

---

## Position Statement

# Role of the Community Health Care Worker in Maternity Care Provision

---

## Background

The World Health Organization (WHO) has identified the need to increase equitable access to health care workers by 2030<sup>1 2</sup>. Many countries with limited health resources have established community health workers (CHW) to be a point of connection between communities and the health system<sup>3</sup>. CHW's are defined as health workers carrying out functions related to healthcare delivery; trained in some way in the context of the intervention, and having no or limited formal professional or paraprofessional certificates or degrees in tertiary education<sup>4</sup>.

There are many different types of CHWs. They may address single or multiple health issues, with variability in their levels of knowledge, training, remuneration and practice settings. CHWs can increase equitable access to health care in low and middle-income countries where there are constrained human resources. They are a short-term solution and go some way to addressing the need for community based care, equity of access and health coverage gaps and can be a supportive link to maternity services<sup>5</sup>.

In most countries, CHW's are female and have a uniquely valuable social/cultural role<sup>6</sup>. Midwives are also mostly female and have an essential lifesaving role for women and newborns. As woman-dominated services both face discrimination and undervaluing and neither role must be used to compete against the other. The midwife is the most appropriate care provider for pregnant and birthing women, mothers and their newborn<sup>7</sup>. There is a need to develop and increase midwifery services within these countries.

---

<sup>1</sup> World Health Organization. Working for health and growth: investing in the health workforce. Geneva: WHO Library; 2016.

<sup>2</sup> World Health Organization. Global Strategy on human resources for health: workforce 2030. Geneva: WHO Library; 2016.

<sup>3</sup> The Lancet Global Health: Community health workers: emerging from the shadows? (Editorial) DOI: [http://dx.doi.org/10.1016/S2214-109X\(17\)30152-3](http://dx.doi.org/10.1016/S2214-109X(17)30152-3)

<sup>4</sup> Kok MC, Ormel H, Broerse JE, et al. Optimising the benefits of community health workers' unique position between communities and the health sector: A comparative analysis of factors shaping relationships in four countries. *Glob Public Health* 2016;1-29.

<sup>5</sup> World Health Organization. Global Strategy on human resources for health: workforce 2030. Geneva: WHO Library; 2016.

<sup>6</sup> Uzundu C, Doctor H, Findley S, Afenyadu G, Ager A. Female health workers at the doorstep: A Pilot of Community-Based Maternal, Newborn, and Child Health Service Delivery in Northern Nigeria. *Global Health: Science and Practice* 2015;3:97-108

<sup>7</sup> International Confederation of Midwives. Midwifery Led Care, the First Choice for all Women. The Hague: International Confederation of Midwives; 2017.

---

## **Position**

ICM's vision is "a world where every childbearing woman has access to a midwife's care for herself and her newborn". In countries where there is limited access to midwives, community health workers have an important role, however governments should not invest in CHW's as an alternative for, and at the expense of an investment in the midwifery workforce. Midwives and midwifery care has a proven role in reducing maternal and infant mortality and morbidity during childbirth.

## **Recommendations**

Both midwives and CHW's must be recognised for their different roles in improving the wellbeing of women and babies. Both must be valued and funded appropriately with provision of adequate support including education, equipment, remuneration, working conditions and pay equity. Governments must identify midwives as the key health care providers for maternity services and ensure appropriate education and regulation is available. There is a need for sustained support and direction from ministries of health and international development agencies aimed at ensuring a sufficient and sustainable midwifery workforce in all countries.

Key components to ensuring success and bridging midwifery service gaps are:

- Ensuring community involvement in all midwifery and maternity services, in particular listening to women
- Accepting that community needs of all countries are varied
- There is mutual recognition and respect of the value and role of the midwife and the CHW within maternity care provision.
- Maintaining functioning referral and transportation systems

The CHW is able to bridge the social and professional gap between communities and health services and between women and midwives in the absence of care from a midwife.

## **Related ICM documents**

ICM. 2017. Position Statement. Midwifery led care, the first choice for all women

ICM. 2017. Position statement. The Midwife is the First Choice Health Professional for Childbearing Women

---

**Other relevant documents**

Bartlett, L. et.al. 2017. Progress and inequities in maternal mortality in Afghanistan (RAMOS-II): a retrospective observational study. *The Lancet*. Vol. 5, No. 5, e545-e555

[http://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(17\)30139-0/fulltext](http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(17)30139-0/fulltext)

Gao, Y. Et.al. 2017. Progress and challenges in maternal health in western China: a Countdown to 2015 national case study. *The Lancet*. Volume 5, No. 5, e523-e536

[http://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(17\)30100-6/fulltext](http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(17)30100-6/fulltext)

World Health Organization. Working for health and growth: investing in the health workforce. Geneva: WHO Library; 2016.

World Health Organization. Global Strategy on human resources for health: workforce 2030. Geneva: WHO Library; 2016.

**Adopted at Toronto Council meeting, 2017**

*Due for next review 2023*