The International Confederation of Midwives
Dissemination Pack

Global Standards, Competencies and Tools
May 2014

International Confederation of Midwives
Strengthening Midwifery Globally
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## ANNEX 1: MEMBER ASSOCIATION CAPACITY ASSESSMENT TOOL
The International Confederation of Midwives (ICM) is the sole global representative and the voice of midwives and midwifery. ICM has the responsibility of developing midwifery as a profession and ensuring that the people who use the title midwife are appropriately qualified, i.e. they possess the competencies which enable them to provide quality midwifery care and that they have been prepared through an education programme which meets global standards.

Because of the diversity of meanings and use of the term midwife in different parts and contexts of the world, policy makers have been left with neither references nor guidelines for the improvement of midwifery services in their countries. The number of women, who birth under the care of a competent and qualified individual, referred to as a skilled attendant, is one of the key indicators for the MDG 5 target. Hence individuals of varying capabilities working in maternal, newborn and child health care have been named “skilled attendants” with no standard measure of the ideal. Midwives have been included in this nomenclature. This has led to confusion, lack of status and lack of development in midwifery as a profession. There is increasing evidence that care provided by well educated, regulated and resourced midwives saves lives (Black, R E et al, 2010), an estimated 3.6 million maternal, fetal and newborn lives can be saved. (State of the World’s Midwifery Report , 2014.)

With this back drop, ICM recognised the need to harmonise midwifery education and regulation globally. This helps to profile a midwife as an individual who possesses a discrete set of skills and competencies; educated through a programme which meets global standards; and whose work is recognised through the regulatory systems of the country in which care is provided.

Pillars of a strong profession

ICM has identified what it calls the three pillars of a strong profession. These are education of the individual members, regulation of the education and practice and association of the members into a strong organisation which aggregates the efforts of the profession and presents a visible physical existence. To translate these concepts into action ICM developed the documents that are presented in this pack;

- ICM essential competencies for basic midwifery practice (2010 amended 2013)
- ICM global standards for midwifery education (2010 amended 2013) supported by
- The model curriculum outlines for professional midwifery education (2012)
- The ICM standard equipment list for competency based skills training in midwifery schools (2012)
- Curriculum concordance map (2013)
- ICM global standards for midwifery regulation (2011)
- Member Association Capacity Assessment Tool (MACAT) (2011) for association development
Objectives of these documents

• To provide governments with reference documents and tools to use when they are developing the midwifery workforce in their countries
• To provide midwifery education institutions with evidence based resources on which to base midwifery programmes.
• To harmonise midwifery education and practice globally in a manner which recognises different needs in different contexts without compromising quality.
• To provide the foundation on which to build midwifery into an autonomous profession.

Development of the global standards, competencies and tools

In 2008 ICM constituted four Taskforces led by and consisting of global experts in the fields of midwifery education, regulation, competency development and association development. Each Taskforce had representatives from all the ICM regions – Africa, Americas, Asia Pacific and Europe. Representation covered countries of low, medium and high income standing and included both ICM member and non-member countries.

The Taskforces were commissioned to develop these documents using academically sound research methodologies. The Delphi technique, questionnaires, focus group discussions and expert reference committees were utilised to ensure the results were applicable to all countries. The development process took three years.

Purpose of this dissemination pack

The documents have been produced and are available on the ICM website. It became necessary to ensure that as many midwives and governments are aware of their existence as possible and also that countries are facilitated to access and use them as reference documents when developing their midwifery workforce. Hence the purpose of this dissemination pack is to provide a mechanism through which ICM representatives can share these documents at any suitable forum.

ICM has Board Members and other expert representatives across the globe. These individuals have access to groups of people and governments at different points in their work. It should be possible for them to share the documents in a consistent manner. The pack enables standardisation of information shared in different parts of the world and by different individuals. The pack ensures that the person disseminating the information does not have to spend a lot of time preparing. It also serves as a communication and advocacy tool.

Who is it for?

Technical midwife advisers, Board members, standing committee members and ICM consultants will benefit from using this pack. It saves time and ensures consistency and standardisation except for the inevitable presenter difference.

Guidelines for use

Each of the documents constitutes a section. Each section is self-contained and can be treated as a standalone unit. The documents can also be presented as a pack.
**Tips for presentation**

When a dissemination activity is planned, it is important to have adequate information on who the audience would be especially if it is a tag-on activity. If it is planned as a standalone activity it is important to have all sectors of the midwifery services represented, educators, regulators, association representatives, practitioners and employers. Participants should include:

- policy makers, because implementation of these documents means change of policy in many countries;
- midwives and other health workers in maternity service so that they begin to understand the meaning of the term midwife;
- stakeholders (UN agencies, NGOs and civil society organisations) in sexual and reproductive health because many countries get support in the human resource training and development for sexual and reproductive health.

Once the audience is known then the presentation is pitched to match and the language used is appropriate and easy to understand. The dissemination period does not call for academic and philosophical discussions. Instead it is time for practical, user-friendly sharing of information available.

Like any other sharing experience with adults, the process is productive when adult learning approaches are utilised and information is made relevant and fun. Discussion is important. To be able to handle discussions effectively, the presenter needs to be adequately informed to be able to respond to people’s questions. It is of utmost importance for the presenter to have full understanding of the context in which the dissemination process is taking place so that all points in the documents pertinent to that context are highlighted.

**The presentations**

Four to five weeks prior to the dissemination process, participants should be asked to prepare a country profile for the maternal new-born and child health services including education and regulation systems (proforma provided). Preparation of the country profile creates awareness of the midwifery services and the context in which they are provided. In some situations this could be the first time the participants are exposed to this information.

**Time requirements**

For effective sharing and adequate discussion, the dissemination workshop requires two and a half days. If it is a tag-on meeting, half a day can be used to present the documents for orientation purposes. The process below is for a two and half day workshop.
<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Person responsible</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Morning</td>
<td>Introductions and objectives of the meeting</td>
<td>Presenter</td>
<td></td>
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<tr>
<td></td>
<td>Presentation and discussion of country profiles</td>
<td>Participants</td>
<td>Time required for these depends on the number of countries participating. Proforma country profile provided</td>
</tr>
<tr>
<td>Lunch</td>
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<tr>
<td>Afternoon</td>
<td>Presentation and discussion of country profiles</td>
<td>Participants</td>
<td>During these discussions it is important to isolate pertinent issues which may need to be further discussed during presentation of the documents. This helps to contextualise the discussion. If more than one country is involved, during the presentation the presenter must keep note of what is pertinent to each country. Avoid focusing on one country and not mentioning another</td>
</tr>
</tbody>
</table>
|           | Introduction to the ICM global standards, competencies and tools      | Presenter And participants | A short 10 minute PowerPoint presentation provided. Group work in country groups and discuss the value of these documents in their countries.  
- Do they need them?  
- What will be the benefits of adopting them?  
- What will be the possible challenges?  
- What type of support will be required for adoption? From whom?  
The presenter can add other questions as seen contextually fit. |
|           | ICM essential competencies for basic midwifery practice               | Presenter          | 20 min PowerPoint presentation provided  
Question and answer discussion  
Group work in specialist groups  
- Group 1: Educators and practitioners and association;  
- Group 2: regulators and policy makers:  
  - Questions to be answered similar to the ones above but tailored to competencies only.  
  - Presentations in plenary. Facilitator takes opportunity to collate all issues in each context |
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</table>
| Morning| ICM global standards for basic midwifery education                      | Presenter and participants | • 20 min PowerPoint presentation provided  
• Question and answer discussion  
Group work in specialist groups  

Group 1: Educators and practitioners and association;  

Group 2: regulators and policy makers  
• Questions to be answered similar to the ones above but tailored to competencies only.  
• Presentations in plenary. Facilitator takes opportunity to collate all issues in each context  

Making the competencies and standards work: The ICM model curriculum outlines for midwifery education and the ICM standard equipment list from evidence based skills training in midwifery institutions  

Presenters  

10 min PowerPoint presentation provided check if available  

Question and answer discussion  

This session is to create awareness of the existence of the documents for educators to use during the adaptation  

<table>
<thead>
<tr>
<th>Lunch</th>
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</thead>
</table>
| Afternoon| The ICM global standards for midwifery regulation                      | Presenter          | During these discussions it is important to isolate pertinent issues which may need to be further discussed during presentation of the documents. This helps to contextualise the discussion. If more than one country is involved, during the presentation the presenter must keep note of what is pertinent to each country. Avoid focusing on one country and not mentioning another  

ICM global standards for midwifery regulation  

Group work  

Presentation and discussion  

Group 1: Regulators and policy makers  
• How does the current regulation system compare to the presentation. What are the improvements needed? What support is required and from whom for adaptation?  

Group 2: Association representatives and practitioners  
• What is the association’s role in regulation? What can the association do to influence regulation? How can the association use regulation to strengthen the profession of midwifery and advocate for women, newborn and their families?  

Group 3: Educators, NGO and Civil Society organisations representatives.  
• How does our education process match up to the regulation standards?  
• How can we use regulation to improve the quality of midwifery workforce and impact the quality of midwifery services to enhance the health outcomes for women and new-born?  

|       |                                                                      |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
Expected outcomes

- Request for support to adopt and adapt the standards and competencies

After presenting this material it is expected that some countries will request support in adopting/adapting of the documents. Standards can be adapted and adopted while the competencies can only be adopted. Those countries who are able to fund the adoption and adaptation process can get in touch with ICM to arrange technical support. ICM will provide this support either through its technical department or through experts in each region.

Conclusion

The dissemination process is the first step of two major processes. These include dissemination and implementation. The major reason for the development of the documents was to harmonise midwifery globally. This will be achieved if all countries educating midwives adopted and adapted the global standards for education and regulation and adopted and integrated the essential competencies for basic midwifery practice. Hence dissemination is the first step before implementation. Guidelines to the implementation process are in the process of development.
1: INTRODUCTION TO ICM GLOBAL STANDARDS, COMPETENCIES AND TOOLS

Introduction to the ICM Global Standards, Competencies and Tools

Dissemination Pack
Presentation 1

Vision
A world where every childbearing woman has access to a midwife’s care for herself and her newborn.

Mission
To strengthen member associations and to advance the profession of midwifery globally by promoting autonomous midwives as the most appropriate caregivers for childbearing women and in keeping birth normal, in order to enhance the reproductive health of women, and the health of their newborn and their families.

ICM: Voice of Midwives Globally
International Confederation of Midwives
An accredited non-governmental organisation
115 Member Associations
560,000 Midwives
101 Countries
4 Regions

Africa
Americas
Asia Pacific
Europe

ICM Three Pillars

Education
Regulations
Association

ICM Essential competencies

Midwife: Whom are we talking about?

Is it about
• area of work?
• How well one can do the work of midwives?
• Education and regulation?
• Self identification?
• What others think?
• A country’s choice?

The International Definition of Midwife
A person who, having been regularly admitted to a midwifery educational programme, duly recognized in the country in which it is located; has successfully completed the prescribed course of studies in midwifery that is based on the ICM Essential Competencies for Basic Midwifery Practice and the framework of the ICM Global Standards for Midwifery Education,...... and/or legally licensed to practice midwifery and use the title “midwife” ......
Impact and issues

- Turf wars
- Policy issues
- Inadequate information about usefulness of midwives
- Economics
- Country decisions
- Fear of the unknown

Advantages of having midwives

- Expert care of the normal
- Economic wisdom – midwives are cost effective (not cheap)
- Quality of care – for the normal, Early referral when needed
- Low rates of medical interventions
- Midwives provide continuum of care leading to high survival of women and newborns
- Widespread knowledge of normal birth, breastfeeding, family planning and general family health – measure of development

How does one become a midwife

ICM Global Standards, Competencies & Tools

These consist of the following reference documents:

- ICM Global Standards for Midwifery Education
- ICM Global Standards for Midwifery Regulation
- ICM Essential Competencies for Basic Midwifery Practice
- ICM Member Association Capacity Assessment Tool (MACAT)
- ICM Model Curriculum Outlines for Professional Midwifery Education
- ICM Standard Equipment List for Competency Based Skills Training in Midwifery Schools

How they were developed

These documents were produced using academically sound and systematic research led by Midwife Academics and researchers with adequate rigor for them to be applied globally:

- Delphi Process was used over a period of 3 years
- Midwives and policy makers were consulted globally
- All regions and economic settings were represented

When they were developed

- The global standards for education and regulation, the competencies and MACAT were developed and reviewed between 2008 and 2011 and were launched in June 2011 in Durban ICM Congress

- Additional tools – Model curriculum guidelines and the ICM standards equipment list were developed and launched in 2012
Purpose of the Documents

These documents serve

- As guidelines for the development of a quality midwifery workforce
- To distinguish the Midwife from anybody else working in Maternal, Newborn and Child Health
- To facilitate change in policy and practice
- To enhance the clear definition of roles when working with other care providers
- To ensure quality midwifery services for women, newborns and families

How to use them

They are useful as

- Advocacy tools to convince midwifery schools or governments to review the midwifery education programme and curriculum.
- Reference documents to determine job descriptions for Midwives.
- To assess new Midwives coming from somewhere else whether they can go into the country’s register.
- To ensure Midwives in given country are at the same levels with Midwives globally

So what?

- It is a good idea to make a decision about how to utilise standards and tools at country level
- The Regulation and Education standards can be adapted to the context
- The competencies cannot be adapted. A country can add but may not subtract

How to access the documents and Technical Support

Go to

- For technical support – contact ICM headquarters [info@internationalmidwives.org](mailto:info@internationalmidwives.org) and you will be directed to experts in your region

Thank you

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[www.internationalmidwives.org](http://www.internationalmidwives.org)
2: ESSENTIAL COMPETENCIES FOR BASIC MIDWIFERY PRACTICE DISSEMINATION PACK SLIDES

Vision
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ICM Three Pillars
If any of these pillars is weak, the entire profession is weakened.

Competency

Competency (Midwifery)
A combination of knowledge, attitude, professional behavior and specific skills that are demonstrated by someone who has been adequately educated as a midwife.
Definitions

Basic competencies
- Those that could be considered "core" for education and practice by all midwives who meet the ICM international definition.
- All individuals using the title Midwife should possess these competencies.

Additional competencies
- Optional for midwives who elect to engage in a broader scope of practice or who may be required to have certain skills specific to their country context to make a difference to maternal or neonatal outcomes.

Seven Competency Domains
1. Social, epidemiologic and cultural context of maternal-newborn care.
2. Pre-pregnancy care & family planning.
3. Care during pregnancy.
4. Care during labour & birth.
5. Care for women during postpartum period.
6. Postnatal care of the newborn.
7. Facilitation of abortion-related care.

Seven Competencies
Each Competency is arranged as follows:
- Knowledge
  - Basic
  - Additional
- Professional behavior
  - Basic
  - Additional
- Skills
  - Basic
  - Additional

Example 1
Social, Epidemiologic
and cultural context of maternal-newborn care

Skills and/or abilities

The midwife has the skill and/or ability to:

BASIC
- Engage in health education discussions with and for women and their families

ADDITIONAL
- Assume administrative and management tasks and activities, including quality and human.
- Resource management, appropriate for level of health facility and midwifery scope of practice.

Example 2
Pre-pregnancy care & family planning

The midwife has the knowledge and/or understanding of...

Basic
- Components of a health history, family history and relevant genetic history.
- Culturally acceptable and locally available natural family planning methods.

Additional
- Use the microscope to perform simple screening tests.
- Insert and remove intrauterine contraceptive devices.

Example 3
Care during labour & birth

The midwife has the skill and/or ability to:

Basic
- Monitor progress of labour using the partograph or similar tool for recording.
- Provide physical and psychological support for women and family during normal birth.
- Repair 1st and 2nd degree perineal or vaginal lacerations.

Additional
- Perform vacuum extraction.
- Repair 3rd and 4th degree perineal or vaginal lacerations.
REMINDER:

The Essential Competencies document outlines

- what the midwife should know
- the professional behaviors that are expected, &
- the skills the midwife should be competent to perform

"...Midwives provide high quality, culturally sensitive care....."

Uses of Competencies

Competencies provide guidance for:

- Educators – when developing or reviewing curricula
- Clinicians – to determine the scope of practice & guidelines
- Regulators – to assess and determine credentials & scope
- Policy advocacy as a measure of quality
- Provide a framework around which a country can shape the midwifery services

Conclusion

The world has since reached consensus that:

- The midwife is the most cost effective health care provider in reducing maternal and neonatal mortality when she is working to the full scope of midwifery practice

But this works only when the midwife possesses all the Essential Competencies for Basic Midwifery Practice

Thank you
3. ICM GLOBAL STANDARDS FOR MIDWIFERY EDUCATION

**Vision**
A world where every childbearing woman has access to a midwife’s care for herself and her newborn.

**Mission**
To strengthen member associations and to advance the profession of midwifery globally by promoting autonomous midwives as the most appropriate caregivers for childbearing women and in keeping birth normal, in order to enhance the reproductive health of women, and the health of their newborns and their families.

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**ICM Three Pillars**
![ICM Three Pillars Diagram]

If any of these pillars is weak, the entire profession is weakened.

**Strong Profession**
ICM has identified what it calls the three pillars of a strong profession. These are:

- Education of the individuals who are members of that profession through an academically sound education programme. The possession of its members of a discrete set of competencies which enable them to meet the demands of the profession.

- The Regulation of the profession’s activities and education process.

- The organisation of the members in strong professional Association.

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**Need for Education Standards**

- Many individuals use ‘title’ Midwife

- Education varies as does quality

- Scope of practice & practice competencies vary

- Many countries needing midwives do not have a midwifery education program

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Africa
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Asia Pacific
Europe
ICM Role

ICM’s role as global leader in midwifery

to establish standards of midwifery education in keeping with core
ICM documents
- Philosophy & model of care
- International code of ethics for midwives
- ICM Essential Competencies...2010 - the foundation for
education & regulation
- International Definition of the Midwife
- ICM position statements - qualifications of midwifery teachers,
going education

Definition of Standard

“a norm/uniform reference point that describes a
required level of achievement or performance”

- Standards are based on best information available
- Published and unpublished literature
- Available standards in current use
- Commitment to ongoing effort to improve quality
- There are multiple ways to establish standards

Purpose Midwifery Standards

- To set quality indicators based on global expectations.
- To provide framework for design implementation, and
evaluation of ongoing quality of programme.
- To align the scope of midwifery practice globally.
- To enable regulatory bodies to approve the midwifery
education programmes in their countries
- To hold midwifery programme accountable to public.
- To meet national and local workforce needs for qualified
midwives.

Key Documents Reviewed

- Core ICM documents & position statements.
- WHO Midwifery Modules & Midwifery Toolkit (draft).
- WHO Global standards for the initial education of
professional Nurses and Midwives (2009).
USA.
- East, Central, & Southern Africa Council on Nursing
(ECSACON). Professional nursing and Midwifery Standards.
- European Union and United Kingdom Midwifery Standards.
- TF members country/regional standards for Midwifery.

Global Involvement

- All ICM regions were involved
- Africa 10 out of 20 countries = 50%
- Americas 9 out of 14 countries = 64%
- Asia Pacific: 8 out of 16 countries = 44%
- Europe 19 out 36 countries = 53%

Quality Indicators in Standards

- Midwifery leadership of programme.
- Minimum length of Midwifery programmes.
- Minimum entry level of students & other qualifications.
- Qualifications of Midwifery theoretical & clinical teachers.
- Competency-based teaching & learning strategies.
- Minimum content of curriculum beginning with ICM
Essential Competencies.
- Criteria for learning resources/practice facilities.
- Ongoing evaluation: students, teachers, curriculum, program.
The Standards

I. Organization and administration
II. Midwifery faculty
III. Student body
IV. Curriculum
V. Resources, facilities & services
VI. Assessment strategies

Companion Guidelines

The guidelines answer two key questions:

1. How can one implement each of the Education Standards for a Quality Midwifery Programme?

2. How will one know whether the Midwifery Programme meets the ICM Standards (evidence)?

Thank you

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www.internationalmidwives.org
4. MAKING THE EDUCATION STANDARDS WORK

**Making the competencies and standards work**

Dissemination Pack
Presentation 4

**Objectives**

To create awareness of the existence of the

- Model curriculum outlines for professional midwifery education
- Standard equipment list for competency-based midwifery education
- Curriculum concordance

**Brief reminder**

Why global standards and tools? To:

- offer guidance so that individuals are using the 'title' midwife are actually prepared as such
- harmonize the quality of midwifery education
- harmonize the scope of practice and midwives 'competencies vary.
- support educators who need to develop a midwifery education program
- meet national and local workforce needs for qualified midwives.

**Standards**

- provides: "a norm or uniform reference point that describes a required level of achievement or performance."
- set quality indicators based on global expectations
- provide a framework for design, implementation, and evaluation of the ongoing quality of a programme
- align with regulatory bodies’ scope of midwifery practice.
- hold midwifery programme accountable to public.

**Realisation**

Not every country has midwife teachers who are able to develop a curriculum

Even experienced educators need reference document

ICM produced documents to assist in the process of implementation of the documents

**The supporting documents**

*The Model curriculum outlines: learning packets which explain the process*

Packet #1: Background and curriculum development process
Appendix A: Components of a competency-based midwifery curriculum

Packet #2: Model Midwifery Curriculum Outlines
Appendix A.1: Three Year Direct Entry
Appendix A.2: 18-month Post-Registration
Appendix B: Midwifery Care Process
Appendix C: Module Development Worksheet
Appendix D: Sample Division of ICM Competency #1 & its KSBs

Packet #3: Key resources available for Midwifery Education
Packet #4: Teaching and learning in a competency-based curriculum
Appendix A. Learning and Teaching; A Dynamic Partnership
Appendix B: The Match of Principles of Learning and Teaching
The standard equipment list for competency-based midwifery education

- A standard reference guide to inform midwifery-related programmes on the basic set of models, equipment, consumables, reference books and learning materials for midwifery education and training.
- Provides a list of required materials for building the competencies of student midwives to the level of proficiency.
- Facilitate the resourcing of accredited educational institutions for licensure and registration to practice midwifery.

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How to use these

For countries who want the standards and competencies to work these documents provide:

- Step by step guidance of how to do it with each.
- Background information required to be able to review or develop a curriculum.
- Background information on what the product curriculum should look like.

In short: Educators, consultants hired by countries can use these documents to guide the process and assess the product.

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So what?

- It is a good idea to read them before, during and after the curriculum process whether review or development.
- Use them to develop terms of reference for consultants and to measure the quality of their work when they have finished.

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How to access the documents and Technical Support

Go to


- For technical support – contact ICM headquarters [info@internationalmidwives.org](mailto:info@internationalmidwives.org) and you will be directed to experts in your region.

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Thank you
5. GLOBAL STANDARDS FOR MIDWIFERY REGULATION SLIDES

Global standards for midwifery regulation

Dissemination Pack
Presentation 5

Vision
A world where every childbearing woman has access to a midwife’s care for herself and her newborn.

Mission
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- Education of the individuals who are members of that profession through an academically sound education programme. The possession of its members of a discrete set of competencies which enable them to meet the demands of the profession.
- The Regulation of the profession’s activities and education process.
- The organisation of the members in strong professional Association.

What is regulation?
Regulation is a set of criteria and processes arising from a country’s legislation and prescribed and enacted by the regulatory authority that controls the practice of midwifery including who can hold the title midwife and practice midwifery.
Purpose of regulation

Ensure public safety through the provision of a competent and autonomous midwifery workforce.

Background

ICM has been contributing to the regulation of Midwifery globally through position statements:
- 2002 “Framework for midwifery legislation & regulation”
- 2006 “Legislation to govern midwifery practice”

2008 ICM Council
- Identified need for global standards for Midwifery Regulation as one aspect of a professional framework to strengthen Midwifery world-wide.

ICM Regulation Taskforce

- ICM Regulation Standing Committee took the lead
- There was global representation.
- Membership – WHO and other strategic partners were incorporated into the Taskforce.
- All ICM regions and Member Associations were consulted
- Owned by all midwives of the world

Functions

Protect safety of mother & baby receiving midwifery care through six main regulatory functions:
1. Setting the scope of midwifery practice
2. Setting/approving standards for pre-registration midwifery education
3. Registering midwives – who can use the title midwife
4. Re-licensing midwives who remain competent after registration
5. Disciplining midwives found to breach standards
6. Setting code of conduct and ethics

Values and principles

Recognition that
- Regulation is a social contract between the midwifery profession and society
- Society allows midwives to regulate themselves
- Society expects the midwives to act responsibly, ensure high standards of care and maintain the trust of the public.
- Each woman has the right to receive care in childbirth from an educated and competent midwife authorized to practice midwifery.
- Midwives are autonomous, practice in their own right and are responsible and accountable to the public for their own clinical decisions
- Midwifery is a profession that is autonomous, separate and distinct from nursing and medicine. They work collaboratively with others

Intended use of the standards

- Provide a benchmark for global standardization of the regulation of midwives
- Provide the basis for review of existing regulatory frameworks for midwives
- Provide guidance and direction to countries seeking to establish regulatory frameworks for midwives where none currently exist
- They set an ideal regulatory direction to underpin and enable autonomous practice of midwives
Standards

1. Model: Legislation should establish regulatory authority, e.g., separate Council, government department, parastatal organization, independent organization.
2. Protection of the title: Identify legally qualified midwives from others who provide aspects of maternity care.
3. Governance: Appointed and elected members of the regulatory authority including lay members. Chair person is a midwife.
4. Functions

Functions

1. Setting the scope of midwifery practice.
2. Setting/approving standards for pre-registration midwifery education.
3. Registering midwives - who can use the title midwife.
4. Relicensing midwives who remain competent after registration.
5. Disciplining midwives found to breach standards.
6. Setting code of conduct and ethics.

Adoption

- Countries that wish to adopt the regulation standards can adapt them to their context.
- Countries can request support from ICM.

Where to find them

- For implementation technical support contact ICM HQ to be directed to experts in your region: info@internationalmidwives.org

Thank you

International Confederation of Midwives
Laan van Maanenworp 70
2517AN The Hague
The Netherlands
Telephone: +31 (0)70 3050 020
Fax: +31 (0)70 3555 651
Email info@internationalmidwives.org
www.internationalmidwives.org
6. MEMBER ASSOCIATION CAPACITY ASSESSMENT TOOL

**Member Association Capacity Assessment Tool**

**Dissemination Pack**
**Presentation & pdf doc**

---

**Vision**
A world where every childbearing woman has access to a midwife’s care for herself and her newborn.

**Mission**
To strengthen member associations and to advance the profession of midwifery globally by promoting autonomous midwives as the most appropriate caregivers for childbearing women and in keeping birth normal, in order to enhance the reproductive health of women, and the health of their newborn and their families.

---

**ICM: Voice of Midwives Globally**
International Confederation of Midwives
An accredited non-governmental organisation
115 Member Associations
500,000 Midwives
163 Countries
4 Regions

---

**Strong Profession**
ICM has identified what it calls the three pillars of a strong profession. These are:

- **Education** of the individuals who are members of that profession through an academically sound education programme. The possession of its members of a discrete set of competencies which enable them to meet the demands of the profession.
- **Regulation** of the profession’s activities and education process.
- **Association** of the organisation of the members in strong professional Association.

---

**ICM Three Pillars**

If any of these pillars is weak, the entire profession is weakened.

- **Education**
- **Regulations**
- **Association**

---

**Role of a professional association**
Represent the interests of the profession (legal)

Bring together efforts, thoughts and ideas of midwives (identity)

A visible entity symbolizing the physical existence of the profession and be a focal point for the profession (belonging)

Leadership and advocacy for policy change (power, credibility, collaboration)
Role of a professional association (cont)

Create a powerhouse of professional expertise.
Take the lead in professional matters for the benefit of the community
Advocacy for members, women and newborn
Gatekeepers to quality care provision
Work with government and policy makers on developments on MNCH

Ability to do that...

Depends on the Association’s capacity/strength as an organisation.

Able to fulfil its responsibilities.

Current Situation

ICM Members are:

- Of different sizes and at different stages of development.
- Different organisational capacities.
- Many are often in need of support and strengthening
- In some countries there are no associations

How to Strengthen MAs

- Since 2003, while working with countries, ICM has used the MACAT for countries to assess the needs of their association and develop interventions.

Characteristics of the MACAT

The tool has 7 main sections, each representing an aspect of the association.
Each section has subsections.
Each subsection has items.
Responses to the items is the assessment.
Analysis of the responses shows the capacity (strengths and weaknesses of the association)."
Areas to be Assessed (continued)

C. Financial resource management
   C1. Accounting system
   C2. Budgeting
   C3. Financial information

D. Functions
   D1. Membership services
   D2. Advancing professional practice
   D3. Quality control
   D4. Communication
   D5. Advocacy
   D6. Service delivery

Areas to be Assessed (continued)

E. Collaboration, partnership and Networks
   E1. With woman, government, and other NGOs
   E2. Relationship with donors and private sector

F. Visibility including Media relations

G. Sustainability

Association Areas to be Assessed

A. Governance
B. Management Practices and Leadership
C. Financial Resources Management
D. Functions
E. Collaboration, Partnerships and Networks
F. Visibility and Media Relations
G. Sustainability

Suggestions for Implementation

- Use the guidelines to direct the implementation of the association assessment process.
- Assess one section of the Association at a time – prioritise according to where the need is greatest.
- Re-administer the MACAT every 3 to 5 years to monitor progress.

Guidelines for Use

These guide associations on:

Who should administer the tool? It could be:
- Small committee representing all stakeholders
- Small committee + EC Members + consultant
- Association staff and/or volunteers
- External consultant
- Focus group discussions to validate responses

How to administer the tool:
- It is in 3 steps: select group, test run, full assessment

Guidelines for Use

There is an explanation for:

- How to respond to items
- How to interpret results
- How to use the results to develop interventions
Guidelines for Use

One suggested approach is to:
- Choose one section and work on it
  (e.g. governance)
- Develop interventions and implement them
- Ensure this section is strong
- Then move onto the next

Monitoring and Evaluation:
- Re-examine every 3 to 5 years
- Compare the results

Interpreting Results: developing interventions

Write down any questions where the group answered “No”

Write down what needs to be done to make it a “yes” next time.

If you were to carry out all the activities required to make the answer “yes”:
- In what order would you do it? (Which one first, second etc)?
- Alone or with outside help?
- What expertise would be required? What resources would you require?
- Who else would be involved? How much would it cost?

Developing and Prioritising interventions

<table>
<thead>
<tr>
<th>Activity</th>
<th>Alone, with outside help</th>
<th>Expertise required</th>
<th>People involved</th>
<th>Cost</th>
<th>When</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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</table>

So What?

After assessing and interpreting the results of the assessment,

And determining the intervention procedures required through the table, the Association is ready to intervene.

The Association repeats the process to check whether the section is stronger now.

Conclusion

ICM has placed Midwives and Midwifery on the global agenda.

Consensus has been reached that professionalising Midwifery is directly related to reduced maternal deaths.

Strong Associations strengthen the profession. This leads to better care, healthier mothers and newborns.

Therefore...

The world needs Midwives Now more than Ever
7. NEXT STEPS

Global standards, competencies and tools: Dissemination

Adoption and adaptation and implementation

Presentation 7

Objective

To discuss roles and responsibilities of all parties during the adoption and adaptation process in country.

Brief reminder

- Education and regulation standards can be adapted to fit the context of each country before adoption.
- The basic competencies should be adopted as they are but the additional ones can be adapted to fit the context of the country.

Roles and responsibilities

The countries

- Decide to use the tools
- Identify type of support required
- Identify resources to make it happen
- Be clear expected outcomes

Roles and responsibilities

ICM

- Can offer guidance on request – desk support
- Can provide technical support on the ground on invitation provided the country can contribute to the finances required.
- Can identify consultants for specific pieces of work to help the country

Roles and responsibilities

Member Association

- Advocate for adoption and adaptation
- Inform government of the value of the documents
- Contribute to the work by providing expertise
- Contribute to the quality control of the output of the process
- Support the schools with implementation
Roles and responsibilities

Ministry of Health
- Policy making body in most countries
- Provide mandate to the association
- Guide adaptation and adoption process to ensure country needs are met
- Financially support the process
- Work with the Member Association to ensure quality and implementation
- Provide resources and infrastructure required to ensure effective implementation

Roles and responsibilities

NGOs and Civil Society
- Participate in the curriculum process
- Contribute to ensuring the needs of the community are met during the process (adoption process)
- Support the midwives Association in advocacy (create demand)
- Contribute resources where appropriate

Accessing support

From ICM - phone, write or use the website
From Ministry of Health
- Establish policy dialogue using evidence based information
- Write proposal or send delegation
From Civil Society and NGOs - use own network
- Proposals
- Dialogue

Important to note: Most people and organisation have the interest of women and children at heart and would like to make a difference therefore provide the opportunity.

How to go about it...

Depends on each country and the context. Therefore know your country

Thank you

International Confederation of Midwives
Laan van Maastricht 70
2517AN The Hague
The Netherlands
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Fax +31(0)70 3556 651
Email info@internationalmidwives.org
www.internationalmidwives.org
# ANNEX 1 MEMBER ASSOCIATION CAPACITY ASSESSMENT TOOL

## INTERNATIONAL CONFEDERATION OF MOVIES

**Member Association Capacity Assessment Tool (MACAT)**

### A. Governance

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>The association has a valid and an elected executive committee governed by its constitution and by laws.</td>
<td></td>
<td></td>
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<tr>
<td>2.</td>
<td>The association has clearly defined roles and responsibilities for the Board of Directors and members.</td>
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<tr>
<td>3.</td>
<td>The Board/Executive Committee meets at least once a year.</td>
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<tr>
<td>4.</td>
<td>The Board/Executive Committee carries out the roles of strategy development.</td>
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<tr>
<td>5.</td>
<td>The Board/Executive Committee carries out the roles of policy formation.</td>
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<td>6.</td>
<td>The Board/Executive Committee carries out the roles of public relations.</td>
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<tr>
<td>7.</td>
<td>The Board/Executive Committee carries out the roles of finance oversight.</td>
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<tr>
<td>8.</td>
<td>The Board/Executive Committee carries out the roles of lobbying.</td>
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</tbody>
</table>

### B. Vision, Mission

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>The association has clearly stated vision and mission statements.</td>
<td></td>
<td></td>
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<tr>
<td>2.</td>
<td>The vision is developed in consultation with members in some way (e.g., surveys, workshops).</td>
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<tr>
<td>3.</td>
<td>The activities of the association are consistent with the mission and vision.</td>
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<tr>
<td>4.</td>
<td>The vision and mission statements are shared with members, giving a sense of purpose and direction to the association.</td>
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<td></td>
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<tr>
<td>5.</td>
<td>The vision and mission are reviewed and updated regularly with input from members at least every 5 years.</td>
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</table>

### C. Goals and Strategies

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>The association has a clear strategic planning process.</td>
<td></td>
<td></td>
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<tr>
<td>2.</td>
<td>The association has a clear seven-year strategic plan with achievable long-term and short-term goals.</td>
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<tr>
<td>3.</td>
<td>The association goals and strategies are reviewed and updated with input from members.</td>
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<tr>
<td>4.</td>
<td>The association has set clear standards and measures of achievement.</td>
<td></td>
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<tr>
<td>5.</td>
<td>The association has a clearly defined role in the advocacy process.</td>
<td></td>
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<tr>
<td>6.</td>
<td>The association has set clear standards and measures of achievement.</td>
<td></td>
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<tr>
<td>7.</td>
<td>The association has a clearly defined role in the advocacy process.</td>
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</tbody>
</table>

### D. Legal Status

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>The association is registered as a not-for-profit association in the country's legislation.</td>
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<tr>
<td>2.</td>
<td>The association is part of another World Union (or another regional association).</td>
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<tr>
<td>3.</td>
<td>The association is the largest association in the region.</td>
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<tr>
<td>4.</td>
<td>The association has no political affiliation.</td>
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</tbody>
</table>

### E. Management Practices and Leadership

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>The association has a board of directors that is elected.</td>
<td></td>
<td></td>
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<tr>
<td>2.</td>
<td>The association meets regularly, at least once a year.</td>
<td></td>
<td></td>
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<tr>
<td>3.</td>
<td>The association has a clear and well-defined role in the management of the organization.</td>
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<td>4.</td>
<td>The association has a clearly defined role in the management of the organization.</td>
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</tbody>
</table>

### F. Human Resources

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>The association has a clearly defined role in the management of human resources.</td>
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<tr>
<td>2.</td>
<td>The association has a clearly defined role in the management of human resources.</td>
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<tr>
<td>3.</td>
<td>The association has a clearly defined role in the management of human resources.</td>
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<tr>
<td>4.</td>
<td>The association has a clearly defined role in the management of human resources.</td>
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</tbody>
</table>

### G. Financial Resource Management

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>The association has an accounting system.</td>
<td></td>
<td></td>
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<tr>
<td>2.</td>
<td>The association has an accepted and reviewed financial statement.</td>
<td></td>
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<tr>
<td>3.</td>
<td>The association has an acceptable financial statement.</td>
<td></td>
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<tr>
<td>4.</td>
<td>The association has an accepted financial statement.</td>
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</tbody>
</table>

### H. Additional Comments

**International Confederation of Movies**

29
### Additional comments

**Yes** | **No** | **N/A**
--- | --- | ---

**3. Relevance with donors and the private sector**

51. The association has mechanisms for engaging with donors and the private sector.
52. The association has a formal mechanism for engaging with the government.
53. The association has a mechanism for engaging with international and national NGOs.

**4. Advocacy**

54. The association has a mechanism for advocacy.
55. The association has a mechanism for mobilizing resources.
56. The association has a mechanism for mobilizing volunteers.

**5. Collaboration, Partnerships and Networks**

57. The association has a mechanism for mobilizing resources.
58. The association has a mechanism for mobilizing volunteers.
59. The association has a mechanism for mobilizing organizations.

**C. Membership Services**

50. The association has a mechanism for identifying the needs of its members.
51. The association has a mechanism for retaining current members.
52. The association has a mechanism for recruiting new members.

**D. Quality control for care**

53. The association has a mechanism for verifying the care provided by its members.
54. The association has a mechanism for ensuring the quality of care provided by its members.
55. The association has a mechanism for ensuring the quality of care provided by non-members.

**E. Service Delivery**

56. The association has a mechanism for mobilizing resources.
57. The association has a mechanism for mobilizing volunteers.
58. The association has a mechanism for mobilizing organizations.

**F. Visibility including Media Relations**

59. The association has a mechanism for mobilizing resources.
60. The association has a mechanism for mobilizing volunteers.
61. The association has a mechanism for mobilizing organizations.

**Additional comments:**

---
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1. The association has a diversified and stable source of funding for programme sustainability over the long term</td>
<td></td>
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<tr>
<td>2.2. The association actively engages in fund-raising and other resource mobilisation activities as a means of limiting its dependence on donors</td>
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<tr>
<td>2.3. The association, regularly seeks objective (among its leaders and members when possible), to write funding proposals and to help generate income for specific initiatives</td>
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Additional comments:

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