Post Triad Midwife Forum Report

Date: 19th June 2020
Time: 12.30 – 14.00
No of participants: 106
Online

Opening of meeting 12:30-12:35

ICM President, Franka Cadée welcomed all participants, from all the ICM regions, the Board Members and staff. The triad was a huge success with almost 500 participants, the virtual meeting provided more opportunity to attend and this enhanced equity, she said. There was a strong call for establishment of Chief Midwife positions within Ministries of Health, as well as for more autonomy of both midwives and nurses. The State of the World’s Nursing Report 2020 shows that there is a direct correlation between the presence of a Chief Nursing Officer and the status and position of the nursing profession, this must also be the case for midwives. The upcoming State of the World’s Midwifery Report (2021) will help us to advocate for midwives.

1. Chief Midwife implementation in the United Kingdom

Gill Walton, Chief Executive, Royal College of Midwives in UK presented the journey of implementing a Chief Midwife in the UK.

Gill shared that the aim in the UK has been to strengthen the midwifery profession, and to be a profession in its own right. The reasons to establish Chief Midwife positions are plenty and lie in the fact that

- There is need to have a Chief Midwife at political level – to get midwifery leadership from the top and tight through the whole system to benefit of women
- Midwifery is a unique profession – it makes a unique contribution to future health of nations and is NOT a branch of nursing
- Midwives speak up for women
- Midwives can be and are strong leaders
- When midwives manage maternity services, we get stronger voices for women

We need to strengthen midwifery research to continue to build the evidence base for midwifery.

Midwife leaders at all levels of the health system will help women, babies, families and the whole nation. In the UK, besides a Chief Midwife at National level, there are also Chief Midwives in each of the 4 countries that form the UK, and there are 7 Chief Midwives at provincial level too.

To work towards establishment of the Chief Midwife positions, the RCM used the following strategies:

- RCM developed a Midwifery Leadership manifesto for better maternity care. It is strong because it is influencing all levels of the UK health system (the NHS).
- Collaboration with Women’s Groups. Women’s voices help us strengthen our profession – when they speak up for women, we have more political power
- Midwives need allies from other professions, especially the Chief Nurses were useful collaborators in the UK.
• The key towards getting a chief midwife appointed, and to have midwifery recognized as an autonomous valuable profession, is leadership. This comes from quality education, evidence-based clinical-practice, inclusion of midwives in management, and midwifery research.
• Development of the rhetoric on separation of nursing and midwifery. When midwives can articulate midwifery and nursing separately – even if they are currently combined – it will help others understand the distinctions and why a unique midwifery profession will improve women’s health etc.
• Help ministries of health understand why a chief midwife position is important – find a ‘hook’ to get governments interested – something they are trying to achieve anyway and that they can see how midwives can help them, this is often linked to finance/economy for example.
• Direct entry midwifery education helps establish midwifery as a separate profession and then can build more aspects as separate professions - regulation, chief midwife etc

Next steps and other recommendations:

• To strengthen midwifery globally we need to have chief midwives in health ministries in every country.
• Helpful if ICM makes a manifesto about why countries need a chief midwife
• If midwives and nurses are in same regulator organisation, need an equal voice and that midwives speak for and decide on midwifery
• Difference between what Midwives’ Associations do and what Chief Midwives do – important to work closely together politically
• We have more work and influencing to do to ensure midwifery and midwives are embedded at all levels of the system.

Questions

• Maria Guadalupe – Mexico: we are still fighting to have our place as professional midwives, the nurses are also still having this fight. We need a leadership position in the ministry in academia etc. It is important to have the support of the global midwifery group. The manifesto that the RCM has made is a great idea.
• Franka Cadée – ICM President: the country contexts are so different, what influences how to go about getting a chief midwife?
  o Gill: it needs great understanding of the profession and the differences between nursing and midwifery, as well as how we can collaborate.
• Rafat Jan- Pakistan: How did you manage to create the positions at all the levels?
  o Gill: It has been a long journey, we had allies from the other professions. Our central health system also helped us. We influenced on a political level to get the posts created.
• Olivia Bazirete – Rwanda: as midwifery is growing in our country, we are still working on developing the profession. Do you have direct entry midwifery education in the UK?
  o Gill: we do have direct entry midwifery education at degree level. They are degrees in Midwifery, no nursing. It has helped us to establish midwifery as a separate profession. This is what countries need to do.
• Luz Torres – Paraguay: How does it work legally?
  o Gill: we have a nursing and midwifery council. The voice of midwives is not as loud in the council as we would like. But we have developed new standards for nursing and midwifery, which are enhancing the understanding of the need for an equal voice in the council.
• Kristin Holanger – Norway: have you clearly defined what the association does and what the chief midwives do.
  o Gill: we work very close together, we have developed strong policy together to influence politicians.
• Wafa Abas - Iraq: How can we achieve this level of midwifery positions at country level?
o Gill: you need collaboration, you need to be able to sell the unique points of midwifery, being able to articulate the value of midwives and the difference with nurses. There is need to have strong political influence.

- Fatoumata Dicko – Mali - ICM Board member Francophone Africa: The first step is to indeed separate both professions. For leadership it is important to have the right qualifications, including higher education. This means we need opportunities for midwives to advance their education so that their voice can become louder.
  o Gill: Indeed, we need an appropriate level education so that we can stand autonomously as a profession.

2. Chief Midwife implementation in Germany

Lisa Apini-Welcland from the German Association of Midwives (Deutscher Hebammenverband) presented the current activities to implement a Chief Midwife in Germany.

Lisa shared that in Germany the process towards establishment of a Chief Midwife position is in its early stages, and she is thus sharing “From a beginners’ perspective”.

- The ICM year and decade of the midwife inspired us to start the work towards the establishment of a chief midwife position as a project.
- We did internal advocacy and critical analysis. There was a lot of agreement to push for this position, but then covid-19 happened. It was clear that there was little acknowledgement of women’s health and needs during this pandemic, which proves the need for a Chief Midwife!

The Association has an internal agenda and has taken some steps, the next steps are among others a SWOT analysis.

Challenges: progress of professionalization of midwifery, including the association, is slow. Midwifery education has just lifted to bachelor degree level and there is not much of a career pathway yet. Midwives are often not involved in decision-making processes, especially at government level, contradiction between the need for change and uncertainty about the future.

The German federal level is complex, we need CMO at national and federal level.

The triad meeting provided us with the confidence that we can create this position, it was good to see that there are already so many midwives working at government level. Increased attention to different scopes of practice is important. We need to become more active at national and global level, be present and speak up.

3. Chief Midwife implementation in Chile

Aníta Roman Morra from the College of Midwives of Chile (Colegio de Matronas y Matrones de Chile) presented the current activities to implement a Chief Midwife in Chile. A translation of her presentation is below:

*To understand your profession, you need to understand your background. In Chile this goes back to 1834. Maternal health was considered a key element of building up a new nation. This meant that ongoingly midwifery education could be improved, midwives have 8000 hours of education before they graduate.*

*In 2019, preparation for the year of the nurse and the midwife and activities around IDM provided a lot of advocacy and promotion chances for the profession. Midwives are now officially regulated, and an*
Office of a Midwife is established (announced in August 2019) in the Ministry of Health, however a midwife has not been appointed. If this does not happen, midwives will march in the streets.

In our effort to create a chief midwife position, we need a few more things. This person should be in charge of all care provided by midwives. She will advise the MoH regarding the definitions, and implementation of midwifery policies and standards. She needs to be a midwife and have experience in health management. She needs to be in close contact with the schools and other professions. This person should advise the development of strategies to sustain the health system, and assure access, safe and quality of care. This person should make sure that the midwifery model incorporates the best practices based on evidence within an ethical and legal framework, respecting the values, beliefs and dignity of the human being.

4. Open discussion

Rita Borg- Xuereb – ICM Board Member Southern Europe Region – Malta: each country has given a country specific presentation; it is clear that each country needs to adapt the route to their own context. The year of the nurse and the midwife gives us a unique opportunity to push for midwives.

Jemima Denis – Antwi – ICM Board Member Anglophone Africa – Ghana: In African countries a lot has been done to strengthen leadership in midwifery. Many countries have a chief nursing and midwifery officer. This provides a platform to further develop separate positions.

Carolina Nigri – Argentina: here we are implementing different strategies. We have a hinderance which is the hegemonic medical model that we have in Argentina. The medical association insists we are not trained enough, and we will be overlapping with their role. WE have not been able to find a solution yet. Does anybody have the same problem, and how do you deal with it?

Lisa Welcland - Germany: in Germany we really rely on the strength of our midwives. We work hand-in-hand, yet they are not supported to raise our profession, as there is some rivalry from the doctors’ side. It requires sensitive and sensible communication. We work with a political consultancy organization that is helping us move forward. WE are also collaborating with parent groups.

Alicia Silo – Argentina: our voice is heard, but we have a medical model of maternity care which is a hinderance. But we have strengthened our profession, our education etc. I really request for a statement from ICM on this issue. We really have to collaborate with nurses, we need a strong statement after this forum, that we need the professions separated regardless of the education pathway.

Marcia Rollock — Trinidad and Tobago: we should indeed have a very strong statement on separation as well as something to advocate for the position of a chief midwife.

5. Close of meeting

Franka Cadee closed the meeting, thanking all 106 participants and summarising the meeting in some key messages:

- Midwives have a different scope of practice – To convey the message it is important to understand why separate profession is important and to be able to articulate the differences with nursing.
- To establish Chief Midwife Positions, to ensure midwifery is seen as a separate profession and to strengthen our profession there is need for country-specific plans and actions.
- Leverage the Year of the Midwife, to push our agenda.
- There is need strong leadership – global, regional, national and local – Member Associations & all members need to work together.
• There is a need to have a vision and know what is wanted – develop a strategy and implement – be prepared that it may take years
• Collaboration with midwives and with allies in other professions is key
• Collaborate with women for political action – their voices add strength
• ICM should develop a manifesto or policy statement for the autonomy of midwifery and its distinct difference to nursing, and for the importance of establishing chief midwife positions in ministries of health in all countries.