



International
Confederation
of Midwives

Strengthening Midwifery Globally

MIDWIVES SPEAKING OUT ON COVID-19: THE INTERNATIONAL CONFEDERATION OF MIDWIVES (ICM) GLOBAL SURVEY

Three-page summary

JANUARY 2022

MIDWIVES SPEAKING OUT ON COVID-19: THE INTERNATIONAL CONFEDERATION OF MIDWIVES (ICM) GLOBAL SURVEY

THREE-PAGE SUMMARY

At the outbreak of the severe acute respiratory syndrome–coronavirus-2 (SARS-CoV-2) very little evidence was available to inform maternity care providers how to deal with the COVID-19 pandemic. Consequently, maternity systems throughout the world were disrupted forcing many countries to implement policies that changed the way midwives' practice. Midwives were required to restrict support for labouring mothers, leaving women feeling isolated and fearful. The midwife-woman relationship including meeting in person and providing a comforting touch was restricted in many countries. Physical distancing and restrictions on travel alleviated the stress on health-care systems but led to other unintended consequences for women and families such as psychological problems caused by isolation and gender-based and family violence. In some countries midwives have been redeployed away from providing their essential core services and women have been denied and actively discouraged from seeking care at health facilities. For example, in Kenya, at the beginning of the outbreak media reports indicated that strict night-time curfews that confined women to their homes, resulted in the death of four women due to delays accessing emergency obstetric and newborn care.

The International Confederation of Midwives (ICM) represents over a million midwives worldwide through 143 professional associations in 124 countries. In early 2020 as the pandemic grew, ICM coordinated a global research study—funded by [United Nations Population Fund \(UNFPA\)](#) and [Johnson & Johnson](#)—to better understand the challenges and concerns of professional associations of midwives during the COVID-19 pandemic. The aim of the study was to gather information from midwives' associations across the world to determine the impact of the global pandemic. A descriptive cross-sectional survey using an on-line questionnaire was sent via email to every midwives' association member of ICM. The survey was developed and tested by a small global team of midwife researchers and clinicians. It consisted of 106 questions divided into seven discreet sections. Each member association was invited to make one response in either English, French or Spanish. We asked the associations about the extent to which the midwifery profession was recognised by governments in planning a response to the pandemic or whether they felt they would be included in future planning. In addition, we invited the associations to outline how practices have changed and to what extent regulations, education and employment conditions have changed in response to the pandemic.

A total of 101 responses were received from across the globe between July 2020 and April 2021. All the regions and sub-regions where ICM has member organisations responded: Francophone and Anglophone Africa; North America and the Caribbean; Latin America; Western Pacific; Eastern Mediterranean; Southeast Asia as well as Northern, Central and Southern Europe. The study identified the sheer scale of many of the global issues facing midwives and women from the start of the pandemic until midway through 2021. The common themes included a lack of supply of PPE, the move to online and telephone consultations in addition to the uncertainty of where to give birth in the context of fear of infection and the changing status of maternity facilities becoming COVID-19 facilities. Associations also reported a reduction in face-to-face consultations in antenatal and postnatal care and a strong emphasis on the changing role of community and homebirth care. Many associations reported the loss of women's autonomy in choosing their place of birth and of having a chosen support person with them during birth and postnatally. In addition to this there appears to

be an alarming increase in violence to women. These factors translate to a denial of human rights for childbearing women in many instances. Midwives described the reality of burnout, exhaustion, and declining mental health in relation to COVID-19. The survey showed that all these issues are impacting the midwifery workforce, and exist across all regions, globally. They are widespread and are not limited to high- or low-income countries. In many countries midwives have been working without pay and in risk high-risk situations that threaten their own life as well as those of colleagues and family members. In addition to this the education of midwives has been severely disrupted, in some places closing altogether. This will surely exacerbate the already existing midwife shortages worldwide.

Conclusions

The survey found that closure of maternity services, and not allowing a birth companion even where infection prevention and control measures are in place, separating mother and newborn after birth, not permitting breastfeeding or contact between mother and newborn, and enforced medical interventions such as unnecessary caesarean or induction of labour are all blatant violations of women and newborns' rights during pregnancy and birth. They are also counter to the evidence on safe and effective care.

The survey shed some light on the lack of basic resources and the inadequacy of current health systems to deal with a global pandemic. Midwives feel overworked and underpaid in health systems where there are inadequate training opportunities, and restrictive policies. For the midwifery profession, the chronic problems currently manifesting have been exacerbated by the pandemic. In many countries the midwifery profession struggled to gain access to funding, resources, training and recognition as an autonomous profession well before the onset of COVID-19.

The pandemic has highlighted the growing need for midwifery care outside established birth facilities, including in countries where community-based midwifery services are not part of usual maternal and newborn services. Women are fearful of birthing in hospitals where they risk infection. In some countries women are being discharged within hours of giving birth, including women who give birth by caesarean section. Often no follow-up care is available. Midwives are stepping up to provide some of this care to women and their newborns, but they are often not resourced for this work.

Solutions lie in removing structural barriers to enable funding streams, financial drivers, and insurance mechanisms to directly allocate funds to maintaining midwifery services. This includes enabling community-based services that are crucial at a time when facility-based services are decreasing and when women are increasingly opting for decentralised services. Disseminating funds directly to the organisations that represent midwives as frontline maternal healthcare providers is the best way to ensure they have the resources and capacity to provide community-based services and enable midwife-led care to reach the most vulnerable women in communities.

The survey provided a snapshot of the many problems faced by midwives in a predominantly female workforce. However, two major factors identified by this survey must be urgently addressed. Firstly, the lack of representation of the midwifery profession in drawing up government policy on the strategic responses to new epidemic threats in maternity care must be recognised. Secondly, the continued denial of the conclusive evidence for the safety of out of hospital birth, either in homes or in the community in midwife led birth centres must be addressed. Both these recommendations stand to enhance the effectiveness of midwives in a world that is currently being ravaged by the SARS-COV-2 virus and a future world that may face similar catastrophic pandemics.

Recommendations

The recommendations from the ICM survey parallel those of the Global Call to Action by ICM and UNFPA and the WHO Independent Panel for Pandemic Preparedness and Response report prepared for the World Health Assembly in May 2021. Recommendations include the following:

- Midwives must be visible to ministries of health and governments.
- Midwife-led continuity of care must be prioritised, with greater support provided for community-based midwifery care either in homes or in the community in midwife led birth centres.
- Women must continue to have access to sexual and reproductive health services. (Lack of access has long-term, wide-ranging negative implications for individuals and society and midwives play a central role in upholding and protecting women's rights.)
- Personal protective equipment (PPE) and testing for COVID-19 must be available to ensure midwives and birth centres are properly equipped to deliver quality care.
- Policy makers should ensure midwife involvement and leadership in determining health policy and effective COVID-19 responses, recognising that midwives are the most appropriate professionals to inform the government about effective organisation of midwifery services, and of their own needs and those of the women and newborns they care for.
- Midwives should not be deployed to areas outside of their scope of practice, unless imperative. Midwifery care and nursing care are not interchangeable. Neither should childbearing women be left without a qualified midwifery workforce to provide respectful, competent, and safe maternity care.
- Midwives must have access to evidence-based guidance, training, and other COVID-19 resources.