



REGIONAL OFFICE FOR THE WESTERN PACIFIC  
BUREAU REGIONAL DU PACIFIQUE OCCIDENTAL

REGIONAL COMMITTEE

WPR/RC60/NGO/18

Sixtieth session  
Manila, Philippines  
21-25 September 2009

24 September 2009

ORIGINAL: ENGLISH

Agenda item 15

STATEMENT BY THE INTERNATIONAL CONFEDERATION  
OF MIDWIVES

By Ms Sylvia Fung

The International Confederation of Midwives agrees to the recommendation (5) “to train and retain adequate numbers of health workers, with appropriate skill mix”. ICM reiterated that “the world needs midwives, now more than ever”. It is estimated that, worldwide, more than 330,000 additional midwives are urgently needed.

Primary Carer

Midwife is the lead professional in caring of women during childbearing and childbirth. WHO (2005) states that childbirth is easily over-medicalized. There is epidemic of unnecessary caesarean sections with potential for unintended adverse consequences for both mother and infant. Midwife will promote, as the primary carer, childbirth practices that enhance the normal physiological processes of labour and birth as well as incorporate the psychological, spiritual and cultural aspects of this life event.

Strengthening Competence

On the other hand, midwife must understand and implement life-saving skills, including the use of technology in a timely and appropriate manner when there is a clear and imminent danger to the health of the women or their newborns.

The quality of midwifery practice will depend on the competence of our midwives. Midwifery education varies tremendously among countries in Asia. The duration of these training programmes ranges from 3 months to 3 years. The academic entry requirement also differs from 9<sup>th</sup> grade to university entry levels. In this regard, ICP has formulated Essential Competencies for Basic Midwifery Practice. This ensures that curricula could enable midwife graduates acquire the knowledge, skills and attitudes necessary.

ICP would like to congratulate WHO in establishing the South-East Asia Nursing and Midwifery Educational Institution Network (SEANMEIN) to improve the quality of nursing and midwifery education, also in the formulation of Guidelines on Quality Assurance and Accreditation of Nursing and Midwifery Educational Institutions.

Formulating Regulation and Policy

ICM has worked on the five major direct causes of maternal death, viz. post-partum haemorrhage, unsafe abortion, sepsis, obstructed labour and hypertensive disease of pregnancy. ICP attempts to equip midwives with skills on active management of 3<sup>rd</sup> stage and emergency management of PPH. ICM supports improving “access to appropriate medicines, health products and technologies”. Midwives in New Zealand can prescribe full range of pharmaceuticals to mothers and newborns up to 6 weeks, including uterotonics, pain relief, vitamins, contraceptives and antibiotics. However, some countries, especially those resource poor countries, do not allow midwives to prescribe or even to administer oxytocics, and mothers die as a result. ICM urges Regulatory Bodies to instate review the prescription authority for midwives, at least on life-saving interventions.

### Conclusion

ICP supports WHO's visionary leadership to prepare the Strategic Directions for 2009-2015 in Strengthening Nursing and Midwifery Services. We shall continue to participate in this meaningful move.