

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

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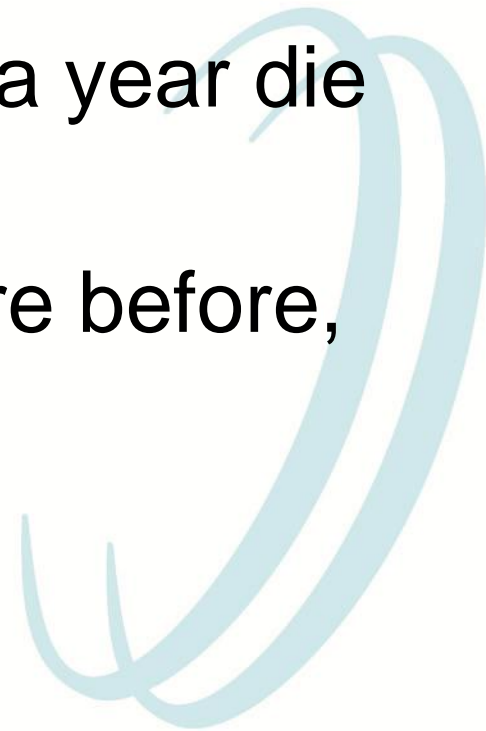
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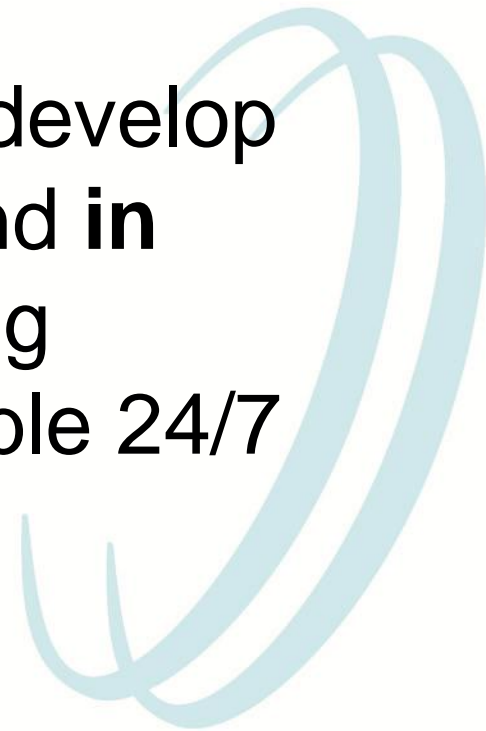
Globally

- 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)



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- 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 by 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"*



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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**”*



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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!

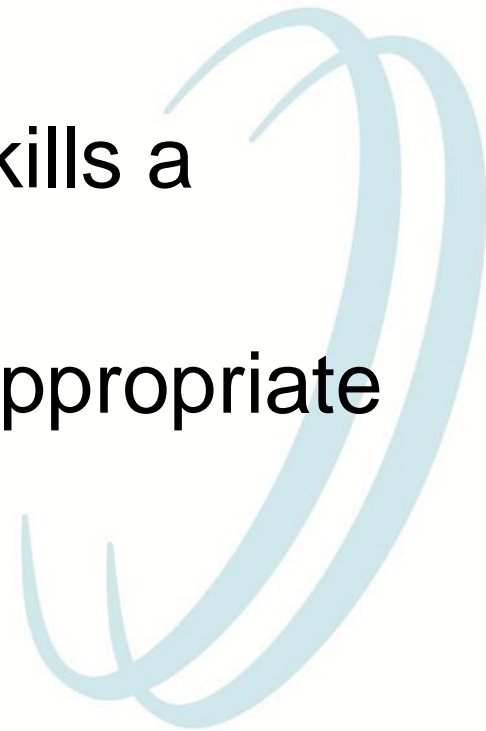
So what can Midwives do?

- 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



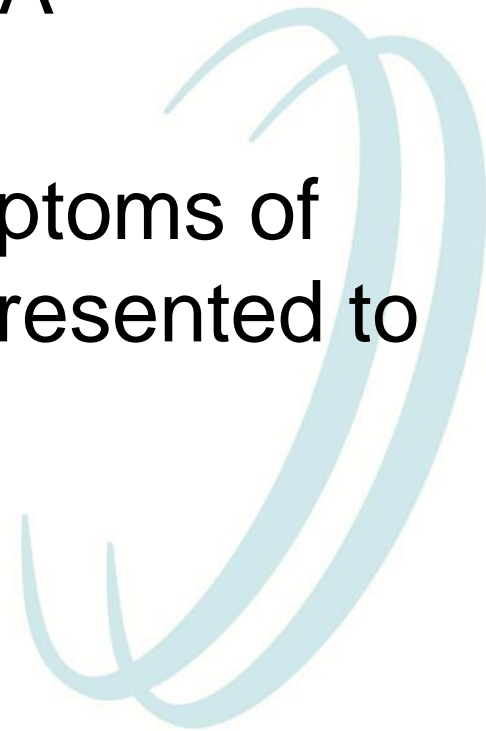
Haemorrhage/Preeclampsia- What can midwives do?

- 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



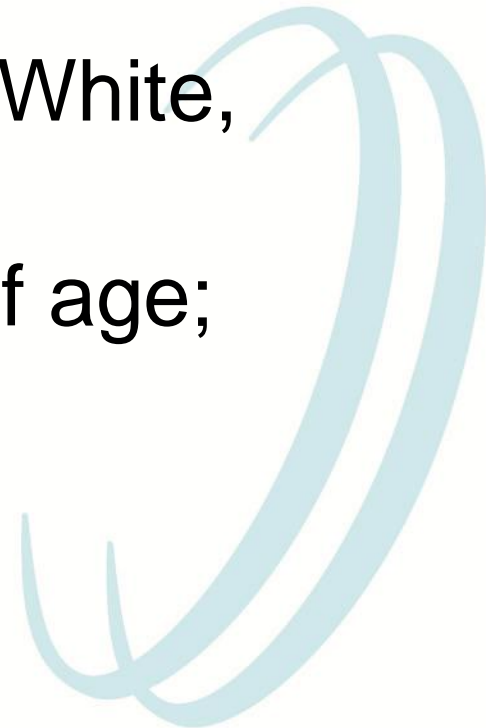
Sepsis- what can midwives do?

- **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



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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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