



GLOBAL PRESS RELEASE

Investment in midwifery can save millions of lives of women and newborns
New report reveals major gaps in midwives' services in 73 high-burden countries

PRAGUE, CZECH REPUBLIC (3 June 2014) – A report released today by UNFPA, the United Nations Population Fund together with the International Confederation of Midwives (ICM), the World Health Organization (WHO) and partners reveals that major deficits in the midwifery workforce occur in 73 countries where these services are most desperately needed. The report recommends new strategies to address these deficits and save millions of lives of women and newborns.

The 73 African, Asian and Latin American countries represented in the [State of the World's Midwifery 2014: A Universal Pathway – A Woman's Right to Health](#) suffer 96 per cent of the global burden of maternal deaths, 91 per cent of stillbirths and 93 per cent of newborn deaths, but have only 42 per cent of the world's midwives, nurses and doctors. The report urges countries to invest in midwifery education and training to contribute to closing the glaring gaps that exist. Investments in midwifery education and training at agreed international standards can yield – as a study from Bangladesh shows – a 1,600 per cent return on investment.

"Midwives make enormous contributions to the health of mothers and newborns and the well-being of entire communities. Access to quality health care is a basic human right. Greater investment in midwifery is key to making this right a reality for women everywhere," said Dr. Babatunde Osotimehin, UNFPA Executive Director.

Midwives have a crucial role to play in the achievement of the Millennium Development Goals (MDGs) 4 (decrease child death) and 5 (increase maternal health). When educated to international standards and within a fully functional health system, they can provide about 90 per cent of the essential care to women and newborns and can potentially reduce maternal and newborn deaths by two thirds. Despite a steady decline in maternal deaths in the 73 countries that are covered in the report – dropping yearly by 3 per cent since 1990 – and newborn deaths – decreasing by 1.9 per cent per year since 1990 – there is more these countries need to do to address the severe shortage of midwifery care.

"Midwives are central to midwifery care and the lives of women and newborn babies. The report precedes the Lancet Special Series on Midwifery, which together with the report will provide the evidence to guide all policy-makers in their quest to end preventable maternal and newborn deaths," said ICM President Frances Day-Stirk.

The report, launched at the 30th ICM Triennial Congress in Prague, Czech Republic highlights the progress made since the inaugural 2011 report and solutions to the barriers outlined in four key areas: availability, accessibility, acceptability and quality of midwifery services: A number of countries have effectively strengthened midwifery and improved access: Nearly half (45 per cent) of the 73 countries have implemented measures to retain midwives in remote areas and 28 per cent are increasing the recruitment and deployment of midwives, while 20 per cent have implemented new codes of practice and 71 per cent have improved information collection enabling countries to address shortages and education standards.



Despite progress, inequities such as lack of access to services and poverty have increased within and among countries. There are still not enough adequately educated midwives to support the health of women and newborns, and this contributes to hundreds of thousands of preventable deaths annually. Today, only 22 per cent of countries have potentially enough midwives to provide life-saving interventions to meet the needs of women and newborns, which leaves over three-fourths (78 per cent) of the countries with severe shortages in proper care. As the population grows, so does the gap in critical resources and infrastructure, unless urgent action is taken.

The 2014 report includes recommendations to close these gaps and to ensure all women have access to sexual, reproductive, maternal and newborn services. These includes issues such as preventive and supportive care from a collaborative midwifery team, immediate access to emergency services when needed, and completing post-secondary education. From a broader perspective, women should delay marriage, have access to healthy nutrition and receive four pre-birth care visits.

“This report, like the Every Newborn Action Plan recently adopted by the World Health Assembly, sets a clear way forward. Both aim to encourage governments to allocate adequate resources for maternal and newborn health services within national health sector plans. This should include funds for the education and retention of midwives. We will continue to support countries to develop and strengthen their midwifery services as a critical intervention to save the lives of women and newborns,” said Dr. Flavia Bustreo, WHO Assistant Director-General for Family, Women's and Children's Health.

To download the full report, infographic and other materials see [here](#).

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The findings of the 2014 report complement two other important reports to be launched on 30 June in Johannesburg, South Africa: the Every Newborn Action Plan to end preventable deaths around the time of childbirth and the Countdown 2015 biannual report.

The 2014 State of the World's Midwifery report is coordinated by UNFPA, the United Nations Population Fund and the World Health Organization (WHO), on behalf of the [H4+](#) (UNAIDS, UNFPA, UNICEF, UN Women, WHO, and the World Bank), with the International Confederation of Midwives (ICM) and supports the United Nations Secretary-General's *Every Woman, Every Child* campaign.

Supporting partners include Australian Aid; Averting Maternal Death and Disability Programme (AMDD); Bill & Melinda Gates Foundation; Department for International Development (DFID, United Kingdom); Family Care International; Foreign Affairs, Trade and Development Canada; Girls' Globe; Instituto de Cooperación Social Integrare; International Council of Nurses (ICN); International Federation of Gynecology and Obstetrics (FIGO); Jhpiego, Johnson & Johnson; Mamaye! Evidence for Action; Ministère des Affaires Étrangères et du Développement International (France); Norwegian Agency for Development Cooperation (Norad); Partnership for Maternal, Newborn & Child Health; Save the Children; Swedish International Development Cooperation Agency (Sida); University of Southampton; University of Technology, Sydney; USAID's Maternal and Child Health Integrated Programme (MCHIP); and the White Ribbon Alliance.