Quality midwifery education is a cost effective and acceptable pathway to reduce maternal and newborn morbidity and mortality. Quality education and training is more likely to be achieved when programmes meet global midwifery standards including the duration, and provide quality clinical skills education, clinical experiences and support to ensure the full scope of midwifery practice is achieved.

PURPOSE
To highlight the importance of educating and training midwives according to global midwifery standards.

KEY MESSAGES
• Midwifery is a cost-effective solution to improving maternal and newborn health outcomes and reducing mortality - one of UNFPA’s Transformative Results - [1, 2] and is an investment in women and children [3]

• The International Confederation of Midwives (ICM), a key UNFPA partner, provides Global Standards for Midwifery Education, Essential Competencies of Midwifery Practice and internationally developed midwifery education curriculum outlines (ICM) [4, 5]

• Midwives educated and regulated to global ICM standards and who work in enabling environments could avert 40% of maternal and newborn deaths and 25% of stillbirths with just a 25% increase in coverage of midwife-led interventions. An investment in midwives could save 4.3 million lives by 2035 if there was universal coverage of midwife led interventions [2]

• ICM standards for pre-service midwifery education state that direct-entry midwifery programmes should be no less than three (3) years in duration and post-nursing programmes be no less than 18 months, with both programmes containing a minimum of 40% theory content and 50% supported clinical practice [6]

• Midwifery education and training programmes should be competency based [5]
The following section draws on international reports and resources that provide evidence on the impact of quality midwifery education and care for women, newborns, families and communities. Strengthening midwifery education, training and midwifery care requires system-based changes including ensuring midwifery education programs are developed and delivered in accordance with global standards.

"Achieving a substantial scale-up by 2035 of coverage of essential interventions which can be delivered by midwives who are educated and regulated to global standards and working within an enabling environment could avert 40% of maternal and neonatal deaths and a quarter of stillbirths. Achieving universal coverage could avert 65% of these deaths." [2]

Image 1. Figure 1 from Strengthening Quality Midwifery Education for Universal Health Coverage 2030 Framework for Action

Midwifery makes the critical connections to deliver proven interventions

Adapted from the Global Strategy for Women’s, Children’s and Adolescents’ Health 2016-2030
Midwives need quality education and training in order to be able to provide essential SRMNH services. Ensuring high quality midwifery education includes strengthening midwifery curricula and the faculty that develop and deliver the education and training. However, strengthening midwifery education also includes other activities and actions as set out in the Seven Step Action Plan (Image 2).

Through an Act, Monitor and Review framework, the Action Plan includes steps to strengthen education and training institutions, midwifery curricula, faculty and midwifery standards. In addition to these more obvious aspects of midwifery education and training, the Action Plan also includes steps to support the following activities focused on:

- strengthening midwifery leadership and policy
- collection and utilisation of data to support midwifery
- improving advocacy for, and public awareness of the role midwives play in improved health outcomes
- processes for ongoing evaluation and quality improvement

Image 2. Seven-step action plan from Strengthening Quality Midwifery Education for Universal Health Coverage 2030 Framework for Action
The International Confederation of Midwives developed the Global Standards in Midwifery Education [4, 6] in response to calls to standardise and improve midwifery education and training across the world. The ICM has a clear definition of midwife to support both education and regulation standardisation.

The Global Standards for Midwifery Education provide a benchmark for programmes leading to registration/recognition as a midwife. The Global Standards for Midwifery Education provide:

- Accountability – to the public, the profession, consumers, and employers
- A framework for curriculum design, implementation, and evaluation
- Processes to educate midwives to global, and where aligned and available, national standards
- Promotion of safe, high-quality midwifery care for women and their families
- Reinforcement for the autonomy of the midwifery profession – midwifery curricula to produce fit-for-purpose midwives
- Benchmarking for continuing improvement in midwifery programmes (and practice)

There are six ICM Standards that provide a benchmark for midwifery education and training programmes:

1. Organisation and Administration
2. Midwifery Faculty
3. Student Body
4. Curriculum
5. Resources, Facilities and Services
6. Assessment Strategies

The Standards were developed using a recognised consensus research methodology (Modified Delphi Process) with midwifery education experts from across low, middle and high-income countries. They are the minimum standards expected of a midwifery programme.

**Recommended duration of pre-service midwifery education programs**

The ICM Global Standards state a direct entry pre-service midwifery programme should be at least three (3) years in duration and a pre-service, post-nursing programme should be 18 months.

Pre-service education programmes that are shorter than the ICM recommendations may find it difficult to provide all required content in a manner that supports a deep approach to learning and provide enough clinical experiences. Deep approaches to learning rely on learners having the time to integrate new knowledge and to apply this new knowledge in supported practice settings. If graduates are expected to be able to practice in a way that meets the essential competencies of the midwife then they require time to gain the necessary skills, knowledge and behaviours. Additionally, in many countries, the scope of midwifery practice includes an increasing focus on the provision of a broader range of sexual and reproductive health care including family planning, gender-based violence and safe abortion care, where legal. Given this, it is vital that midwives are provided with enough time to be adequately educated and supported to provide all these aspects of care safely and respectfully.

**Recommended theory and practice allocation in pre-service midwifery education programs**

Regardless of the duration of programme, the recommended allocation of hours of learning in programmes is recommended by ICM to be at least 40% theory and 50% practical with the additional 10% either theory or practice. These recommended allocations provide the optimal opportunity for learners to attain the essential competencies for midwifery practice and to facilitate transfer of competencies into actual practice. Practice hours should be undertaken in actual clinical practice and be ‘hands-on’ and not just observational. Appropriately trained preceptors or mentors should be available to support students in the clinical learning environment.
QUALITY MIDWIFERY EDUCATION AND CARE IMPROVES OVER 50 OUTCOMES

Where midwives have been educated to ICM global standards and are supported to deliver the intervention packages identified in Image 1, more than 50 maternal, newborn, family and public health outcomes can be improved (Image 3) [9]. Improving the quality of midwifery care and the resulting impact on maternal and newborn outcomes requires the provision of high-quality midwifery education preparation, regulation and ongoing professional support.


Over 50 outcomes improved by quality midwifery education and care


IMPACT OF WELL-EDUCATED, REGULATED AND SUPPORTED MIDWIVES

Research has shown that when midwives are educated and regulated to global standards maternal and newborn lives will be saved [2]. The study used a validated modelling tool, the Lives Saved Tool (LiST) to estimate the number of deaths that could be averted if countries achieved modest, mid-range or universal coverage of midwife-delivered interventions (Image 4).
CONCLUSION

Educating and training midwives to global midwifery standards and providing enabling environments where midwives are supported to work to the full scope of midwifery practice and deliver essential interventions improves maternal and infant outcomes and saves lives. Global standards for midwifery education include recommendations on duration of pre-service programmes (a minimum of 3 years for direct entry and 18 months for post-nursing) and minimum theory and practice allocations. Investment in strengthening midwifery education and training is a cost-effective solution to improving maternal and newborn health outcomes and reducing mortality and is an investment in women, children, communities and nations.

REFERENCES

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