Strategic and Technical Advisory Group (STAGE) for Maternal, Newborn, Child and Adolescent health and nutrition. Working group on transitioning to a collaborative midwifery model of care

STAGE “Midwifery” Working Group

Terms of Reference

Purpose of the working group

1. To provide technical, strategic, programmatic, and scientific considerations in developing WHO implementation guidance to support countries that are transitioning to collaborative midwifery models of care (MMoC).

Background

2.1 Worldwide, there are an estimated 800 maternal deaths, 5,400 stillbirths, and 6,500 neonatal deaths every day and 27 million morbidity episodes for the five most common direct obstetric complications per year. High levels of unnecessary medical interventions during childbirth are still frequent, while overall quality of care in low- and middle-income countries is often reported as poor, which accounts for over 50% of maternal and newborn mortalities.

2.2 Universal coverage of midwife-delivered interventions by 2035, including the provision of family planning, could save 4.3 million lives per year by 2035 and could avert more than 60% of all maternal deaths, stillbirths, and neonatal deaths. The evidence identifies midwives as care providers and midwifery-led services with access to emergency services as being the lowest-cost option for quality care with the best outcomes and lowest rates of interventions. Yet, there is no proper guidance to help countries transition to midwifery models of care.

2.3 In May 2022, the Strategic and Technical Advisory Group of Experts (STAGE) for maternal, newborn, child and adolescent health and nutrition made a recommendation to WHO to develop implementation guidance for countries that are transitioning to a collaborative midwifery model of care requiring professional midwives (MMoC). The guidance is to be 1) aligned with integrated health workforce solutions, including the Global Strategic Directions for Nursing and Midwifery, 2) developed by a working group of stakeholders and partners, and 3) utilize the WHO Nursing and Midwifery Global Community of Practice as an accessible platform for learning and engagement. (Annex). The working group should develop the implementation guidance within a 12-month timeframe, as well as an agenda for evaluation of implementation of midwifery models of care in different country health systems.

Functions

3. In its capacity as a STAGE working group the members will have the following functions:
   • Contribute to draft policy and implementation guidance on collaborative midwifery models of care.
   • Include existing case studies, from differing income category countries, of successful efforts to transition to a midwifery model of care, or lessons learned where this did not happen, or was not sustained, as planned.
   • Develop an implementation monitoring and evaluation framework.
   • To identify research priorities at each step of the transition.
Composition

4.1 The STAGE midwifery working group will have up to 20 members who will serve in their individual capacity to represent the broad range of disciplines relevant to midwifery; health workforce; health systems; sexual, reproductive, maternal, newborn, and adolescent health (SRMNAH); health policy and management; implementation and improvement science; health economics; collaborative care models; health regulatory bodies; quality of care; networks of care; primary health care; leadership; social sciences, gender, human rights, and social determinants of health.

4.2 In the selection of STAGE working group members, consideration will be given to ensuring midwifery representation and attaining an adequate distribution of technical expertise (both programmatic and academic/research), geographical representation and gender balance. Will also be included national or international patients' associations or community groups with a focus on maternal rights, to ensure participation and include the voices of women, families, and communities into the process.

4.3 Among these members, the STAGE Chair and WHO will appoint two co-chairs to overview the process of the working group: one co-chair will be a member of STAGE and the other co-chair will be a representative of midwifery professionals globally. The role of the co-chairs of the STAGE midwifery working group includes the following:

- To facilitate the meetings of the STAGE midwifery working group.
- To steer the development of the WHO policy and implementation guidance.
- To liaise with STAGE members and
- To present the policy and implementation guidance to the STAGE.

4.4 Non-STAGE members of the STAGE midwifery working group will be selected by the co-chairs of the working group.

Operation

5.1 As a sub-group of STAGE, this STAGE midwifery working group on transitioning to collaborative midwifery models of care will meet virtually, via video or teleconference. The STAGE Midwifery Working Group Secretariat (WHO) will facilitate these meetings.

5.2 The outcome of the deliberations will be submitted to STAGE for review at one of its meetings.

Secretariat

6.1 WHO will serve as the STAGE Secretariat for the working group on midwifery. The Secretariat will provide:

- technical and administrative support.
- the meeting agendas and working documents.

6.2 The WHO secretariat is responsible for the writing, production, and publication of the guidance. It is envisaged that the guidance will be a short document, user-friendly with easily accessible information and graphic design.
Information and documentation

7.1 All documents will be made available through a private group in WHO global Nursing and Midwifery Community of Practice (GNMCoP).  https://nursingandmidwiferyglobal.org/

Annex

I - STAGE recommendations

The following three recommendations were made by the STAGE to WHO in May 2022 and approved for action by the WHO Director General.

1. WHO to support countries that are transitioning to a collaborative midwifery model of care, requiring professional midwives, with policy advice and implementation guidance. This transition and the model of care will depend on the context of the country health system and should be aligned with integrated health workforce solutions.

2. In line with the Member States endorsement of the Strategic Directions for Nursing and Midwifery at the World Health Assembly 2021, WHO to convene a STAGE working group bringing together key stakeholders, ensuring midwifery representation, to develop implementation guidance to support countries transition to a midwifery model of care, including collaborative teamwork, networks of care, leadership, and engagement of private and non-profitmaking (3rd) sector. The working group should develop the implementation guidance within a 12-month timeframe, as well as an agenda for evaluation of implementation of midwifery models of care in different country health systems.

3. STAGE endorses the WHO community of practice platform to establish a continued learning agenda on transitioning to midwifery models of care, which links to ending preventable maternal mortality (EPMM)/ Every Newborn Action Plan (ENAP) and other global programmes for improving continuity of maternal and newborn care and improving outcomes and prevention of stillbirths.
STAGE Working Group Midwifery models of care.

STAGE Members

1. Caroline Homer, STAGE Chair
2. Jane Sandall, Cochair, WG
3. Dilys Walker
4. Narendra Arora
5. Koki Agarwal
6. Oliva Bazirete

UN Partners

7. Geeta Lal, Senior Technical Advisor Maternal Health & Midwifery, UNFPA
8. Asheber Gaym, Regional MNH specialist, UNICEF

External Experts

9. Sally Pairman, Chief Executive, ICM, Cochair, WG
10. Jacqueline Dunkley-Bent, Chief Midwife, ICM
11. Atf Gherissi, Independent Senior midwife educator & researcher
12. Patricia Titulaer, Technical Midwife, Laerdal Global Health
13. Deepika Khakha, Assistant Director General Nursing and Midwifery, Govt of India
14. Mary Renfrew, Lancet Series Midwifery Lead, University of Dundee
15. Marina Boykova, Project manager, COINN
16. Abby Kra Friedman, Member, ICN
17. Naveen Thacker, President elect, IPA
18. Leanne Levers, Director of advocacy and communication, WRA
19. Hélène Carrère, Co-President, CIANE
20. Anne Kihara, President Elect, FIGO