

# **ICM Council Meeting**

# Triennial Council 2023

Date: Tuesday, 22 November 2022

Place: Bali Nusa Dua Conference Centre, Bali

Indonesia

Date and Time:

7 June 2023 13:30-16:30 WITA 8 June 2023 09:00 – 18:00 WITA 9 June 2023 09:00 – 13:00 WITA

On **7**, **8** and **9** June **2023**, the **Triennial In person Council meeting** took place in Bali, Indonesia at the Bali Nusa Dua Conference Centre. Delegates and Observers nominated by their Midwives' Association were invited to participate. Only Delegates had the right to speak during the meeting. 154 Delegates from 87 ICM Member Association and 54 Observers from 23 ICM Member Association and from the ICM Head Office participated in the in-person Triennial Council Meeting. Simultaneous interpretation in ICM's three official languages Spanish, French and English, was available throughout the three days. ICM's Member Associations from Japan, also provided simultaneous interpretation to Japanese throughout the three days.

- **Council Papers** were made available to Council Delegates on 26 April 2023 on the online Council Platform.
- **Discussion** of certain papers took place via ICM's online discussion forum before the Triennial Council meeting. Further discussion took place during the Triennial Council meeting.
- Voting took place in person and via the electronic voting system 'Simply Voting'.
   The results of the three electronic votes were communicated during the inperson Council meeting.
  - The vote for the viewed position statements took place between 1<sup>st</sup> May and 1<sup>st</sup> June 2023
  - The pre-Council vote to approve the Council meeting procedure, Council observer list took place between 29<sup>th</sup> May and 5<sup>th</sup> June 2023.
     Council delegates from 15 ICM Member Associations who could not attend the in-person meeting were able to voted between 1<sup>st</sup> and 6<sup>th</sup> June 2023.
     Council delegates from 5 ICM Member Association voted in this period.

### Day 1: 7 June 2023, 13:30 -16:30 WITA

#### 1. Welcome and Introductions

Franka Cadée, ICM President, welcomed Council Delegates and Observers to the meeting and introduced the ICM Board Members and Head Office Staff present. She noted that the meeting was the first in-person Council meeting in six years and thanked the Indonesian Midwives Association for welcoming everyone.

She explained the housekeeping before presenting the results of the electronic pre-Council vote.

#### **ELECTRONIC VOTING RESULTS:**

#### **Pre-Council Vote**

123 out of 178 eligible Council delegates voted. The quorum required for the online vote was 44 votes, this was exceeded.

#### **Voting Question:**

Approval of Council Observers to attend the Triennial Council meeting, 7 – 9 June 2023.

Approved: 116 Rejected: 4 Abstained: 3

#### **Voting Question:**

Approval of ICM Triennial Council Meeting Procedures

Approved: 121 Rejected: 2 Abstained: 0

#### **Position Statements**

130 out of 178 Council delegates voted. The quorum for the online vote was 44 votes.

#### **Voting Question:**

Approval of the reviewed position statement 'Birth Registration'.

Approved: 128 Rejected: 0 Abstained: 2

#### **Voting Question:**

Approval of the reviewed position statement 'Breastfeeding and Human Milk'.

Approved: 126 Rejected: 2 Abstained: 2

#### **Voting Question:**

Approval of the updated position statement 'Collaboration and Partnerships for Healthy Women and Infants'.

Approved: 128 Rejected: 2 Abstained: 0

# **Voting Question:**

Approval of the updated position statement 'Home Birth'.

Approved: 108 Rejected: 6 Abstained: 16

#### **Voting Question:**

Approval of the updated position statement 'Keeping Birth Normal'.

Approved: 128 Rejected: 0 Abstained: 2

#### **Voting Question:**

Approval of the updated position statement 'Midwifery: an Autonomous Profession'.

Approved: 129 Rejected: 0 Abstained: 1

### **Voting Question:**

Approval of the updated position statement 'Partnerships between Midwives and other Maternal and Newborn Care Providers'.

Approved: 127

Rejected: 1 Abstained: 2

#### **Voting Question:**

Approval of the updated position statement 'Professional Accountability of the Midwife'.

Approved: 128 Rejected: 1 Abstained: 1

#### **Voting Question:**

Approval of the updated position statement 'Qualifications and Competencies of Midwife Educators/ Teachers'.

Approved: 125 Rejected: 2 Abstained: 3

#### **Voting Question:**

Approval of the updated position statement 'Sponsorship and Commercial Partnership'.

Approved: 113 Rejected: 2 Abstained: 15

#### **Voting Question:**

Approval of the updated position statement 'The midwife is the first choice of health professional for childbearing women'.

Approved: 128 Rejected: 0 Abstained: 2

#### **Voting Question:**

Approval of the updated core document 'International Definition of the Midwife'.

Approved: 123 Rejected: 0 Abstained: 7

Before proceeding with the first agenda point, the President explained how the microphones worked and the process for speaking, voting and quorum.

### 2. Reports

#### 2.1 Overview and adoption of Annual Report 2022

Sally Pairman, ICM Chief Executive, presented the highlights of the Annual Report 2022. The Annual Report was made available on the Council Platform on 26 April 2023. After the presentation Council delegates had the opportunity to ask clarifying questions.

The President proceeded with the voting on the adoption of the Annual Report 2022.

Council Delegates voted by show of hands.

The Annual report was adopted unanimously.

### 2.2 Overview and adoption of Financial Report 2022

ICM Treasurer Vitor Varela presented an overview of the Financial Report 2022. The Financial Report is part of the Annual Report 2022. After the presentation Council delegates had the opportunity to ask clarifying questions.

The President proceeded with the voting on the adoption of the Financial Statements of the 2022 Annual Report.

The Financial Statement of the 2022 Annual Report was adopted unanimously.

#### 2.3 Acceptance of Auditor's opinion 2022

The Treasurer presented the Auditor's 'unqualified' opinion which confirmed that the financial statements were a fair representation of ICM's financial position in 2022.

The President proceeded with the voting on the acceptance of the Auditor's opinion 2022.

The Auditor's opinion 2022 was unanimously accepted by Council.

#### 2.4 Overview of Triennial Report 2020 - 2023

Sandra Oyarzo-Torres, ICM Vice President, presented the Triennial Report.

The President noted that the Triennial Report was a summary of the three annual reports of the last Triennium and did not need to be approved by Council.

#### 2.5 Regional Board Member Reports of Triennium

Regional Board Members presented their Reports.

#### 2.5.1 Western Pacific

Ann Kinnear, Board Member Western Pacific, presented the challenges and achievements of the Western Pacific region during the Triennium.

#### 2.5.2 South-East Asia

Emi Nurjasmi, Board Member South East Asia, presented the challenges and achievements of the South East Asia region during the Triennium.

#### 2.5.3 Eastern Mediterranean

Roa Altaweli, Board Member Eastern Mediterranean, presented the challenges and achievements of the Eastern Mediterranean region during the Triennium.

#### 2.5.4 Americas

Pandora Hardtman, Board Member North America and Caribbean and Florencia Francisconi, Board Member Latin America, presented the challenges and achievements of the Americas region during the Triennium.

#### 2.5.5 Europe

Trude Thommesen, Board Member Northern Europe and Viktoria Vivilaki, Board Member Southern Europe, started by thanking Lisa Apini-Welcland (Board member Central Europe, resigned 2022) before presenting the challenges and achievements of the European region during the Triennium.

#### 2.5.6 Africa

Fatoumata Dicko, Board Member Francophone Africa presented the challenges and achievements of the Africa region during the Triennium on behalf herself and Hilma Shikwambi, Board member Anglophone Africa, who was unable to attend the meeting.

#### 2.6 Questions from Council Delegates

Council delegates asked questions on the Annual, Triennial and Regional Board Member Reports.

The President thanked everyone for sharing their thoughts and questions before she handed over to Sally Pairman, ICM Chief Executive, to explain the locations of the face-to-face regional meetings that took place at the end of day one.

The meeting continued the next day at 9:00 am.

# Day 2: 8 June 2023 09:00 - 18:00 WITA

# 3. Putting into practice the ICM recommendations on climate change – German Midwives Association

Judith Otter, International Representative from the German Midwives Association, presented to Council the implications climate change has on midwifery and the steps taken in Germany to implement the recommendations of ICM's <u>Position Statement on the Impact of Climate Change</u>.

# 4. Strategic Direction 2024-2026

The President explained that ICM is now beginning to develop our next triennial strategy (2024 – 2026). The Council will work in groups to identify the high-level strategic directions of the next strategy.

She reviewed the current strategic directions and identified what has been achieved to date. The President highlighted the need to continue the current directions as good progress is being made but there is still work to do. She noted the need to consider the impact of climate change and humanitarian issues on midwives and maternal and newborn health services.

### 4.1 Update on Regional Structure

Sally Pairman gave an update on the regional structure and informed Council that ICM's approach to the regions will be led by ICM's newly-appointed Chief Midwife, Jacqueline Dunkley-Bent.

### 4.2 Overview / Process of breakout groups

Council was divided in breakout groups and asked to discuss the current ICM strategy and how it can be amended to reflect the current needs of the midwifery profession across ICM as well as any new strategic directions for ICM.

#### 4.3 Six group discussions

Council was divided randomly into six groups but ensuring access for participants to discussions in French, Spanish and English. Each group discussed the potential strategic directions for the next strategy.

#### 4.4 Feedback from Groups on Strategic Directions

The President welcomed everyone back after lunch and asked the facilitators to present the group discussions. She highlighted the importance of everyone's contribution in the discussions to make ICM strong. There was agreement that the current strategic directions should continue but that the new strategy should also address climate change and humanitarian issues.

#### STRETCH

Emi Nurjasmi, Regional Board Member from the Southeast Asia Region, led a stretch exercise by getting Council members to follow her in the Alphabet dance.

### 5. Membership

#### 5.1 Membership Suspension

The President introduced the Membership Suspension item and asked ICM Membership and Operation Coordinator, Justine Laurent, to present the item.

The electronic voting system did not work, and Council voted by show of hands. However, the result was unclear, and it was decided to proceed with voting by ballot the following day.

During the meeting the Colegio de Obstetras del Peru (observer status) spoke with ICM Chief Executive and Head of Operations and Finance objecting to their proposed suspension and stating that their membership numbers were inaccurate and too high. They proposed to provide updated membership figures and pay their fee immediately. This was completed by day three. The representatives from the Colegio de Obstetras del Peru changed from observers to delegates and the Association was not put forward for suspension.

# 6. Update on ICM Triennial Congresses 2026 and 2029

Sally Pairman informed Council that in 2026, the 34th Triennial Congress will take place in Lisbon Portugal. ICM will co-host with the Member Association in Portugal, APEO.

In 2029 the 35th ICM Triennial Congress is scheduled to take place in Abu Dhabi in the UAE. ICM will co-host with the Midwives' Section of the Emirates Nursing Association.

#### **TEA BREAK**

# 7. ICM Core Documents Update

#### 7.1 ICM Core documents and Process for updating Core documents

Sally Pairman, ICM Chief Executive, presented the process by which ICM core documents are reviewed and provided to the Council for re-approval

# 8. IEC Explains the Election Process

The President invited Catherine Collins-Fulea, new chair of the independent Election Committee, to present the background, purpose and work of the independent Election Committee.

#### 8.1 Recommendation regarding the Vice President role

In the absence of any nominee for Vice President, the Independent Election Committee recommended that the new ICM Board (2023 – 2026): *The IEC recommends that the ICM Council notes that the ICM Vice President position remains vacant until a decision by the 2023-2026 ICM Board is taken.* 

#### 8.2 Presentation of candidates for the President role

The candidates for ICM President, Sandra Oyarzo Torres and Sylvia Hamata, presented themselves to Council.

The President thanked both candidates and noted that the vote would take place the following day.

# Day 3: 9 June 2023 09:00 - 14:00 WITA

### Welcome and start of meeting

The President welcomed everyone to the last day of Council.

She explained the voting process:

- The vote for President and the vote for the membership suspension would be a closed ballot.
- The ballots would be handed out to the Council delegates after the tea break. Every Association would receive two votes.
- The observers would be permitted to enter the room once the Council delegates were sitting.
- ICM Staff members would collect the ballots from delegates.
- Anna af Ugglas, from the Independent Election Committee, would oversee the counting. Two members of the ICM staff would count all the votes and two other members of staff would do a recount.
- The results would compared. If the results were the same the result would be brought to Council. If the results of both counts were not the same a further count would be completed by two different members of the ICM staff.
- After the vote was completed, Anna af Ugglas would be asked to confirm that the process was fair and correct.

While the votes were being counted Council proceeded with the vote for Regional Board Members and Treasurer by the show of hands.

9. Discussion on midwife-led continuity of care (MLCC): Why is this part of our professional framework?

A discussion on midwife led continuity of care took place. The notes of this discussion are provided in Appendix 3.

#### **TEA BREAK**

Delegates of each full Member Association present and eligible to vote received two ballots and were admitted to the room. The Observers entered the room after all Council delegates were seated.

# 10. Election of New Board

The President asked Anna af Ugglas to confirm that the vote was conducted and counted in good order and she confirmed this was the case.

#### 5.1. Voting Membership suspension

Before the vote commenced the President informed Council that Peru had been removed from the suspension list as they were able to submit proof of payment.

Council delegates were asked to submit their vote for the suspension.

- 1. I agree that that the membership rights of the Mexican Midwifery Association, National Association of Nigeria Nurses And Midwives (NANNM)-Midwives Association), Sri Lanka Nurse Midwives Association be suspended.
- 2. I agree that that the membership rights of the Mexican Midwifery Association, National Association of Nigeria Nurses And Midwives (NANNM)-Midwives Association, Sri Lanka Nurse Midwives Association be suspended for a period of six months, effective 9 June 2023.
- 3. I agree that that if the suspended Member Association has not paid its debt by conclusion of the suspension period, the association's membership of ICM will be terminated.

# Council voted by show of hands. The suspension item was agreed by a vast majority of votes.

10.1 Election of President & 5.1. Voting Membership suspension

Which nominee do you want to be the ICM President for the 2023-2026 Triennium?

Sandra Oyarzo Torres Sylvia Hamata Abstain

The ICM Head Office staff proceeded with collecting and counting the ballots. Anna af Ugglas from the independent Election Committee oversaw the process to ensure it was just and fair.

Before commencing with the counting Anna af Ugglas asked Council for their patience in the counting process.

While the votes were counted the President proceeded with the agenda.

10.2 Endorsement of Binding Proposals for Regional Board Members

The President asked Council delegates to endorse the Binding Proposals from the Regions by a show of hands.

**Africa** 

I endorse the binding proposal of the Africa Region that Olive Tengera be the Regional Board Member for the 2023-2026 Triennium

# Olive Tengera was endorsed unanimously to be one of the Regional Board Members for the 2023-2026 Triennium

#### **Americas**

I endorse the binding proposal of the Americas Region that Samara Ferrara be the Regional Board Member for the 2023-2026 Triennium

# Samara Ferrara was endorsed unanimously to be one of the Regional Board Member for the 2023-2026 Triennium

#### Eastern Mediterranean

I endorse the binding proposal of the Eastern Mediterranean Region that Farida Shah be the Regional Board Member for the 2023-2026 Triennium

# Farida Shah was endorsed unanimously to be one of the Regional Board Member for the 2023-2026 Triennium

#### Europe

I endorse the binding proposal of the Europe Region that Lia Brigante be the Regional Board Member for the 2023-2026 Triennium

# Lia Brigante was endorsed unanimously to be one of the Regional Board Member for the 2023-2026 Triennium

#### South-East Asia

I endorse the binding proposal of the South-East Asia Region that Laxmi Tamang be the Regional Board Member for the 2023-2026 Triennium

# Laxmi Tamang was endorsed unanimously to be one of the Regional Board Member for the 2023-2026 Triennium

#### Western Pacific

I endorse the binding proposal of the Western Pacific Region that Alison Eddy be the Regional Board Member for the 2023-2026 Triennium

# Alison Eddy was endorsed unanimously to be one of the Regional Board Member for the 2023-2026 Triennium

10.3 Introduction to Treasurer and ratification of the appointment

Andrew Otiko presented himself to Council.

The President proceeded with the ratification of Andrew Otiko as the ICM Treasurer.

I ratify the appointment of Andrew Otiko as the ICM Treasurer for the 2023-2026 Triennium

# Andrew Otiko was unanimously ratified as the ICM Treasurer for the 2023-2026 Triennium.

After the ratification the meeting was paused to await the results of the voting for the President. While waiting for the votes to be counted a photo of Council was taken and APEO presented on the 34th ICM Congress in Portugal, inviting everyone to join them in Portugal in 2026.

President of the Philippine League of Government and Private Midwives Inc., Philippines (Florminda Tejano) expressed her thanks to the President, the Board and the interpreters for running the meeting.

#### 10.4 Announcement of 2023 - 2026 ICM Board

Anna af Ugglas thanked the ICM Council for its trust and the ICM staff members who were involved in counting the votes. The process was thorough with 167 votes in total. There were two groups counting the votes and both groups came to the same numbers.

The President announced that Sandra Oyarzo Torres received 82 votes and that Sylvia Hamata received 79 votes. There were 6 abstentions.

# Council elected Sandra Oyarzo Torres as the ICM President for the 2023 – 2026 Triennium.

The President invited the new Board to present themselves to Council and explained that the term of the new Board would begin after the closing ceremony of Congress.

The President closed Council by wishing the new Board luck for their term and everyone a great and inspirational Congress.

#### Approved by ICM Council

Signature:

Date: 31 January 2024

Franka Cadée

**Chairperson Council 2023** 

Signature:

Date: 31 January 2024

Sally Pairman

**ICM Chief Executive** 

# Appendix 1

# Nominated Council Delegates

Member Association	Country	Name
Afghan Midwives Association AMA	Afghanistan	Pashtoon Zyaee
Afghan Midwives Association AMA	Afghanistan	Sabera Turkmani
Colegio de Obstétricas de la Provincia de Buenos Aires	Argentina	Nancy Edith Ale
Colegio de Obstétricas de la Provincia de Buenos Aires	Argentina	Myriam Elizabeth Aquino
The Australian College of Midwives	Australia	Joanne Gray
The Australian College of Midwives	Australia	Zoe Bradfield
Austrian Midwives Association	Austria	Stefanie Winkler
Austrian Midwives Association	Austria	Bernadette Brieskorn
Bangladesh Midwifery Society (BMS)	Bangladesh	Asma Khatun
Bangladesh Midwifery Society (BMS)	Bangladesh	Sangita Saha Prema
Belgian Midwives Association	Belgium	Geneviève Castiaux
Belgian Midwives Association	Belgium	Serena Debonnet
Association des sages-femmes	Benin	Bernadette Coco
Association des sages-femmes	Benin	Laurence Monteiro
Association Burkinabè des Sages- Femmmes et Maieuticien (ABSFM)	Burkina Faso	Blanche Zoungrana
Association Burkinabè des Sages- Femmmes et Maieuticien (ABSFM)	Burkina Faso	Boukari Semde
Association Burundaise Des Sages Femmes D'etat "Abusafe"	Burundi	Bernadette Nkanira

Burundi	Justin Mutabazi
Burundi	Augustin Harushimana
Burundi	Chanelle Nininahazwe
Cameroun	Armand Ngadang
Cameroun	Martha Ashu Egbe
Canada	CJ Blennerhassett
Canada	Heather Heinrichs
Chile	Eileen Estrada Aburto
Chile	Ana Cristina López Henríquez
China - Hong Kong Special Administrative Region	Lai Yin, Irene Lee
China - Hong Kong Special Administrative Region	Yuk Kuen, Sylvia Fung
Comoros	Fatima Halidani
Comoros	Zainaba Youssouf
Côte d'Ivoire	Awa DIALLO
	Burundi  Burundi  Cameroun  Cameroun  Canada  Canada  Chile  Chile  China - Hong Kong Special Administrative Region  China - Hong Kong Special Administrative Region  Comoros

Association des Sages Femmes Ivoiriennes	Côte d'Ivoire	Kottia Charlotte N'Draman
Midwives Association	Cyprus	Stella Leontiou
Midwives Association	Cyprus	Maria Panagiotou
Czech Chamber of Midwives	Czech Republic	Markéta Moravcová
Czech Chamber of Midwives	Czech Republic	Lenka Veselá
Czech Union of Midwives	Czech Republic	Markéta Scott Gasparová
Danish Midwives Association	Danmark	Lis Munk
Danish Midwives Association	Danmark	Mette Rotesan
National Midwife Association of Republic of Tajikistan	Tajikistan	Zarina Ibragimova
National Midwife Association of Republic of Tajikistan	Tajikistan	Sabohat Alieva
Federacion Nacional De Obstetrices/As Del Ecuador	Ecuador	Lorgia Marina Agila Atarihuana
Federacion Nacional De Obstetrices/As Del Ecuador	Ecuador	Yolanda Delma Cabezas Mina
Federacion de Asociaciones de Matronas de España, FAME	españa	Salomé Alvarez Rodriguez
Federacion de Asociaciones de Matronas de España, FAME	españa	Francisca Postigo Mota
Estonian Midwives Association	Estonia	Irena Bartels
Estonian Midwives Association	Estonia	Käthlin Vahtel
Ethiopian Midwives Association	Ethiopia	Solomon Hailemeskel Beshah
Ethiopian Midwives Association	Ethiopia	KIDIST ESHETU
Fiji Midwifery Society	Fiji	Vakaloloma Tagiyaco

Fiji Midwifery Society	Fiji	Eleni Kata
The Federation of Finnish Midwives	Finland	Päivi Oinonen
The Federation of Finnish Midwives	Finland	Mariette Pontán
College National des Sages femmes de France	France	Adrien Gantois
College National des Sages femmes de France	France	Laurent Gaucher
Société française de maïeutique	France	Christine Morin
Société française de maïeutique	France	Claudine Schalck
Association des sage-femmes du Gabon (ASFG)	Gabon	Anita Ikogou
Association des sage-femmes du Gabon (ASFG)	Gabon	Edith Mendome Nze
National Association of Gambia Nurses and Midwives	Gambia	Baboucarr Cham
National Association of Gambia Nurses and Midwives	Gambia	Bakary Sanneh
DHV Deutscher Hebammenverband e.V.	Germany	Judith Otter
DHV Deutscher Hebammenverband e.V.	Germany	Ulrike Geppert-Orthofer
Ghana Registered Midwives Association	Ghana	Netta Forson
Ghana Registered Midwives Association	Ghana	Fredrica Hanson
Hellenic Midwives Association	Greece	Sofia Georgantzi
Hellenic Midwives Association	Greece	Antigoni Sarantaki
Asociación de Parteras Profesionales de Guatemala	Guatemala	Gabriela Meléndez Peláez

Asociación de Parteras Profesionales de Guatemala	Guatemala	Silvia Aldana
Association des Sages Femmes d'Haiti	Haïti	Yves Carmelle Fanfan
Association des Sages Femmes d'Haiti	Haïti	Durosier Jowelle Regis
association of Hungarian midwives	Hungary	Bihary Eniko
association of Hungarian midwives	Hungary	Finna Timea
The Icelandic Midwives Association	Iceland	Unnur Berglind Fridriksdóttir
The Icelandic Midwives Association	Iceland	Kristbjörg Magnúsdóttir
Society of Midwives India	India	Mitali Adhikari
Society of Midwives India	India	Manasi Jana
Indonesian Midwives Association	Indonesia	Jubaedah, S.SiT, MM, MKM Dr. Ade
Indonesian Midwives Association	Indonesia	Supradewi, MKM Dr. Indra
Iran Scientific Association of Midwifery	Iran	Nahid Khodakarami
Iran Scientific Association of Midwifery	Iran	Farah Babaei
Irish Nurses and Midwives Organisation	Ireland	Lynda Moore
Irish Nurses and Midwives Organisation	Ireland	Audrey Horan
Israel Midwives Association	Israel	Yifat Rubanenko
Israel Midwives Association	Israel	Gila Zarbiv
Japan Academy of Midwifery	Japan	Hiroko Watanabe
Japan Academy of Midwifery	Japan	Erika Ota
Japanese Midwives Association	JAPAN	Yoko Shinpuku

Japanese Midwives Association	JAPAN	KUMIKO Adachi
Japanese Nursing Association	Japan	Kumiko Yoshikawa
Japanese Nursing Association	Japan	Hiroko Imoto
Midwives Association of Kenya (MAK)	Kenya	Teckla Kemboi-Ngotie
Midwives Association of Kenya (MAK)	Kenya	Amos Getanda
Independent Midwives Association Lesotho	Lesotho	Nelly Fobo
Independent Midwives Association Lesotho	Lesotho	Mamoshoeshe Matlotlo
Association Luxembourgeoise des Sages-Femmes	Luxembourg	Kristel Von Laufenberg
Association Nationale des Sages Femmes de Madagascar	Madagascar	Juste Yolande RABESATA
Association Nationale des Sages Femmes de Madagascar	Madagascar	Voahangy RAMAHAVONJY
Association of Malawian Midwives	Malawi	Mumudelanji Lipato
Association of Malawian Midwives	Malawi	Ann Phoya
Association des sage-femmes du Mali	Mali	Aoua GUINDO
Association des sage-femmes du Mali	Mali	Kadiatou KONE
Malta Midwives Association	Malta	Pauline Fenech
Malta Midwives Association	Malta	Mary Buttigieg Said
Association Marocaine des Sages- Femmes	Maroc	TOURIA HARRIZI
Association Marocaine des Sages- Femmes	Maroc	Naima Rouani
Association Nationale des Sages Femmes au Maroc	Maroc	Rachida Fadil

Association Nationale des Sages Femmes au Maroc	Maroc	Naima Kalali
Asociación de arteras profesionales a la vanguardia	México	Lucia Illescas Correa
Asociación de arteras profesionales a la vanguardia	México	Paula Guevara Lara
Mongolian Midwives Association	Mongolia	Davaasuren Serdamba
Mongolian Midwives Association	Mongolia	Burmaa Chuluudai
Independent Midwives Association of Namibia - IMANA	Namibia	Sylvia Hamata
Independent Midwives Association of Namibia - IMANA	Namibia	Tekla Shiindi-Mbidi
Midwifery Society of Nepal	Nepal	Goma Devi Niraula Shrestha
Midwifery Society of Nepal	Nepal	Laxmi Tamang
New Zealand College of Midwives	New Zealand	Nicole Pihema
New Zealand College of Midwives	New Zealand	Alison Eddy
Norwegian Midwife Association NNO	Norway	Veronica Kolstrup
Norwegian Midwife Association NNO	Norway	Hanne Charlotte Schjelderup
The Norwegian Association of Midwives	Norway	Lena Henriksen
The Norwegian Association of Midwives	Norway	Karolina Mæland
Midwifery Association of Pakistan	Pakistan	Rafat Jan
Midwifery Association of Pakistan	Pakistan	Musarrat Rani
Papua New Guinea Midwifery Society	Papua New Guinea	Mary Sitaing
Papua New Guinea Midwifery Society	Papua New Guinea	Julie Kamblijambi Kep

Asociacion De Obstetras Del Paraguay	Paraguay	Sandra Elizabeth Lopez Benitez
Asociacion De Obstetras Del Paraguay	Paraguay	Luz Maria Torres Adorno
Colegio De Obstetras Del Perú (starting from day 3 of Council)	Perú	Mimi Lily Rojas Silva
Colegio De Obstetras Del Perú (starting from day 3 of Council)	Perú	Mirian Teresa Solis Rojas
Integrated Midwives Association of the Philippines, Inc.	Philippines	Dionica Saquilon
Integrated Midwives Association of the Philippines, Inc.	Philippines	Patricia Gomez
Philippine League of Governement and Private Midwives, Inc.	Philippines	Florminda Tejano
Philippine League of Governement and Private Midwives, Inc.	Philippines	Cecilia Santos
APEO-Associação Portuguesa dos Enfermeiros Obstetras	Portugal	Isabel Ferreira
APEO-Associação Portuguesa dos Enfermeiros Obstetras	Portugal	Arminda Pinheiro
Association Des Sages Femmes De Guinee (Asfegui)	République De Guinee	Adama Manyan Conde
Association Des Sages Femmes De Guinee (Asfegui)	République De Guinee	Hawa Keita
Societe Congolaise De La Pratique Sage-Femme	Republique Democratique Du Congo	Ambrocckha Kabeya Wa Nshimba
Societe Congolaise De La Pratique Sage-Femme	Republique Democratique Du Congo	Annie Tshiamala Kabambi
Independent Midwives Association	România	Melania Elena Tudose

Independent Midwives Association	România	Mihaela Corina Radu
Rwanda Association Of Midwives	Rwanda	Josephine Murekezi
Rwanda Association Of Midwives	Rwanda	Oliva Bazirete
Saudi Association of Midwifery	Saudi Arabia	Mona Bukhari
Saudi Association of Midwifery	Saudi Arabia	Ibtesam Jahlan
Association nationale des sages- femmes d'état du Sénégal	SENEGAL	NDEYE BIGUE BA
Association nationale des sages- femmes d'état du Sénégal	Senegal	Marie Anne Bigue Sarr
Sierra Leone Midwives Association	Sierra Leone	Edwina Conteh
Sierra Leone Midwives Association	Sierra Leone	Hannah Cole
Nurses And Midwives Association of Slovenia	Slovenia	Tita Stanek Zidarič
Nurses And Midwives Association of Slovenia	Slovenia	Karolina Kovač
The Swedish Association of Midwives	Sweden	Eva Nordlund
The Swedish Association of Midwives	Sweden	Malin Bogren
Schweizerischer Hebammenverband (Swiss Confederation of midwives)	Switzerland	Petra Graf Heule
Taiwan Midwives Association	Taiwan R.O.C.	Chen-Huei Kao
Taiwan Midwives Association	Taiwan R.O.C.	Su-Chen Kuo
KNOV	The Netherlands	Maaike van Rijn
KNOV	The Netherlands	Rosanne van der Sterre- Poolen
ASSAFETO	TOGO	Ladi Dikeni TCHAGNAO SOUROU

ASSAFETO	TOGO	Ajoa Héloïse ADANDOGOU Epouse D'ALMEIDA
Trinidad and Tobago Association of Midwives	Trinidad and Tobago	Nicole Reece-James
Trinidad and Tobago Association of Midwives	Trinidad and Tobago	Marcia Rollock
Association tunisienne des sages femmes	Tunisie	Mounira Mahfoudhi
Association tunisienne des sages femmes	Tunisie	Soufia Jellali
Midwives Association of Turkey	Turkey	Nazan Karahan
Midwives Association of Turkey	Turkey	Burcu Yurtsal
Association for Education, Research and Development in Midwifery (AERDM)	Türkiye	Ayşegül Dönmez
National Midwives Association of Uganda	Uganda	Annette Evelyn Kanyunyuzi
National Midwives Association of Uganda	Uganda	Emilly Likico
Uganda Nurses and Midwives Union	Uganda	Rose Ameede
Uganda Nurses and Midwives Union	Uganda	Justus Kiplangat Cherop
Uganda Private Midwives Association	Uganda	Molly Eriki
Uganda Private Midwives Association	Uganda	Sarah Namyalo
Emirates Nursing Association	United Arab Emirates	Hayat AlHossani
Midwives at the Royal College of Nursing. UK	United Kingdom	Yvonne Bronsky
Midwives at the Royal College of Nursing. UK	United Kingdom	Jess Read

The Royal College of Midwives	United Kingdom	Gill Walton
The Royal College of Midwives	United Kingdom	Mervi Jokinen
American College of Nurse-Midwives	United States of America	Heather Clarke
American College of Nurse-Midwives	United States of America	Cathy Collins-Fulea
Midwives Alliance of North America	United States of America	Wendi Cleckner
Midwives Alliance of North America	United States of America	Colleen Donovan-Batson
Asociación Obstétrica del Uruguay	Uruguay	Sylvia Alejandra Sosa Bordoli
Asociación Obstétrica del Uruguay	Uruguay	Gladys Beatriz Idiart Gonzalez
National Association of Certified Professional Midwives	USA	Tigist Ejeta
National Association of Certified Professional Midwives	USA	Meredith Bowden
Midwives Association of Zambia	Zambia	Sarah Nyirongo Ngoma
Midwives Association of Zambia	Zambia	Concepta Namukolo Kwaleyela
Zimbabwe Confederation of midwives	Zimbabwe	Lilian Dodzo
Association nationale des sages- femmes du Congo	Congo	Marie Fanny LOLO DICOCO NSIMBA
Association nationale des sages- femmes du Congo	Congo	Ndoulou vichal Derve - Ngoyo Adouma née Ouampana

# Nominated Council Observers

Member Association	Country	Name
The Australian College Of Midwives	Australia	Helen White
The Australian College Of Midwives	Australia	Alison Weatherstone
Bangladesh Midwifery Society (BMS)	Bangladesh	Arafin Happy Mim
Bangladesh Midwifery Society (BMS)	Bangladesh	Toma Ray
Association Burkinabè des Sages- Femmes et Maieuticiens (ABSFM)	Burkina Faso	Yvette Ouedraogo
Association Burkinabè des Sages- Femmes et Maieuticiens (ABSFM)	Burkina Faso	Boureima Kobré
MAA	Burundi	Muriella Kanyambo
MAA	Burundi	Parfait Iradukukunda
Ethiopian Midwives Association	Ethiopia	Hinsermu Bayu
Ethiopian Midwives Association	Ethiopia	Belayneh Ayanaw
Ghana Registered Midwives Association	Ghana	Gifty Baidoo
Ghana Registered Midwives Association	Ghana	Edith Niber
AGUIPEO	Guiné-Bissau	Titina Lopes Gomes
AGUIPEO	Guiné-Bissau	Beti Co
Society Of Midwives India	India	Rohini Mahendra Nagare
Society Of Midwives India	India	Asha Vinod Bhat
Indonesian Midwives Association	Indonesia	Nunik Endang Sunarsih
Indonesian Midwives Association	Indonesia	Ike Kurnia

Indonesian Midwives Association (Young Midwives Leaders Programme)	Indonesia	Feri Anita Wijayanti		
Iran Scientific Association of Midwifery	Iran	Leila Hadipour Jahromy		
Iran Scientific Association of Midwifery	Iran	Farzaneh Golboni		
Irish Nurses and Midwives Organisation	Ireland	Mary Fogarty		
Japanese Nursing Association	Japan	Hanae Miyawaki		
Midwives Association of Kenya	Kenya	Eunice Atsali		
Midwives Association of Kenya	Kenya	Catherine Vugutsa		
Association Marocaine des Sages Femmes	Maroc	Najat Ababsi		
Association Marocaine des Sages Femmes	Maroc	Touria Harrizi		
Midwifery Society of Nepal	Nepal	Prasansha Budha		
Midwifery Society of Nepal	Nepal	Maiya Shova Manandhar		
New Zealand College of Midwives	New Zealand	Karen Guilliland		
New Zealand College of Midwives	New Zealand	Sue Bree		
Norwegian Midwife Association NNO	Norway	Christina Nordkvelde		
Colegio De Obstetras Del Perú	Perú	Miryam Griselda Lora Loza		
Integrated Midwives Association of the Philippines, Inc.	Philippines	Elda Cordero		
Integrated Midwives Association of the Philippines, Inc.	Philippines	Corazon Paras		

Societe Congolaise De L Pratique Sage-Femme	Republique Democratique Du Congo	Glorianna Mushiya Tumba		
Societe Congolaise De L Pratique Sage-Femme	Republique Democratique Du Congo	Marianne Lusinga Kubasala		
Rwanda Association Of Midwives	Rwanda	Olive Tengera		
Rwanda Association Of Midwives	Rwanda	Andre Ndayambaje		
SLNMA	Somaliland	Jamad/ Khadra Jama		
SLNMA	Somaliland	Huda Elmi		
Society of Midwives of South Africa (SOMSA)	South Africa	Margreet Wibbelink		
The Swedish Association of Midwives	Sweden	Anna af Ugglas		
The Swedish Association of Midwives	Sweden	Li Thies-Lagergren		
Facilitator ICM Strategic Session	Switzerland	Petra ten Hoope Bender, UNFPA		
Midwives Association of Tajikistan	Tajikistan	Sabokhat Alieva		
Midwives Association of Tajikistan	Tajikistan	Dilrabo Dilrabo		
Caribbean Regional Midwives Association	Trinidad	SHIRLEY CURTIS		
Trinidad and Tobago Association of Midwives	Trinidad and Tobago	Tracy Osmond- Ashton		
Association Tunisienne des sages femmes	Tunisie	ABIR Abidi		
Association Tunisienne des sages femmes	Tunisie	Mariem Jebali		
National Midwives Association Of Uganda	Uganda	Mercy Muwema Mwanja		

National Midwives Association Of Uganda	Uganda	Janefrances Acam		
The Royal College of Midwives (Binding Proposal Regional Board Member	United Kingdom	Lia Brigante		
The Royal College of Midwives	United Kingdom	Birte Harlev-Lam		
The Royal College of Midwives	United Kingdom	Joy Kemp		
American College of Nurse-Midwives	United States	Nikia Grayson		
American College of Nurse-Midwives	United States	Lisa Kane Low		
National Association of Certified Professional Midwives	USA	Keisha Goode		
Midwives Association of Zambia	Zambia	Margaret Maimbolwa		
Midwives Association of Zambia	Zambia	Mulima Litiya		
ICM Staff		Sally Pairman, Chief Executive		
ICM Staff		Helen Kirkpatrick, Head of Organisational Projects		
ICM Staff		Nikkie Yeaman, Head of Operations and Finance		
ICM Staff		Jacqueline Dunkley-Bent, Chief Midwife		
ICM Staff		Everlyne Rotich, Head of Midwives' Team		
ICM Staff		Leefke Hinderlich, Governance Manager		
ICM Staff		Justine Laurent, Membership and Operations Coordinator		

ICM Staff	Rebecca Dahl, Interim Communications Lead
ICM Staff	Liselotte Kweekel, Midwife Advisor
ICM Staff	Mandy Forrester, Midwife Advisor
ICM Staff	Erin Ryan, Midwife Advisor
Global Health Vision	Savannah Russo

# Appendix 2

#### **Action List**

Agenda item	Action number	Action	Timeline
7.1	1	ICM will add the reviewed and approved documents to the ICM Website.	2023
7.1	1	In the next review of core documents, ICM will keep the track changes in the documents to make sure that Council can follow the changes.	2024

# Appendix 3

#### Notes of discussion on MLCC

- Obstetrics is an intervention, not a model of care.
- Midwifery is a model of care because it is a way of working it has a
  philosophical base that makes women the focus of care, supports normal
  physiological processes and recognizes childbirth as a life event, not an illness.
- STAGE = Strategic and Technical Advisory Group for maternal, newborn, child and adolescent health. It is a global committee that advises the Director General of the World Health Organization, Dr Tedros.
- STAGE has established a working group on midwifery-led care co-chaired by Sally Pairman (ICM Chief Executive) and Jane Sandall (UK midwife researcher). By end of 2023 the Midwifery Working Group is expected to have developed an implementation guide for countries that wish to transition to a midwifery model of care.
  - The guidance will outline the importance of:
    - Need for a defined and legislated Scope of Practice for midwives and authority for midwives to practise autonomously across the scope of practice.
    - Educated, regulated midwives.
    - Work environment that supports midwives
      - pay, recognition, respect, integration of midwife services into wider maternity services with referral pathways, policy framework support
  - Midwife-led continuity of care model will achieve best outcomes for mothers and babies, but this is not likely to be the first development countries will make. Many countries will need to start with defining the

- midwife scope of practice in law and regulation and supporting midwives to work across that full scope of practice autonomously.
- Significant that WHO is recommending to countries to establish midwifeled model of care. This is because there is much evidence to show that midwife-led care will improve outcomes for mothers and newborns and decrease preventable maternal and newborn mortality.
- Midwife-led models of care place women at the centre of care with the right to make decisions about their care. Midwives stand beside women to help women be confident in themselves, in their bodies etc.
- MA Spain asked if mortality rates are perceived to be low because of obstetric intervention, what are the arguments to promote midwife-led care?
  - "too little too late, too much too soon" are common problems across the world. Unnecessary intervention costs the health system too much and can lead to morbidity. Morbidity needs to be addressed as well as mortality. Also, women's satisfaction with maternity services.
- MA Pakistan increasing population and increasing maternal and newborn mortality; uneven access to maternity services because of geography in Pakistan. Midwives expected to do more outside of scope because they are the ones who have more access to women, eg. Vaccinations. Breastfeeding is part of a midwife's scope of practice. Midwives have an important role in humanitarian support.
- Unknown speaker all women and families need to know about midwives and midwifery philosophy and approach to care. Women need to understand impact of medicalisation on their births. Caesarian sections decrease midwives' role. Midwifery is an autonomous profession with a distinct role that is different to other professions. Women need to understand benefit of midwifery care.
- MA Philippines Have had midwife-led birthing centres for several years –
  providing continuity of care and free services to women, including family
  planning. Midwifery students get good clinical experience in these midwife-led
  birthing centres. Referral systems are necessary for women who need it. There
  are challenges in getting midwives properly paid and policies are not
  implemented consistently everywhere.
- MA India Government has initiated establishing a midwife cadre- nurse practitioner midwife working in midwife-led units. All normal births will be attended by midwives. Complicated cases will go to obstetricians. Midwife-led antenatal clinics have not yet begun.
- MA Portugal similar reality to Spain with low maternal and newborn mortality thought to be achieved because all women went to hospital for birth, but no understanding that mortality is increasing again because of medicalization.
   Portugal provides an example that the obstetric intervention model is not the answer. morbidity invisible.
- MA USA Women's satisfaction with birth is an important outcome. Government has triple aim improve outcomes, reduce costs and improve satisfaction.

- Obstetric care is not the answer. STAGE Midwife Working Group needs to include satisfaction as an outcome to be highlighted.
- MA Uganda midwife-led care has been in place for many years because midwives manage a mother's care at all levels of maternity service primary to tertiary. Despite this medicalization is increasing. The "midwives' project" (in collaboration with Swedish midwives) is trying to bring back midwife skills such as labour and birth positions. Some women are happy with this care and are becoming ambassadors for midwife-led care. However, some women ask for obstetric-led care because they want pain relief and caesarian sections and do not understand other implications. Trying to educate more women on the issues, encouraging informed decision -making regarding models of care. Currently looking at scaling up this approach. Challenges of low resource countries is infrastructure. Scope of midwife practice needs to be considered eg doing ultrasound scans to assist assessment. MW-led care is more cost-effective model.
- MA Malawi Midwife-led model of care in place but now midwives need capacity building. Women need more privacy. There is a shortage of midwives. Need ultrasound access. Need to better inform women in urban areas. Shortage of midwives linked to caesarian increase because there is no one to care for women, Caesarian section is becoming normalised. Need support to roll out enabling environment.
- MA Zambia are we considering having midwife consultants to undertake some obstetric procedures? Junior midwives should be able to refer to midwife consultants first before obstetricians.
- MA New Zealand fully funded midwife-led continuity of care model has been in place for over 30 yrs. Midwives working in these models show greater satisfaction (research done in N2, Sweden and UK). Workforce shortages are in hospitals more than in the community. Indigenous Maori midwives caring for indigenous women show better outcomes than national statistics. Working in a continuity of care model is sustaining for midwives
- MA Indonesia Midwifery Act establishes scope of practice. Ministry of Health
  decree sets competency standards, overlap between midwifery, nursing and
  medicine is discussed and scopes and competencies are agreed. Midwives
  provide 82% of antenatal care, 41% is in private midwifery clinics. 62.7% of
  normal births attended by midwives, 20% in private midwife clinics. Midwives can
  claim from national health insurance. 40,000 midwives run their own clinics in
  groups of 3 or 4. Clear scopes of work between midwives, nurses and doctors.
  Nurses not allowed to help at births.
- MA France measuring impact of postpartum depression article published.
- MA Denmark have worked with midwifery models for many years. Have started known midwife care - important to emphasise satisfaction of midwives this model -will have positive effect on midwife workforce retention.
- MA USA continuity of care meets what women are asking for, midwives more satisfied, midwives provide social support. USA - perinatal depression and drug

- overdose are leading causes of maternal death. Need to emphasise support from communities. Fear caused by medicalisation Black women have higher risk of death. Midwife-led care can reduce fear.
- MA Argentina professional practice law and competencies. Midwives are
  autonomous, work in groups. Medical model dominates and doesn't respect
  non-intervention. Midwives experience violence in the maternity system. Midwife
  education is at degree level and separate from nursing need support to retain
  control of own profession and education.
- MA Tunisia medicalisation high rates of caesarians. Regulation is not strong.
   Midwife education 3- 6 years. Worried that 6 years is too long.
- MA Morocco 2 systems public health 80% of midwives working with doctors; obstetric hospitals. Lots of challenges midwife shortages. Morocco has consortium for rights for women to sexual and reproductive health. Doctors have too much control. Medicalisation is high. Midwives not autonomous. Caesarian sections for convenience.
- MA Ireland Maternity strategy since 2016, included women in development.
   Women want midwives and midwife-led care. National satisfaction survey shows high satisfaction with midwife models and home births. Obstetricians dominate.
   Continuity of care is satisfying for midwives, but it is still not in place fully in Ireland.
- MA Burundi please come to Burundi with your experiences.
- MA Estonia uses all ICM core documents. Grateful for their support.
- MA Papua New Guinea 10 million people. Since 2012 have had MCH programme with support of Australian and N2 midwives. 6 levels of care: 1- 4 continuity of care, midwife-led care in community, heath centres, referral hospitals; 5- 6 medical intervention and not enough midwives. Want midwifery models here. Midwife students get continuity of care experiences in their education.
- MA Philippines Enabling environment necessary midwives, support
  of community, facilities if woman needs higher intervention, policies/laws
  required. Midwives save lives.
- MA Spain Fighting for midwife-led care but lack of professional midwives being used by government as excuse not to support.
- MA Canada Indigenous midwives continuity of care. Colonisation has caused poor outcomes and trauma. Indigenous midwives partnering with non-indigenous midwives have improved quality of care. Continuity important. Many indigenous midwives not eligible for registration.
- MA Ghana Midwife model of care for many years. Midwives need supportive supervision, enabling environment, referral systems. Midwives required to refer to physician assistants, not obstetricians. Need stronger guidelines on this from WHO. Need midwife consultants.
- MA Japan place of birth is mainly hospital and clinics. Midwives proposing midwife-led care in hospitals and using information from other countries.

- MA Germany opportunities for midwife-led care this year in Germany. The
  Association knows what midwives can contribute and what the Association
  needs to do. But only the Association is asking critical questions that
  Government needs to answer.
- MA Nepal WHO's voice is heard by Government. Appreciates focus on midwifeled care and continuity of care. Study in Nepal has led to decision to start a midwife-led unit. Have also established midwife-led antenatal care clinic that has helped convince Government. International advocacy of ICM is very important.

#### Key themes

- Midwifery is a model of care because it is a way of working it has a
  philosophical base that makes women the focus of care, supports normal
  physiological processes and recognizes childbirth as a life event, not an illness.
  Obstetrics is an intervention, not a model of care.
- Maternity services need to address maternal and newborn mortality and morbidity as well as women's satisfaction. Unnecessary intervention costs the health system too much and can lead to morbidity.
- Women need to understand impact of medicalisation on their birth outcomes and satisfaction. Women need to understand the midwife scope of practice and benefit of midwifery care.
- Midwifery is an autonomous profession with a distinct role that is different to other professions.
- Challenges of low resource countries is infrastructure. Need enabling environment, including legislated midwife scope of practice.
- Referral systems essential. Midwife to midwife consultant and also direct referral and consultation line to obstetrician.
- Midwives need to control the midwifery profession, including midwifery education. Self-regulation essential.
- Working in a continuity of care model is satisfying and sustaining for midwives helps retain midwife workforce.
- Medicalisation leads to fear. Midwife-led care can reduce fear.
- Advocacy important.
- ICM's Core documents provide essential guidelines.