Conference Report

International Confederation of Midwives (ICM) 29th Triennial Conference, Durban, South Africa, 19–23 June 2011

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This is the first time that the ICM Triennial Conference has been held in Africa and the hosts, the Society of Midwives of South Africa (SOMSA) are to be congratulated on this excellent event. With no organisational office they produced a conference for 3,500 participants from 109 countries. The scientific programme was well planned and ran smoothly. The social events were inspiring and everyone was so welcoming.

The events actually began on the 18 June when 1,000 midwives marched along the beach front of Durban, demonstrating to South Africa, Africa and the World the visibility of midwives.

The conference theme was ‘Midwives tackling the ‘Big 5’ globally’. In Africa the phrase ‘Big 5’ usually refers to their animals—African Elephant, Cape Buffalo, Leopard, Lion and Rhinoceros. This was a clever link to the ‘Big 5’ for midwives – haemorrhage, obstructed labour, hypertensive diseases, including pre eclampsia and eclampsia, sepsis, and abortion—the major causes of maternal mortality. Because of the number of presentations – plenary papers, symposia, concurrent sessions, workshops, partner panels and not forgetting the 80+ posters – it is impossible to give a comprehensive report on all that occurred. What follows is a personal report, because the attended sessions were chosen for personal reasons.

There was a Plenary session each day and Bridget Lynch, President of ICM, got the programme off to an excellent start with a battle cry to midwives – we must be autonomous; we must stop hiding behind the term ‘skilled birth attendants’; we must represent and educate midwives ourselves – not leave it to others; we must define the scope of practice of midwifery ourselves – not leave it to others; and we must regulate midwifery ourselves – not leave it to others. In discussing these points she pointed participants to the ICM web site (www.internationalmidwives.org) where the ICM Global Standards for Midwifery Education, Global Standards for Midwifery Regulation, Global Standards for Basic Midwifery Competence are among the tools that are published.

The Standards for Education, Competence and Regulation have been accepted by WHO so countries will be required to adhere to them. Continuing, Bridget stated that clean water and food are basic human rights that women should have, and as a basic human right there should be free access to health care for all pregnant women, during childbirth and, for their children. More work is required to ensure that women and children are safe in natural disasters and areas of war. In particular the ICM will work with organisations to get to areas where disaster relief is required.

Bridget reminded us that midwifery is a Primary Care Profession, but she asked us not to disagree and fight amongst ourselves, we and women will be the losers. She also said we should be talking about ‘Parent to Child’ Transmission of HIV, not ‘Mother to Child’. In concluding she said that midwives must be at policy tables where Maternal and Newborn health is decided.

During the afternoon of the first day the UNFPA co-ordinated Report of the World’s Midwifery 2011 (see separate report…) was launched. It is a pity that this was presented as a concurrent session, not a Plenary Session.

Madame Callista Mutharika, First Lady of Malawi addressed the conference on the second day. The theme of her talk was ‘Harnessing the Culture of Umunthu’. Umunthu means humane, extending a helping hand in time of need, respecting culture and traditions when providing health services. Madame Mutharika reminded us that maternal mortality is the failure of the global community to protect women when they are in the noble task of giving birth. Having a baby is not a disease, but despite this high maternal mortality persists in the developing world. She carried on to remind us of the causes and of the three delays. In discussing the latter she stated that women should not be treated as minors who cannot make decisions about their own health and care. She reported two stories of a woman who was not allowed to take contraception until she had given birth to ten babies and of a parliamentary colleague who felt she had to ask her husband’s permission to undertake a screening test. She reminded us of the importance of empowering the girl child. She also reminded us of the relatively simple bicycle and motor cycle ambulances that are life savers in some countries. We were reminded of the dangerous effects of culture, in particular the belief that prolonged labour exists because the woman has been unfaithful. We were reminded that charity begins at home and it should therefore be in the forefront of a nation’s fight for maternal and child health. Madame Mutharika delighted her audience by almost bursting into song, we all wished she had.

Joy Lawn, an African born paediatrician now working with a Gates Foundation funded organisation, Save the Children US.
She delighted her audience by stating categorically those not just women, but newborn babies need midwives. She gave us information about the different statistics between high and low income countries. She told us that if effective (midwifery) services were in place 1.1 million stillborn babies, 1.4 newborn babies and 201,000 women would be saved. It is hoped that Joy will be writing for this journal in the future so her arguments will not be revealed here.

On the third day of the Congress, Sue Bree, independent midwife from New Zealand gave us the history of how midwifery was regained as an autonomous profession in her country. This includes the participation of women in regulation, practice and education of midwifery. In order to help the audience understand how she practices now she described a day in her life. She told of her postnatal visit too early in the morning to a woman and the woman’s response! Of her visits to a teenager in early labour and a ‘booking’ visit to a woman at home. The day ended with a successful birth for the teenager in the pool at the Birthing Centre.

One audience participant was heard to comment ‘how nice to have the luxury of only having to see three women in a day’!

Because a Plenary Speaker was unable to attend on the Wednesday of the Congress a panel discussion was held between Theresa Shaver, head of the White Ribbon Alliance, Dr Serour, President of FIGO, Anna Labadberda, President of the South American Midwives Association and Eva Selin, European Regional Representative on the ICM Board. The discussion ranged through the world’s response to disasters so that maternal and child health is optimised, the effects of migration of midwives from resource poor nations to resource rich nations, the value of the State of the World’s Midwifery report (see separate report (p…)), the need for midwives to have a safe working environment, the need for effective midwifery associations. The final point was that midwives need supportive supervision, not a policing environment.

Concurrent sessions ranged from the use of Action Research in improving maternal and child health in a Nigerian community (Esienumoh), Improving midwifery services for rural Ethiopian women (Woldeamanuel & Bennett) and adverse perinatal outcomes in midwife-led care compared with obstetrician-led care in the Netherlands. The latter paper provided a methodological critique of the Evers et al. (2010) study report suggesting that midwifery care in one area of the Netherlands showed higher perinatal mortality for midwife care than obstetric care. Baddock et al. presented a paper on the physiology and behaviour of babies either bedsharing or cot sleeping at home. There was an inspiring session on Interprofessional Strengthening where Fox asked if midwives could influence who becomes the obstetricians of the future, Collins-Fulea demonstrated how midwifery practice environments could be strengthened by midwifery education of obstetric residents, Van Wagner showed how interprofessional education of midwives, nurses and obstetricians could affect conflict and change and Van keist presented her phenomenological study of the views of Flemish midwives, gynaecologists and nursing and midwifery managers on ideal and actual maternity care. The symposium on Addressing Maternal Mortality by Integrating comprehensive abortion care services into Safe Motherhood programmes demonstrated how midwives are tackling a major cause of maternal mortality—illicit, illegal abortion.

In the final Plenary of the Congress Soo Downe, Professor of Midwifery at the University of Central Lancashire, UK reiterated a lot of what had been stated in other sessions, but it was all worth being reiterated. She reminded us that midwives need to be trained, licensed and regulated. But, is it training or educating midwives? There is a difference between these two, do we know what that is? Midwives need to be RESPECTED. If you are not you are unlikely to get results. This respect needs to be earned, from women, colleagues, physicians. Respect and trust have to be earned and each encounter is an opportunity for this.

Midwives need to work in close encounter with doctors and hospitals and remember that ‘doctors are not the enemy’. Today there is sometimes a lack of trust and respect: doctors sometimes feel unwelcome in the hospital ‘what are you doing here, I didn’t phone you did I (says midwife)’. It is very important that we earn respect from and show respect for junior doctors: this respect goes around for years. Soo asked ‘What works to strengthen midwifery? Building relations with medical colleagues. Doctors learn from midwives about normal birth. This maximises the possibilities for women. In reporting on the reduction of maternal mortality Soo gave examples from Bolivia and Ecuador where implementing simple ‘things’ that we all know, are effective, and also effective in reducing the caesarean section rate. Soo recommended that we should ‘just get women talking!’. A study in India demonstrated that where women were talking to each other and sharing knowledge, the NMR was decreased by 32%. There were similar findings in Nepal and Bangladesh.

Soo also told us that the power that we have can also have the potential to do bad. There are increasing reports of abuse and disrespect in childbirth going up. It is the same thing that has been seen with elderly people and in those with poor mental health. We see abusive care in the most vulnerable of our society. When there is abuse in hospital, women would rather go home and die than stay in the hospital – ‘What is equipment without nice people to use it?’ But, we also have to remember that the power we have can have the potential for good. We can change the world with what we do for women. Women are the cornerstones of society. If we can make women strong, this has an influence on the whole society. Strong midwives, strong women but it can also be a vicious circle of weak women and weak midwives. We need to break out of this.

Love and fear are the most dominant feelings. Soo asked us which side we you on? The love or the fear side and why? Why are you possibly not on the love side? What is making you scared? Identify your fears.

We can change the world together, one birth at a time. The next President of ICM was announced—Frances Day-Stirk, previous Vice President was inaugurated.

The next Congress will be held in Prague, Czech Republic, from 1 to 5 June 2014 (www.midwivesorg2014.com).

References