

Midwives' Contribution to the Health and Well-being of Mothers and Babies in the World

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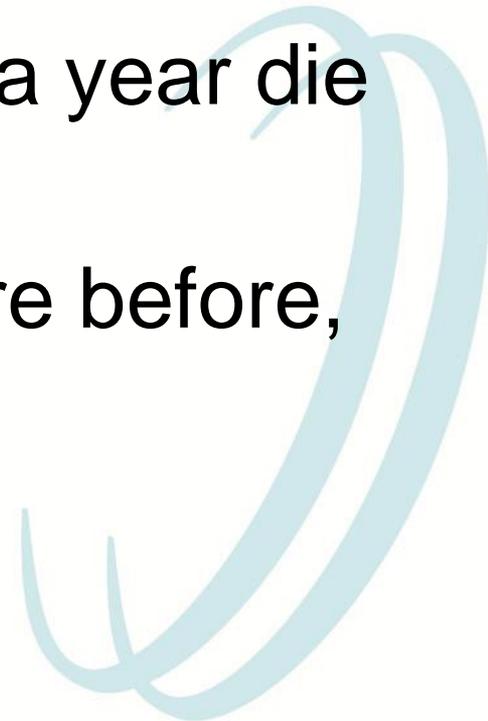
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Globally

- Every **two minutes** a woman dies from potentially avoidable and preventable problems in pregnancy and childbirth
- **800** mothers a day
- Approximately **300,000** women a year die during pregnancy or childbirth.
- **Avoidable**- access to quality care before, during and after childbirth



Millennium Development Goals (MDG)

- MDG 5 reducing maternal mortality by 75% and achieving universal access to reproductive health by 2015...so far progress is slow
- WHO is supporting countries to develop integrated, cost-effective care and **in training midwives** and in making emergency obstetric care available 24/7



Main Causes of Maternal Death

- 70% of maternal deaths worldwide:
 - Severe bleeding,
 - Infections,
 - Unsafe abortion
 - Hypertensive disorders
(pre-eclampsia and eclampsia)

(Centre for Maternity and Child Enquiries (CMACE) 2011)



UK

- 2006–2008, 261 women died directly or indirectly related to pregnancy
- Direct deaths have decreased mostly due to the reduction in deaths from thromboembolism and haemorrhage
- **Substandard care** in 70% of Direct deaths and 55% of Indirect deaths

(Centre for Maternity and Child Enquiries (CMACE) 2011)



Southern Health
and Social Care Trust



UK

- Leading cause of Direct deaths was genital tract infection (sepsis), then pre-eclampsia/eclampsia
- Reduction in the inequalities gap, a significant decrease in maternal mortality rates among those in the most deprived areas/ lowest socio-economic group



International Definition of a Midwife (ICM 2011)

...successfully completed a midwifery education programme ...duly recognized in the country where it is located ...acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery and use the title 'midwife'; and who demonstrates competency in the practice of midwifery"



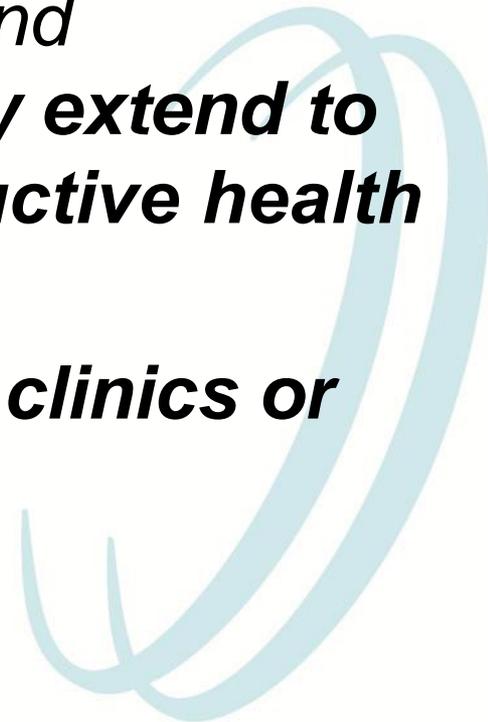
Scope of Practice (ICM 2011)

- *“...responsible and accountable professional who works in partnership with women to give the necessary support, care and advice during pregnancy, labour and the postpartum period,... to conduct births on the midwife’s own responsibility and to provide care for the newborn and the infant. ...includes preventative measures, the promotion of normal birth, the detection of complications in mother and child, the accessing of medical care or other appropriate assistance and the carrying out of emergency measures”*



Scope of Practice (ICM 2011)

- *“...important task in **health counselling and education**, not only for **the woman**, but also within the **family and the community**. This work should involve antenatal education and preparation for **parenthood** and may extend to **women’s health, sexual or reproductive health and child care**”*
*...the **home, community, hospitals, clinics or health units**”*

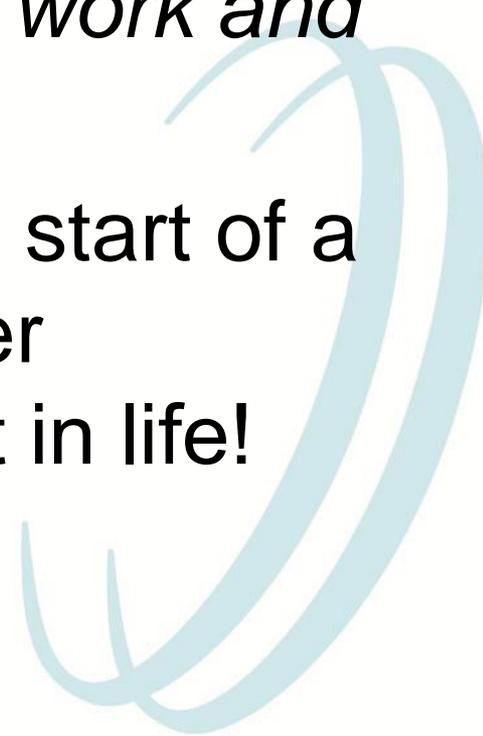


Midwives and Public Health

- Midwives are uniquely placed to influence the health and well-being of mothers and babies

(Midwifery 2020, NI Maternity Strategy, Scottish Maternity Action Group, Welsh Maternity Strategy)

- Social Determinants of Health...Conditions in which people are *born, grow, live, work and age*
- Parents who are fit and well at the start of a pregnancy generally have healthier babies...giving them the best start in life!



So what can Midwives do?

- Support, care, advise, promote, prevent, counsel in all contexts, at every opportunity
- Haemorrhage/ Preeclampsia/Eclampsia
- Sepsis
- Perinatal Mental Health
- Domestic Abuse
- Maternal Weight



Haemorrhage/Preeclampsia- Why?

- Deaths from haemorrhage have fallen
- Deaths from Preeclampsia have not fallen
- Need to recognise symptoms early and act on them
- Lack of clinical knowledge and skills a leading cause of mortality
- Communication and referral as appropriate



Haemorrhage/Preeclampsia- What can midwives do?

- Regular training to enhance **skills** for the identification and initial management
- Communication, communication, communication!
- Referral as a **priority**
- Trust your instincts



Sepsis- Why?

- 29 women died from genital tract sepsis
- Increased number of deaths caused by community-acquired b-haemolytic streptococcus Lancefield Group A (Streptococcus pyogenes).
- Most women had signs and symptoms of severe sepsis by the time they presented to hospital



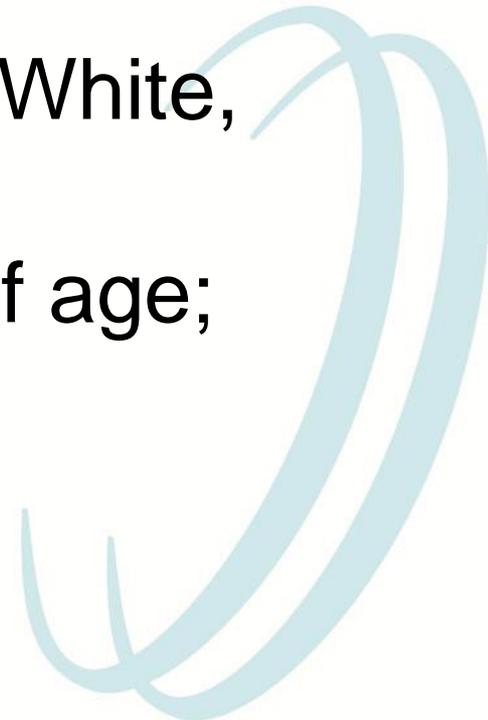
Sepsis- what can midwives do?

- **Inform** pregnant women and new mothers about the prevention and signs and symptoms of genital tract sepsis
- **Advise** and encourage women to seek advice early if concerned, as well as the importance of good personal hygiene
- **Refer and seek appropriate support**



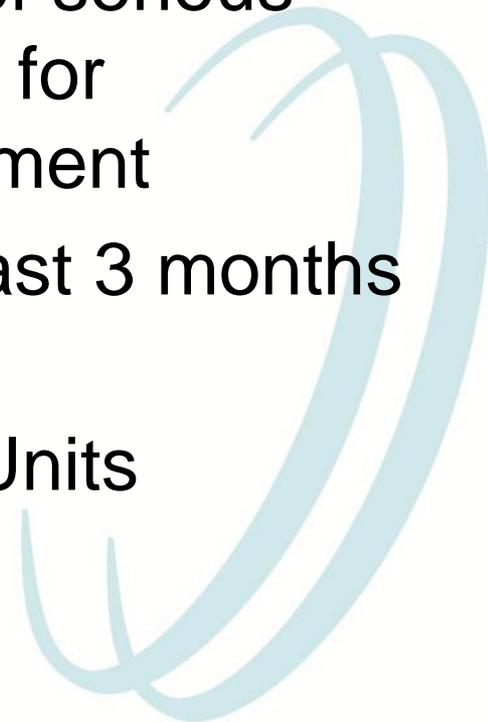
Perinatal Mental Health- Why?

- In women suffering from serious mental illness, “suicide rate is substantially elevated”(CMACE 2011)
- Risk of suicide does not equate with socio-economic deprivation
- Over half of the maternal suicides; White, married, employed, in comfortable circumstances and over 30 years of age;



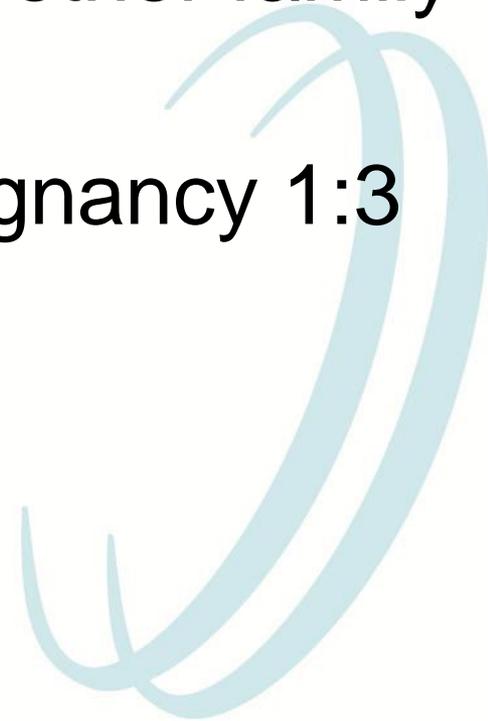
Perinatal Mental Health- What can midwives do?

- At booking visit: **ask**, previous history of psychiatric disorder/current mental health
- **Ask** about medication
- **Refer** women with previous history of serious affective disorder or other psychoses for psychiatric assessment and management
- **Listen**, monitor and support for at least 3 months following delivery.
- **Ask** , Specialised Mother and Baby Units



Domestic Abuse- Why?

- 2006–08, 34 of the women who died from any cause had features of domestic abuse
- Not always the partner, may be other family members
- In their lifetime 1:10; during pregnancy 1:3



Domestic Abuse – What can Midwives do?

- Routine **Enquiry, Ask**, and give information to all women about domestic abuse
- All women should be seen alone at least once during the antenatal period
- Late Booking/ Poor attenders
- If a woman has an injury, **ask** how this occurred and be prepared to follow up



Maternal Weight- Why?

- 49% of the women who died (Direct or Indirect Deaths) and for whom the BMI was known were either overweight or obese
- Obesity the most important risk factor for thromboembolism
- Cardiac disease 61% were either overweight or obese
- **BMI not recorded**



Maternal Weight

- **Record BMI**
- **Communicate** with other professionals, refer woman for support and help



Take Home Message

- The health and wellbeing of the mother...impacts on baby
- Ask questions
- Inform/advise women of risks
- Listen to women
- Document
- Refer as a priority and follow-up



Midwives can make a difference!

- Use your hands, your eyes, your ears, your skills and your head
- **If you ever think that you are too small to make a difference...try sleeping in a room with a mosquito!**





*Thank you for the opportunity to
speak with you today*



References

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