The Independent Panel EXCHANGE

The Independent Panel Exchange

Learning from the People on the Front Line of the Pandemic

Summary:

"**Learning from Midwives at Work During a Pandemic**", held February 11 2021, was the fourth in a series of Independent Panel town hall Exchanges, which are aimed at hearing from people working on the frontlines of the pandemic. **This Exchange** **can be viewed here**.

This event was a coordinated effort of the Independent Panel and the International Confederation of Midwives (ICM), with the White Ribbon Alliance. Hilma Shikwambi, a Board Member of the ICM, moderated the discussion, which featured The Right Hon. Helen Clark, Co-Chair, the Independent Panel, Dr. Sally Pairman, Chief Executive, the International Confederation of Midwives and Eya Mwenifundo-Gondwe, The White Ribbon Alliance, Malawi.

Midwives and midwife advocates from Bangladesh, the Democratic Republic of the Congo, Greece, Iran, Peru and the Philippines also joined the discussion, together with a representative from UNFPA.

The following themes and recommendations emerged from the discussion.

1) Midwives are essential, yet have been largely ignored

A central theme throughout the discussion was the view that midwives are always essential, irrespective of whether or not the world is facing a pandemic. Sally Pairman told us that "childbirth does not stop for a pandemic and women continue to need midwives," and Helen Clark agreed: "pandemic or no pandemic, there will be pregnancies, there will be births." Throughout the Covid-19 pandemic, however, midwives' critical role has not been rightfully acknowledged, and midwives across contexts have been ignored and undervalued. In just one example, a participant shared through the chat that in Jamaica, midwives were explicitly omitted from the country's list of essential frontline workers.

2) There has been a critical lack of personal protective equipment (PPE) for midwives

From the very beginning of the Covid-19 crisis, midwives have not been prioritised to receive PPE. As a result, many have been forced to resort to unsafe practices, putting their own lives at risk. As Helen Clark explained, "People's lives have been put at great risk in the health workforce wherever there has been a lack of PPE. And lives have been lost." Sally Pairman listed some of the ways midwives had tried to resolve the issue of not having access to PPE, including "making their own, reusing single use PPE, purchasing their own, improvising where they can." These are, she reminded us, "unsafe practices."

ICM's call for governments to provide PPE to midwives.

3) The midwifery workforce – both existing and future – has been placed under immense pressure

The pandemic has placed immense pressure on midwives, who have faced some very specific challenges along with those they share with other health providers. Flavia Teddy Okello, a midwife from Uganda, told us about the scarcity of resources she and her colleagues were facing in their practice. Helen Clark acknowledged that "great stress has been caused by working long hours in difficult conditions as the pandemic has evolved", and Sally Pairman referred to research conducted with ICM Midwives' Associations revealing high rates of burnout that are predicted to continue. The future workforce has been adversely affected by the pandemic too. From ICM's research, we know that 61% of students have experienced a delay in their programmes, 54% of midwifery programmes have closed, 90% of those that have remained open have moved online, and only half of midwifery students have had access to clinical practice.

4) We've seen a rise in technology and innovation

Another clear theme was the increased use of technology for midwifery practice and education, and there was a widely held view among participants that midwives have responded to challenges in innovative ways. ICM Midwives' Associations have reported increased use of virtual technologies for antenatal and postnatal consultations and predicted continued use of such technologies in the future. Victoria Vivilaki, a midwife educator from Greece, explained that technology has enabled midwives to recreate some of the sense of 'closeness' that is so vital to the midwifery profession. "We have to use technology, in education, in our practice...in order to be close to the students and to the families in this pandemic," she said. Helen Clark pointed out the need to ensure innovations developing at this time are being recorded: "Midwives are innovating, and we need to capture the experience of the innovation so it can feed into wider practice."

5) Women have been impacted severely by the pandemic yet have been rendered invisible in the response.

Participants agreed that women and newborns have been disproportionately affected by the pandemic and that there have been instances of gross violations of rights. Measures designed to stop the spread of the virus have put women's and babies' lives at risk, in some cases with tragic consequences. Eya Mwenifumbo-Gondwe gave two examples, explaining that "thought was not given into how a national curfew and ban on local travel would really impact women in labour," and "new mothers have been prevented from breastfeeding their newborn, all in the name of preventing the spread of Covid-19." Overall, as Sally Pairman put it, "there has been a lot of opportunistic denial of women's rights during the Covid pandemic." The multifaceted nature of the impact of the pandemic on women's lives was highlighted by Narjes Shiraghael, a midwife from Iran, who referenced the increase in gender-based violence in her country: "Iranian midwives have not only been fighting on the frontline of Covid-19, but also the domestic abuse front."

Despite this, women's rights, experiences and needs do not seem to have been considered by those designing responses to the pandemic. Eya Mwenifumbo-Gondwe summed it up when she asked: "why were women not asked from the beginning what they needed for quality, respectful, reproductive and maternal health care during Covid?...Nothing, at this point in time, is more important than asking women, girls and midwives themselves what they need."

6) Access to services has been drastically reduced

A final theme related to the pandemic's impact on women's access to the full spectrum of sexual and reproductive health and rights (SRHR) services. Karima Akter told us that in Bangladesh, women have been so afraid of contracting Covid-19 that they do not come to hospitals – even when they require urgent assistance. Sally Pairman shared statistics that back up these claims. According to ICM's research, 80% of women have been afraid to attend maternity facilities and attendance for care has dropped by 75%. 30% of maternity facilities have closed and turned into Covid-19 facilities. 40% of women have given birth in a place different to their original planned location, and most startlingly, 10% of women report being unable to access a midwife at all.

Recommendations to the Independent Panel:

- *Write recommendations the Panel should consider as it analyses the evidence regarding the spread of COVID-19; its impact on health; its impact on the wider impacts of the health system, society and the economy; and on the international system including WHO*
- *Recommendations should address this question in the context of this Exchange topic: How should countries/ the global system be better prepared to respond to a potential pandemic threat?*

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Recommendations:
In answer to the question of how should countries/ the global system be better prepared to respond to a potential pandemic threat, we strongly recommend that the Panel considers the following:

1) **Midwives must be recognised, respected and valued.**

Midwives play a central role in providing care for women, not just in pregnancy and childbirth but across the sexual and reproductive health spectrum. Midwives need to be supported to do their job well because women will continue to have babies – and we need them to! To be better prepared to respond to a potential pandemic threat, midwives must be visible, respected and valued by ministries of health, governments and society at large.

2) **The voices of women and midwives must be listened to.**

During this pandemic, a multitude of preventable challenges have arisen because women's and midwives' voices, needs and experiences have been sidelined. To be better prepared in future, women and midwives must be listened to and trusted to communicate their needs.

3) **Midwife-led continuity of care must be prioritised, and greater support provided for community-based midwifery care.**

Research has shown midwife-led care, and in particular continuity of care, to be the most sustainable model during challenges like a pandemic. It is also the model of care that produces the best outcomes for mothers and babies. This model works well across primary, secondary and tertiary maternity servies. The pandemic has shown the vulnerability of centralised maternity services where facilities have closed and women have not not access the faciliti4es, even when available, because of fear of becoming infected with Covid-19. To ensure better preparedness for the future, we must prioritise midwife-led continuity of care, as well as build up primary, community-based primary maternity services near where women live. Midwives must be supported to bring services to women that can meet their needs and make birth in the community or at home more accessible to more women. This includes full integration of midwifery services with the wider maternal and newborn health services in countries.

4) **A full range of SRHR services must be available at all times.**

Sexual and reproductive health and rights services are essential at all times and in all contexts, and lack of access has long-term, wide-ranging negative implications for individuals and society. Despite this, SRHR services are often the first to be compromised in times of adversity. During the pandemic contraceptive services and abortion services have often been reduced or unavailable with an increase in unintended pregnancies as a result. Business continuity planning must be improved for future pandemics so that the reductions in access experienced during the Covid-19 pandemic are never repeated.

5) **Existing evidence must be better utilised.**

There is an expansive, robust and growing body of evidence to support the central role of midwives and midwifery in upholding and protecting women's rights. In future, this evidence must be better utilised to avoid the unnecessary and devastating reductions of women's rights we have seen during this pandemic.

6) **While technology can help us, it must be recognised that technology cannot replace the relationship that lies at the heart of midwifery.**

This pandemic has shown that technology can be used in innovative new ways to support midwives and women. To be prepared to respond to a potential pandemic threat, we must maximise the potential of technological innovation while

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acknowledging that technology cannot replace the face-to-face, hands-on elements of midwifery. As such, practical experience for all student midwives must be prioritised as an essential component of midwifery education.

In the words of Helen Clark, “women will become pregnant and women will have babies. The choice is whether we want it to happen safely or not”. We hope that these recommendations pave the way to ensuring that pregnancy and childbirth can happen safely for all women, no matter who they are, where they live, or whether or not there is a pandemic taking place around them.

END

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