

Meeting needs of childbearing women and newborn infants through strengthened midwifery

Wherever women and babies are, whatever their circumstances or the health system in place, their survival, health, and wellbeing can be improved by midwifery care, as clearly shown in the *Lancet* Midwifery Series. Together with The State of the World's Midwifery 2014¹ and Every Newborn Series, this Series honours progress achieved, delineates needed next steps, and identifies tremendous potential for further health gain. The key messages warrant international attention and action to ensure that all women give birth with dignity and safely, and that everyone receives quality care at the beginning of life.

What do women want from their maternity care? The meta-syntheses reviewed for this Series² found that women desire respectful, clinically competent care. They value good communication, high-quality information, having a sense of control, and the ability to participate in their care and make choices. They want trusting relationships with care providers who are sensitive to their personal and cultural needs. These qualities map closely to the International Confederation of Midwives (ICM) Key Midwifery Concepts³ and to the Series definition of midwifery practice.²

In national surveys, childbearing women overwhelmingly trust that their maternity-care providers and systems reliably deliver quality care.^{4,5} Maternity care systems worldwide must meet their fiduciary responsibilities to address widespread issues identified in the Series, including failure to provide quality midwifery care consistently; the risk, and waste, of using medical procedures too liberally; use of practices without proven benefit; disrespectful, distressing treatment; and associated preventable morbidity and mortality.

A primary care model is appropriate for most childbearing women and newborn infants who are healthy and at low risk of complications. However, the global trend is for increased use of specialised maternity care, regardless of need. ICM's Essential Competencies for Basic Midwifery Practice align the scope of midwifery practice with a primary care model, including "preventative measures, the promotion of normal physiologic labour and birth, the detection of complications, the accessing of medical care or

other appropriate assistance and the carrying out of emergency measures"³—all closely related to the Series definition of midwifery.² Similarly, the ICM scope of practice states that "a midwife may practise in any setting including the home, community, hospitals, clinics or health units",³ enabling matching of women to their level of need, their preferred setting, or available care options.

This Series emphasises that optimising normal biopsychosocial processes is a core element of midwifery care. Pharmacological and surgical interventions, use of breast-milk substitutes, and other deviations from normality should be reserved for indications with a strong evidence base and not used liberally or routinely with healthy women and babies. Growing bodies of evidence clarify that such care is prudent, if not critical. Care that promotes, supports, and protects innate, hormonally driven, physiological processes optimises labour, birth, breastfeeding, and attachment, assisting women and newborn infants during these immense perinatal life transitions, whereas medical interventions often disrupt these processes.⁶⁻⁸ Various scientific frameworks find heightened sensitivity during this period of rapid

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development, with long-term implications for women's and babies' health. These include the developmental origins of health and disease,⁹ life course health development,¹⁰ the human microbiome,¹¹ and epigenetics.^{12,13} Scientific evidence on unintended adverse effects, and the potential for further harms, point to the wisdom of the precautionary principle¹⁴ and limiting deviation from evolution-refined, inter-orchestrated, physiological processes.

Midwifery skills and knowledge have been devalued or lost in the medical model of care that predominates in many countries and metropolitan areas. The Series case studies from Brazil, China, and India (which collectively account for 35% of births globally) show the adverse effect of maternity care without quality midwifery.² Women and newborn infants must have access to essential midwifery competencies that limit need for remedial interventions. These competencies include labour support measures for progress, comfort, and emotional nurturing; hand manoeuvres for vertex and breech birth; lactation support from pregnancy onward; and post-partum care that enhances adaptation, attachment, and breastfeeding.³

Series authors clarify that midwives and others, including physicians and nurses, can practise midwifery,² but that potential benefit is limited when health-care workers lack midwifery skills and education. A shared foundation of understanding about these competencies and physiological processes among all maternity-care providers would help to ensure that such care is reliably provided within high-performing systems. Outcomes are enhanced when care is led by midwives who are educated, licensed, regulated, integrated in the health system, and working in interdisciplinary teams, with ready access to specialised care when needed. We endorse this proven model.

Some high-income countries disproportionately influence global maternity-care practice and systems. The influence occurs through training of health personnel, journals, research programmes, and medical industries that promote profitable products. Much of the effect is positive, but overuse of a medicalised approach and undermining of midwifery are harmful. They damage established midwifery systems and create barriers to development, restoration, and strengthening of quality midwifery care. For the sake of global maternal and newborn wellbeing, policy makers

and funders must not overlook maternity care quality improvement in nations with outsized worldwide effect.

The timely Series on Midwifery builds on work toward the Millennium Development Goals and contributes to development of the post-2015 agenda. Scaling up quality midwifery would greatly accelerate the present momentum for reaching maternal and child health goals. Rapid gains in care, health, and value for investment are within reach.

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