The power of midwifery

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Published **Online**
June 23, 2014
http://dx.doi.org/10.1016/S0140-6736(14)60855-2

See **Online/Comments**
http://dx.doi.org/10.1016/S0140-6736(14)60856-4 ,
http://dx.doi.org/10.1016/S0140-6736(14)60857-6,
http://dx.doi.org/10.1016/S0140-6736(14)60858-8, and
http://dx.doi.org/10.1016/S0140-6736(14)60859-X

See **Online/Series**
http://dx.doi.org/10.1016/S0140-6736(14)60789-3,
http://dx.doi.org/10.1016/S0140-6736(14)60790-X,
http://dx.doi.org/10.1016/S0140-6736(14)60919-3, and
http://dx.doi.org/10.1016/S0140-6736(14)60930-2

Midwifery is commonly misunderstood. The Series of four papers and five Comments we publish today sets out to correct that misunderstanding. One important conclusion is that application of the evidence presented in this Series could avert more than 80% of maternal and newborn deaths,[1] including stillbirths. Midwifery therefore has a pivotal, yet widely neglected, part to play in accelerating progress to end preventable mortality of women and children.

A frequent view is that midwifery is about assisting childbirth. It is, but it is also much more than that. As defined in this Series,[2] midwifery is "skilled, knowledgeable, and compassionate care for childbearing women, newborn infants, and families across the continuum throughout pre-pregnancy, pregnancy, birth, post partum, and the early weeks of life". Midwifery includes family planning and the provision of reproductive health services. The services provided by midwives are best delivered not only in hospital settings but also in communities—midwifery is not a vertical service offered as a narrow segment of the health system. Midwifery services are a core part of universal health coverage.

A re-evaluation of midwifery and midwifery services matters because progress in reducing child and maternal mortality is now revealing critical new obstacles to further success. Superficially, the recent decrease in maternal and child deaths suggests steady gains towards the Millennium Development Goals (MDGs). But two facts provide reasons for a more cautious conclusion. First, the number of maternal deaths, although falling, is doing so at rates that will prevent most countries from achieving MDG-5 by the end of 2015. Second, although overall under-5 mortality has decreased sharply during the past decade, the proportion of under-5 deaths taking place in the newborn period has increased. Indeed, a substantial number of countries with the highest burdens of mortality have seen their absolute numbers of newborn deaths either increase or remain the same. New approaches to defeat maternal and newborn mortality are needed.

Although this Series is about midwives and midwifery services, the frames of reference are the needs of the woman and her newborn infant. The technical evidence this Series summarises is based on a particular set of values and a distinctive philosophy. These values include respect, communication, community knowledge and understanding, and care tailored to a woman's circumstances and needs. The philosophy is equally important—to optimise the normal biological, psychological, social, and cultural processes of childbirth, reducing the use of interventions to a minimum.

Much of the programmatic work on maternal and child health in recent years has focused on delivering life-saving interventions to women. Although important, coverage of women with services is insufficient by itself to improve health outcomes. Attention to quality is needed with equal force. Indeed, the Series calls for "a system-level shift",[3] from fragmented services for women and newborn infants to interdisciplinary and integrated skilled care and teamwork.

The work reported in this Series is not a panacea. Sub-Saharan Africa is identified as a region especially vulnerable to continued difficulty.[4] Here, demographic trends point to large increases in population in coming decades. The expansion of education for midwives to address these population shifts will struggle to meet the rapidly increasing demand. But this challenge is one more reason why the hopeful and pragmatic messages contained within this Series are so important. As governments slowly come to an agreement about development priorities post-2015, it is clear that maternal and newborn health will be essential foundations of any vision for sustainable development between 2015 and 2030. The work described in this Series offers a valuable guide to decision makers about how they can act now to protect the lives of a future generation of women and children.

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We owe special thanks to Petra ten Hoope-Bender and Mary Renfrew for their commitment to delivering this Series from original idea to final publication.

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2 Renfrew MJ, McFadden A, Bastos MH, et al. Midwifery and quality care: findings from a new evidence-informed framework for maternal and newborn care. *Lancet* 2014; published online June 23. http://dx.doi.org/10.1016/S0140-6736(14)60789-3.
3 ten Hoope-Bender P, de Bernis L, Campbell J, et al. Improvement of maternal and newborn health through midwifery. *Lancet* 2014; published online June 23. http://dx.doi.org/10.1016/S0140-6736(14)60930-2.
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