and newborns.

The Solution:

We ask governments, donors, NGOs and health institutions to:

- Ensure equitable availability of PPE for midwives, regardless of their work environment, complemented with additional training on correct and appropriate usage of PPE.
- Make available critically important WASH resources, such as hand sanitiser, to ensure midwives and birthing centres are properly equipped to deliver quality care for pregnant women and newborns.
- Prioritise testing for COVID-19 for all pregnant women, as well as the midwives who care for them. This will ensure a reduction in infection alongside the adequate provision of PPE.

2. Include midwives in policy, decision-making, planning and response to COVID-19

The Problem:

In many countries, midwives have not been included in the initial planning and response taskforces, which has led to an oversight or misinterpretation of the need to protect midwives, childbearing women and their newborns in this crisis. The result has been the redeployment of midwives, closure of maternity units, and PPE shortages. In some countries, the lack of attention for midwives and the needs of childbearing women and newborns has negatively impacted the right of women to respectful and quality maternity care.

The pandemic has also led to an increased demand for homebirths and community-based antenatal and postnatal care. These changes imply a need for a swift and appropriate regulatory response to facilitate midwives to provide care within a regulatory framework that protects both the midwife and the public.

The Solution:

We ask governments, donors, NGOs and health institutions to:

- Ensure midwife involvement and leadership in determining health policy and effective COVID-19 response. Such measures will ensure appropriate regulation for the provision of midwifery services at all levels of the health system.
- Recognise that midwives are the most appropriate professionals to inform the government about effective organisation of midwifery services, and of their own needs and those of the women and newborns they care for.

3. Stop the re-deployment of midwives and ensure the quality of midwifery care

The Problem

While we understand that there are shortages of health staff in many countries and challenges being posed by the large number of COVID-19 cases in several countries, some governments and organisations are redeploying midwives outside of maternity services to public health services screening for COVID-19 and caring for patients with severe cases. These directives place the midwife outside of her scope of practice and training in caring for the general sick population. Midwifery care is not interchangeable with nursing care, even in instances where midwives hold nursing qualifications, given that these skills need to be continually renewed and updated in line with current practice. Redeployment directly leads to shortages of midwives to care for women who continue to become pregnant and give birth.

The Solution

We ask governments, donors, NGOs and health institutions to:

- Not redeploy midwives to areas outside of their scope of practice, unless absolutely imperative. Redeployment will leave childbearing women without a qualified midwifery workforce to provide respectful, competent maternity care.
- Increase access to evidence-based guidance, training and other COVID-19 resources for midwives.

4. Protect pregnant women and their newborns and uphold their right to a positive birthing experience

The Problem

Restrictions implemented by some health authorities to combat COVID-19 are misinformed and are hampering women's access to maternity services. These include the closure of maternity facilities, not allowing a birth companion even where infection prevention and control measures are in place, separating mother and newborn after birth, not permitting breastfeeding or contact between mother and newborn, and enforced medical interventions such as unnecessary caesarean or induction of labour. These are all blatant violations of women and newborn's rights during pregnancy and birth. They are also counter to the evidence on safe and effective care.

Further, the spread of misinformation and lack of guidance and translation of COVID-19 resources is an ongoing concern for midwives and women. This leads to women avoiding care, and in some cases, late detection of complications of pregnancy, birth and newborn care.

The Solution

We ask governments, donors, NGOs and health institutions to:

- Ensure maternity services are maintained so that maternal and newborn health outcomes are not negatively affected by COVID-19. Midwifery care is the most appropriate model of care for childbearing women and their newborns. Midwives provide safe, high-quality care that can be provided outside of a hospital setting in an enabling environment. Midwives are therefore crucial to reducing the burden of COVID-19 to health systems at the hospital level.
- Increase access to accurate and evidence-based information regarding COVID-19 and pregnancy, birth and breastfeeding for women.

5. Uphold women's sexual and reproductive rights

The Problem

In some countries, maternal health services, including access to essential contraceptives, comprehensive post-abortion care and other services has been disrupted or stopped. This is in part due to a shortage of health care workers, reduction in supply of pharmaceuticals, depleting health finances, decreased access to services (e.g. public transport), and the closure of some services altogether. The potential fallout from this alone will likely result in an additional 15 million unintended pregnancies, an increase in unsafe abortions and an increase in maternal and newborn deaths. Reports are emerging from countries around the world that sexual and gender-based violence (SGBV) is increasing due to the crisis. Midwives, the majority of whom are women, and the women and girls they care for, are at increased risk of becoming victims of SGBV.

The Solution

We ask governments, donors, NGOs and health institutions to:

- Ensure provision of family planning and safe post-abortion care to women, as an essential part of crisis and emergency interventions. Midwives can provide these services and should be supported to continue their work.
- Ensure attention for the increased risk of sexual and gender-based violence, particularly domestic violence that women and midwives face during a crisis. Services for survivors should be made available.

6. Prioritise funding for maternal health services and basic resources to midwives' associations to support midwives providing community-based care and working to reach the most vulnerable

The Problem

Many have been shocked by the lack of basic resources and the inadequacy of our health systems to deal with a global pandemic. Yet, the symptoms of these issues should come as no surprise, including overworked and underpaid health workers, poor health systems, inadequate training opportunities, and restrictive policies. For the midwifery profession, the chronic problems currently manifesting run especially deep. The midwifery profession has struggled to gain access to funding, resources, training and recognition as an autonomous profession even prior to COVID-19.

Compounding this situation is the high numbers of women seeking care from midwives outside of facilities, including in countries where community-based midwifery services are not part of usual maternal and newborn services. Women are fearful of birthing in hospitals where they risk infection; Women are being discharged within hours of giving birth, including women who give birth by caesarean section. Often no follow-up care is arranged. Midwives are stepping up to provide this care to women and their newborn, but they are often not resourced for this work.

The Solution

We ask governments, international donor agencies, NGOs and philanthropic organisations to:

- Directly allocate funds to maintaining midwifery services, including community-based services that are crucial at a time when facility-based services are decreasing and when women are increasingly opting for decentralised services. Disseminating funds directly to the organisations that represent midwives as frontline maternal health-care providers is the best way to ensure they have the resources and capacity to provide community-based services and enable midwife-led care to reach the most vulnerable women in communities.

Leading Partners



Supporting Partners



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