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**Editorial: Midwifery 2021 in a world in turmoil**

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Since the previous issue of this journal the world has reached an even greater mayhem than we thought possible. The global COVID-19 pandemic has been more damaging with several new variants of the coronavirus having a devastating effect in South Asia, especially in India, Nepal and Bangladesh.

After last year’s postponed ICM (International Confederation of Midwives) Global Congress in Indonesia, this year was for the first time ever a virtual online conference (in June 2021). This year’s 32nd Virtual ICM Congress is spread out over the month of June. In these difficult times the ICM continues to strengthen generally Midwives Associations and specially midwives across the globe. It aims to advance the profession of midwifery by promoting autonomous midwives as the most appropriate caregivers for childbearing women and in keeping birth normal, to enhance the sexual reproductive health of women, their newborns and their families.

In the month of May we saw the publication of the import report The State of the World's Midwifery 2021.1 This latest report carries the sub-title ‘Dedicated to all health workers who have lost their lives to Covid-19.’ One of the key findings of this report is that if midwife care was properly funded across the globe by 2035, midwives could avert 67 percent of maternal deaths, 64 percent of newborn deaths and 65 percent of stillbirths, and it could save some 4.3 million lives per year. For South-East Asia the report concluded that: “inadequate education and training significantly jeopardize the professional identity, competence and confidence of midwives”.1

The report refers specifically to the launched of Guidelines on Midwifery Services in 2018 in India. India aim is to “create a cohort of Nurse Practitioners in Midwifery, capable of providing positive birth experiences to women by promoting physiological birth (thus reducing over-medicalization), providing respectful maternity care, and decongesting higher-level health facilities by providing services in midwife-led care units. The focus is on ensuring empowerment and improved career progression for midwives”.1 In 2016 the first batch of Bangladesh midwives educated to ICM standards graduated and 200 of them have been recruited to provide care in the refugee camps. These midwives endeared themselves to the refugee communities and provided much-needed woman-centred care in health facilities in and surrounding the camps.
The new hopes in midwifery education in Pakistan is emerging. In Pakistan the government announced that two schools of midwifery will transform into colleges where Baccalaureate Midwifery Programmes will be offered. The regulatory body is currently working on curriculum and guidelines for higher education of midwives.

There are also positive changes in midwifery education in Nepal where the German government development organisation GIZ (Deutsche Gesellschaft für Internationale Zusammenarbeit) supported the development of Bridging Course for nursing lecturers who are currently teaching midwifery and maternity care. Bournemouth University in the UK, in collaboration with Dalarna University in Sweden and University Hospitals Dorset NHS Foundation Trust (UK), developed a curriculum to up-skill current midwifery educators (all are nurses with midwifery skills) in line with the ICM (International Confederation of Midwives) standards.

Speaking about the *The State of the World’s Midwifery 2021* Sally Pairman from the ICM raised the important issue of gender as one key contributing reason for the shortage of midwives: “The continued under resourcing of the medical free workforce is a symptom of health systems not prioritizing the sexual and reproductive health needs of women and girls, and not recognizing roles of midwives, most of whom are women, to meet these needs.”

**References:**


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