

Food For Thought: May 2011 Midwifery & Women's Healthcare in the Developing World

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"Some 48 million – or one in three – women give birth without the presence of a trained midwife and two million give birth alone, with least developed countries having the highest percentages of unattended births" --Save the Children Report, April 1, 2011

"The world needs midwives now more than ever. Countries need to make midwives a priority in plans and budgets. We need to move from speech lines to budget lines."--United Nations Population Fund Executive Director Thoraya A. Obaid

Monthly Theme: Midwifery & Women's Healthcare in the Developing World

What is a midwife?

According to The World Health Organization, "Midwives (and nurse-midwives) provide care for all women, even when pregnancy, childbirth and postpartum period are normal; doctors mostly manage complications." Traditional midwifery is "grounded in the **holistic model viewing childbirth as an essentially normal physiologic process** with powerful emotional, physical, cultural and spiritual dimensions. The underlying framework of the midwifery/holistic model is the understanding and value of connection; the understanding of relatedness of the body and mind, mother and infant, midwife and woman, woman and her social context." (Midwives for Midwives & Women's Health International)



The World Bank and World Health Organization estimate it would cost just \$3.00 per capita per year to provide standard mother and baby care for women in low-income countries. Photo: Mujeres Aliadas.

Why Midwives Are Needed

A recent report from **Save the Children** underscores the imperative need for more midwives trained to save the lives of mothers and infants: **"Over a million mothers and newborn babies are dying each year from easily prevented birth complications because of a chronic shortage of midwives across much of the developing world."**

Of the 8 million children who die each year before the age of five, one in ten do not even see the end of their first day.

Media Global points out that an estimated **“350,000 additional midwives are required globally to ensure at least 95 percent of births are attended by trained health workers,”** because childbirth in the developing world is dangerous: **“a woman in a developing country is 300 times more likely to die in childbirth than a woman in a developed country.”** In addition, for every woman who dies in childbirth, around 20 more suffer



injury, infection or disease – approximately 10 million women each year.

Midwives not only help deliver babies, they can provide **“sexual and reproductive health services for girls and women** that integrate HIV prevention, family planning and safe deliveries,” Anneka Knutsson of SIDA, the Swedish International Development Agency noted.

Eva, a traditional midwife from Puácuaro (Photo: Mujeres Aliadas)

In most third-world countries, the care midwives provide includes **treatments that reflect cultural practices** such as fasting, prayers, herbal medicines, and sacrifices to

appease gods.

Low-cost training programs, whether used in a community or clinic setting, are effective in combating infant mortality in the developing world. Midwives trained in just eight procedures, including keeping newborns warm and fed, could immediately cut newborn deaths by more than a third in the 68 countries with the worst neonatal mortality rates.

Our featured program this month, **Mujeres Aliadas in Mexico**, puts it this way: “Professional midwives work with women and communities, and offer the **safe quality alternative, education and opportunities for empowerment** that is sorely lacking in the region.”

Obstacles: Why the shortage?

In developing countries, midwives face unique challenges, such as lack of information about and access to **proper sanitation measures, illiteracy, a scarcity of training programs and the means to attend them, and the lack of financial resources to sustain their own practice.** (National Women’s Health Network)

Fast Facts

Maternal mortality is defined as the death of a pregnant woman during her pregnancy or within 42 days of pregnancy termination.

More than 350,000 women die during pregnancy and childbirth every year. That is approximately **40 women every hour** – a 34% decline from the levels in 1990. Despite this decline, **99% of maternal deaths occur in developing countries.**

Fully **42 percent of all pregnancies everywhere experience a complication.** In 15 percent of all pregnancies, the complications are life-threatening.

Most maternal deaths occur just before, during, or just after delivery, often from complications that cannot be predicted and are difficult to prevent. **Hemorrhage remains the leading cause of maternal death** followed closely by sepsis, obstructed labor, hypertensive disorders of pregnancy and complications from unsafe abortion.

For every woman who dies, approximately 20 more experience infection, disability, or injuries. Most maternal death and morbidity can be prevented when births are attended by skilled health professionals.

Survival rates depend upon the distance and time a woman must travel to get skilled emergency medical care.

Because of different levels of investment in women's needs, **huge disparities exist in the lifetime risks of maternal death for women in rich and poor countries,** and between the rich and poor in all countries.

The poorer the household, the less access to skilled birth attendants during pregnancy, and the lower the educational attainment, **the greater the risk of maternal death.**

Nearly all deaths are preventable with increased political will and adequate financial investment.
--*Women Deliver*

Despite a demand for their services, poor pay and long hours exacerbate the shortage of midwives in developing countries. They may have to live and work in isolated and perilous places, far away from medical services.

Unfortunately, **rich countries often attract healthcare workers from poorer nations**--whether through active recruitment or not-- leaving the neediest women short of midwives.

“If you break it down across the billion poor, we’re talking about a couple of dollars per person per year,” says Dr. Yves Bergevin, [coordinator of the United Nations Population Fund’s maternal health program](#). “And the investments in reproductive health, including family planning, save money in the end.”

United Nations Millennium Development Goals

The Millennium Development Goals (MDGs) are eight objectives designed by the UN to improve social and economic conditions in developing countries by the end of 2015. **Each month we focus on the MDGs impacted by our theme and our monthly featured project.**

This month we highlight MDG #5: **Improve Maternal Health**

This goal has two measurable targets:

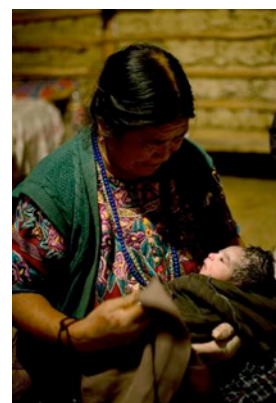


1. Reduce by three quarters (75%), between 1990 and 2015, the maternal mortality ratio.

At the time the goal was set, 529,000 women died each year from complications in pregnancy or childbirth. The latest figures, in 2008, showed a nearly 32% drop, to 358,000 maternal deaths in pregnancy and childbirth.

2. Achieve, by 2015, universal access to reproductive health.

- The latest results show:
- More women are receiving antenatal care
 - Inequalities in care during pregnancy are striking
 - **Only one in three rural women in developing regions** receives the recommended care during pregnancy
 - Progress has stalled in reducing the number of teenage pregnancies, putting more young mothers at risk
 - Poverty and lack of education perpetuate high adolescent birth rates
 - Progress in expanding the use of contraceptives by women has slowed
 - Use of contraception is lowest among the poorest women and those with no education
 - Inadequate funding for family planning is a major failure in fulfilling commitments to improving women’s reproductive health

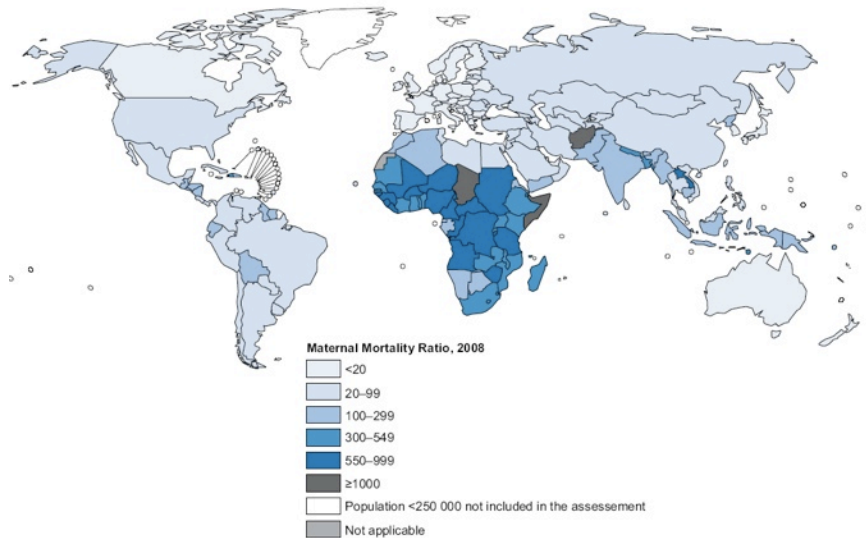


Guatemalan midwife with newborn.
Photo: MSNBC

Maternal mortality remains unacceptably high. . . progress is still well short of the 5.5 per cent annual decline needed to meet the MDG target of reducing by three quarters the maternal mortality ratio by 2015. -- United Nations

Strengthening midwifery services and increasing the number and capacity of midwives in developing countries is considered a key to meeting Millennium Development Goals on maternal and child health.

Maternal deaths per 100,000 live births. 2008



Questions for Discussion:

1. **Wealthy, developed countries often attract healthcare workers from poorer nations, leaving the neediest women short of midwives.** What are some possible solutions to this inequality?
2. **Do you agree or disagree with the following statement from the National Women's Health Network (www.nwhn.org)?:** "A common perception is that women are safer in a hospital, with a doctor. **In fact, studies show that both mothers and babies are safer with midwives.** Births attended by certified Nurse-Midwives (CNMs) produce fewer cesarean sections, infant abrasions, complications, perineal lacerations, postpartum hemorrhages, and vacuum or forceps-assisted deliveries than by physicians. CNMs also cost approximately \$1000 less than physicians per birth and most develop a strong relationship with the mother. Is it any wonder that many physicians oppose midwives?"
3. According to the United Nations, **"Inadequate funding for family planning is a major failure in fulfilling commitments to improving women's reproductive health."** Yet, investments in reproductive health, including family planning, save money in the end. What do you believe are some reasons for this inadequate funding?

Midwifery is Welcomed in Europe

American women have few opportunities to use the services of midwives and to have those services covered by their health insurance plans. Clearly, midwifery in the United States faces more barriers than in most other countries.

The United States is lagging behind other nations of the world in fully integrating midwifery into its health care system. **While midwives deliver only 6% of the approximately 220,000 babies in the United States each year, midwives in other countries attend up to 80% of births.** Barriers against and support for midwifery vary from country to country. The majority of healthy women in Europe use professionally-trained midwives.

Most European countries have passed laws regulating midwives and publicly support midwifery schools and professional organizations. Most midwives in Europe work for governmental health services. Austria, Sweden, the United Kingdom (UK), and particularly the Netherlands possess sound systems of midwifery. In Austria, the law requires that a midwife be present at every birth. In Sweden, midwives provide more than 80% of prenatal care and family planning services. Midwives in the UK attend 70% of all births and also provide the vast majority of care to women who want home births. They also provide a high proportion of care between pregnancies. The midwives in England are independent practitioners, responsible for the full spectrum of care for healthy women. **The Netherlands is the only industrialized country where the majority of women have home births.**

--<http://nwhn.org/routine-midwifery-care-why-not-here>

Voices: Women We Serve

The following interviews and photos of women are provided by *Mujeres Aliadas*.



An anonymous patient who told staff at *Mujeres Aliadas* she was grateful for their services and that she had been sexually abused by her doctor:

You especially helped me by letting me open my heart and tell you what had happened to me. You were very kind to listen to what had been inside me for a while now, because I had no one to share this with.

Lupita

Here [at the clinic], I had a lot of support from my husband, my mom, [midwife] Dona Brenda, from everyone and that's what helped me. Because everyone would tell me: You can do it! And if we'd gone to a hospital, there they would have given me a bed and told me to start pushing. However, here, I also had the possibility of using the bathtub or the shower to help with the pain. . . things like that. Things that helped me like changing positions to make it better for me. I feel very proud of myself because, however it was, I made it. I was able to do it, I did it!



Sources:

United Nations

<http://globalhealth.kff.org/Daily-Reports/2011/April/01/GH-040111-Midwife-Shortage.aspx>

<http://www.unfpa.org/public/news/pid/5845>

<http://nwhn.org/routine-midwifery-care-why-not-here>

<http://www.mediaglobal.org/article/2009-05-16/midwives-are-being-trained-in-the-least-developed-countries>

<http://www.midwivesformidwives.org/articles2.htm>

http://www.who.int/making_pregnancy_safer/topics/skilled_birth/en/index.html

<http://www.healthymagination.com/blog/giving-life-saving-lives/>

<http://www.womendeliver.org/knowledge-center/facts-figures/maternal-health/>

Mujeres Aliadas <http://www.mujeresaliadas.org>