Midwifery Services Framework (MSF) 2020

Introduction
Sexual, Reproductive, Maternal and Newborn Health (SRMNH) services are crucial to the health of women and children and a core component of every health system. In the light of discussions about sustainable and affordable health care across all regions of the world, the International Confederation of Midwives (ICM) and partners\(^1\) has developed the Midwifery Services Framework (MSF) to help countries apply the latest evidence, standards, and guidance to improve their policy and programming environment for developing and implementing SRMNH services provided by midwives.

Why MSF?
MSF offers a systemic approach for health system strengthening and improvements in the quality of sexual and reproductive health care. The quality of maternal and newborn health services can be improved by integrating midwife-led services across the health system. Research shows that midwives, educated to international standards, licensed, regulated and fully integrated into well-functioning health systems can provide the full scope of interventions necessary for maternal and newborn health as well as for family planning\(^2\). Over 80% of all maternal deaths, stillbirths, and neonatal deaths\(^3\) can be averted by care from midwives. Furthermore, continuity of care from midwives improve other health outcomes, reduces unnecessary interventions, and improves the quality of care, including women’s satisfaction with care\(^4\). It is clear that midwives have an essential role in accelerating progress for the survival and wellbeing of mothers and children and for ensuring quality of care (QoC).

MSF provides health planners, maternal and newborn health experts, policy makers, and other stakeholders with an evidence-based tool to develop new or strengthen existing midwifery services to enhance their effectiveness and efficiency. MSF supports the implementation of the midwife-led continuity of care, which research has proven to be the most effective and desirable model of care for women and their families\(^5\).\(^6\).

\(^1\) UNFPA, WHO, Jhpiego, ICS Integrare and various midwifery, obstetrics, health system and health workforce experts.
\(^5\) ibid
What is MSF?
MSF is designed to scale up midwifery programmes and strengthen health systems to deliver quality SRMNH services and to integrate midwifery in the national Human Resources for Health (HRH) agenda through effective programme and health system development and advocacy. It spells out the tools that can help countries to do that. It helps governments and stakeholders assess the current situation of their health system, workforce and service provision, what needs to be improved and what tools are available to achieve the desired changes.

The Framework explains key midwifery and health system concepts, outlines a step-by-step approach on how to set up SRMNH services including discussion on education, regulation, effective management of workforce, and package of care that women and newborns need. The process results in a clear to-do list of what needs to be done to optimize the system and the services.

The components of the Framework can be used in sequence, or separately to develop, strengthen certain parts of a country’s midwifery services, or to evaluate their efficiency.

The objectives of the MSF are to:
➢ Provide detailed guidance on how to set up, develop, or improve midwife-led continuity of care services that fit a country’s specific health system, health workforce, and population needs.
➢ Operationalise the common understanding of the fundamental role that midwife-led continuity of care services play in improving women’s and children’s health.
➢ Build on the current commitment to reducing maternal and newborn mortality and morbidity with a practical approach to improving access to midwives available to all families.

MSF 2020
MSF was developed in 2015 by SRMNH experts convened by the International Confederation of Midwives (ICM). Between July 2015 and April 2018, with the support of the Bill & Melinda Gates Foundation (BMGF), the MSF was implemented in Afghanistan, Bangladesh, Ghana, Kyrgyzstan, Lesotho, and Togo. In December 2018, the ICM engaged an independent evaluation consultant to review progress of the implementation of the Framework in these six countries. The MSF evaluation was completed in June 2019.

The ICM convened a panel of experts in June 2019, to review the findings, reflect on the implications of these findings for future implementation of the Framework, and to revise the MSF accordingly. The Panel suggested a number of modifications to the MSF.

How Does the MSF 2020 work?
Implementation of the MSF is initiated at the request of a national government. The diagram below provides an overview of the MSF 2020.
Overview of the MSF 2020

ICM will carry out a rigorous process of shortlisting and selection (box 1 in the above diagram). Once the participating country has been identified and agreements have been signed, the ICM will work with the key stakeholders in the participating country to identify exactly what kind of support is needed (box 2), who would be involved and the potential timeline for the MSF assessment and implementation. ICM will work in collaboration with the in-country donor/s to strengthen capacity of the key stakeholders and help them plan and prepare for the MSF workshop. The MSF workshop, facilitated by the ICM’s MSF experts, will help the national stakeholders in SRMNH services to work through the modules of the MSF (box 3). This will generate a set of actions to be undertaken nationally. ICM will provide support in setting up technical working groups for the next steps and will provide further guidance over a period of one year (box 4) after the conclusion of the national MSF workshop.

Tentative timeline for MSF implementation:
MSF Follow-up: October 2020 to October 2021 (ICM exits, but, the MSF implementation continues beyond October 2021, ICM is sent regular updates on the MSF implementation).