# "Midwives of the World – the Way Forward: Expectations for Japanese Midwives".

世界の助産師の目指すべき道: 日本の助産師に期待すること

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International Confederation of Midwives La Confédération internationale des sages-femmes Confederación Internacional de Matronas



Strengthening Midwifery Globally

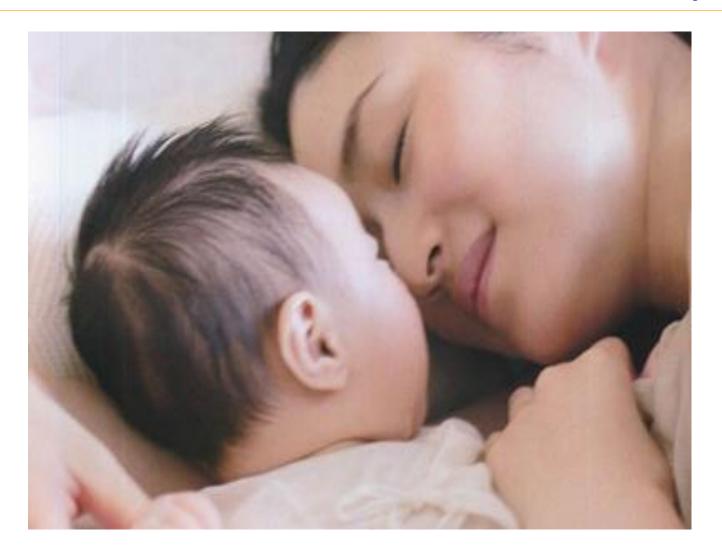




Global 世界的 National 国内的 Regional地域的



Strengthening Midwifery Globally



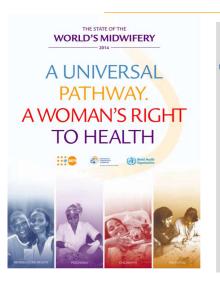


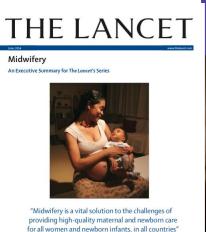


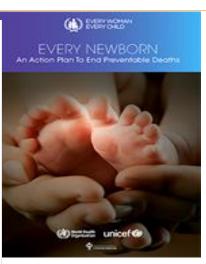
#### Global strategies...グローバル戦略

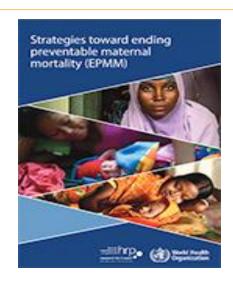


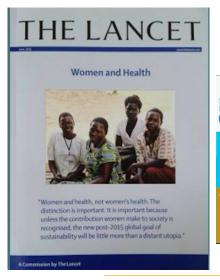
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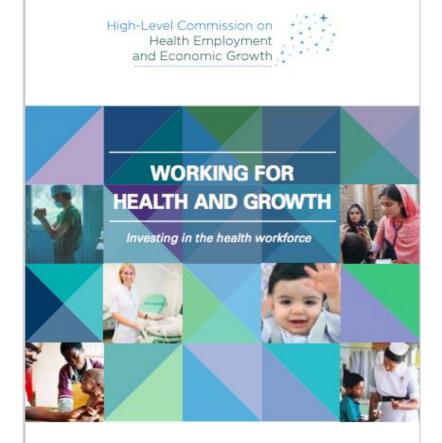




"Every woman, every newborn, everywhere has the right to good quality care."







#### MIDWIFERY2030

#### A PATHWAY TO HEALTH



#### PLANNING AND PREPARING means:

- · delaying marriage
- · completing secondary education
- · providing comprehensive sexual education for boys and girls
- · protecting yourself against HIV
- · maintaining a good health and nutritional status
- · planning pregnancies using modern contraceptive methods

#### **ENSURING A HEALTHY START means:**

- · maintaining your health and preparing yourself for pregnancy. childbirth and the early months as a new family
- · receiving at least four antenatal care visits, which include discussing birth preparedness and making an emergency plan
- · demanding and receiving professional supportive and preventive midwifery care to help you and your baby stay healthy, and to deal with complications effectively, should they arise







#### SUPPORTING A SAFE BEGINNING means:

- · safely accessing midwifery services with the partner of your choice when labour starts
- · finding respectful, supportive and preventive care, provided by competent midwives who have access to the equipment and supplies they need and receiving emergency obstetric care if required
- · participating in decisions about how you and your baby are cared for
- · having the privacy and space to experience birth without unnecessary disturbance and interventions
- · being supported by a collaborative midwifery team in the event that you do need emergency obstetric care



#### Only 4 of the 73 countries

have a midwifery workforce that is able to meet

universal need for the 46 essential interventions for SRMNH

Midwives can provide

#### 87% of the needed essential care

if educated and regulated to international standards.



Investing in midwives could give a

16-fold return on investment.



#### Bangladesh

is educating

#### 500 midwives

who can potentially save around

36,000 lives.



#### CREATING A FOUNDATION FOR THE FUTURE means

- · starting to breastfeed immediately and being supported to continue breastfeeding as long as you wish
- · being provided with information about and support in caring for your child in the first months and years of life
- · receiving information about family planning so you can efficiently space your next pregnancy
- · being supported by the midwifery team to access child and family health services and vaccination programmes at the appropriate time



#### WHAT MAKES THIS POSSIBLE?

All women of reproductive age, including adolescents, have universal access to midwifery care

when needed

Governments provide and are held accountable for a supportive policy environment.

Governments and health systems provide and are held accountable for a fully enabled environment.

Data collection and analysis are fully embedded in service delivery and development.

Midwifery care is prioritized in national

health budgets; all women are given universal financial protection.

Midwifery care

is delivered in collaborative practice with health-care professionals, associates and lay health workers.

First-level midwifery care

is close to the waman and her family with seamless transfer to next-level care.

The midwifery workforce is supported through

quality education, regulation and effective human and other resource management.

All health-care professionals provide and are enabled for delivering respectful quality care.

Professional associations provide leadership to their members to facilitate quality care

provision.

CHAPTER 1: MIDWIFERY2030

### Framework for quality maternal and newborn care The scope of midwifery

良質の妊産褥婦と新生児ケアーのためのフレームワーク: 助産の範囲

For all childbearing women and infants 出産可能なすべての女性と乳幼児のため

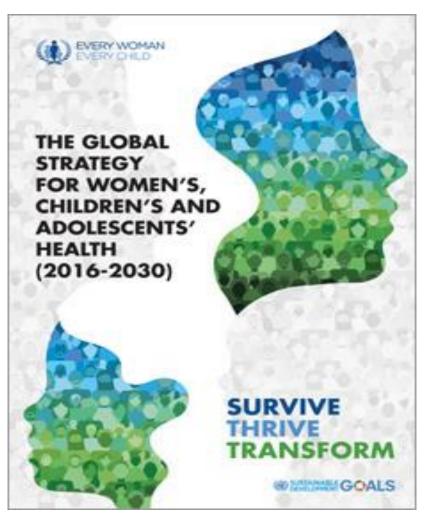
合併症をある出産可能なすべての女性と乳幼児のため

For childbearing women and infants with complications

産科新生児医療サービス Promotion of normal First-line Education 教育 Assessment Medical 正常過程 アセスメント 情報 の促進 Information processes, prevention management obstetric Screening スクリーニング 合併症の ヘルスプロ Practice categories Health promotion Care planning of complications of complications neonatal ケアプラン 予防 モーション 合併症の最前線の管理 services 業務分野 Available, accessible, acceptable, good-quality services—adequate resources, competent workforce Organisation of care Continuity, services integrated across community and facilities 入手可能で利用でき受け入れられ質の高いサービス一適切な資源、有能な人材 地域や施設を超えた包括的で継続されるサービス ケア団体 Respect, communication, community knowledge, and understanding Values Care tailored to women's circumstances and needs 尊敬、コミュニケーション、コミュニティ知識と理解 女性の環境、ニーズに沿ったケア 価値 Optimising biological, psychological, social, and cultural processes; strengthening woman's capabilities Philosophy Expectant management, using interventions only when indicated 指針 最適な生理的、精神的、社会的そして文化的プロセス;女性の能力の強化、 適応がある時のみ介入を用いる、期待された管理 Practitioners who combine clinical knowledge and skills with interpersonal and cultural competence Care providers Division of roles and responsibilities based on need, competencies, and resources 対人関係や文化的な能力を兼ね備え臨床知識と技術をもった臨床専門家 ニーズ、能力と資源を基盤とした役割と責任の分担 医療従事者







**Survive**: end preventable deaths

生存:回避可能な死を絶つ

• MMR of **70/**100,000 LB by 2030

2030年までに妊産婦死亡率: 70/10万

NMR of 12/1000 LB

新生児死亡率:12/1000

U5MR of 25/1000 LB

5歳までの死亡率: 25/1000

**Thrive:** realize the highest attainable standard of health

躍進:到達可能な(又はしうる)最高水準の健康を実現する

**Transform:** achieve transformative and sustainable change (multi-sector)

変革:革新的かつ持続可能な変化の実現(多部門)

#### What prevents quality midwifery care?

良質な助産ケアーを阻止しているのは何か?



Strengthening Midwifery Globally

#### 社会的な要因

男女不平等、身体的、性的な暴力、安全性と安心性の欠如、単身者、労働者であることへの軽蔑、訓練しかし、質の 高いケアの提供できない阻止

#### SOCIAL

Gender inequality, physical and sexual violence, lack of safety and security, disrespected for being single and working, empowered through training but prevented from providing QoC

#### 経済的要因

低く不定期な賃金、住宅手当や交通 費の支援の欠如、休暇は数か月の間 ほとんどなく又は取れない状況



バーンアウト

#### **ECONOMIC**

Low, irregular salary, lack of support for housing and transport, leave is little or delayed for months

#### **PROFESSIONAL**

Absent from policy dialogue, unable to contribute to decisions, lack of recognition of skills, restrictions on practice, bonding, lack of supplies and equipment

#### 専門職としての要因

政策に関する対話の欠如、決断への貢献ができない、技術の認識欠如、業務 上の制限、つながり、サプライや備品の 欠如

Fig 1. Analytical framework: barriers to the provision of quality of care by midwifery personnel.

Filby A, McConville F, Portela A (2016) What Prevents Quality Midwifery Care? A Systematic Mapping of Barriers in Low and Middle Income Countries from the Provider Perspective. PLoS ONE 11(5): e0153391. doi:10.1371/journal.pone.0153391



#### Midwives' Voices Midwives' Realities



Findings from a global consultation on providing quality midwifery care

ワークショップの目的:助産師が発言できるようにし、日々の業務の専門性、社会性、経済性の実態を共有できるようにする







参加者は14か国42名(助産師、代弁者、政策者、教育者や関心のある者)

 WHO-ICM-WRA at Women Deliver Conference (2013)

出産に関する学会WHO-ICM-WRA (2013)

 The WHO-ICM-WRA workshop ICM Triennial Congress in Prague in June 2014

WHO-ICM-WRAワークショップ2014年6月ICM プラハ大会

 Global online survey (ICM website) in four languages (Spanish, French, English and Arabic).

4か国語(スペイン語、フランス語、英語、アラビア語)によるon-lineグローバル調査

Workshop objective: To enable midwives to have their say and to share the professional, social and economic realities of their everyday, working lives.

Attendees: 42 participants from 14 countries (midwives, advocates, policymakers, educators and donor representatives).



- Experiences of disrespect, subordination and gender discrimination:軽視されたり服従や性差による経験
- Socio-cultural barriers: harassment, unsafe accommodation, social isolation
   社会・文化的な障壁: ハラスメント、危険な職場環境、社会的な孤立
- Economic barriers: salaries not comparable, not enough for basic needs
   経済的な障壁:給料の不均等、基本的ニーズが不十分
- Professional barriers: lack of opportunity for leadership is disempowering

専門的な障壁:リーダーシップの機会がないために女性本来の力が奪わ れている

#### Midwifery personnel have the solutions

助産師はその解決策を持っている

### Sustainable Development Goals (SDGs)







































Strengthening Midwifery Globally

### SDG 3: Ensure healthy lives and promote well-being for all at all ages

全ての年代のすべての人々の為に健康な人生を保証し、健全であることを促進する

 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.

2030年までに、世界中の妊産婦死亡率を10万の出生数に対して70より少なくする

By 2030, end preventable deaths of newborns and children under 5 years of age, all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births

2030年までに、新生児、5歳以下の子供の回避できる死を絶つ、新生児死亡を1000の出生に対して少なくとも12以下、5歳以下の死亡を1000の出生に対して少なくとも25以下に全部の国が目標とする

By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.

2030年までに、国家的戦略やプログラムにおいて家族計画、情報と教育、リプロダクティブヘルスの統一を含めた性とリプロダクティブヘルスケアサービスへ誰もが利用できるように保証する

### What did midwives say they wanted 助産師が実現したいと思っている事は何か?



- Better recognition and definition of midwifery either through better regulatory frameworks, clearer job descriptions or strengthened midwifery associations. 規則を確固たるものにし、助産師会を強化して助産師の認識と定義を良いものとする
- Greater recognition of the midwifery profession; 助産師の専門性をより高度に認識させる
- Midwives involved in decision-making and in the development of regulatory and legal frameworks. 助産師を規則や法律を設定し、意志決断をする場に参加させる
- The Arabic-speaking group was focused on basic working conditions for midwives and in encouraging girls to choose midwifery as a profession.
   アラビア語圏の人たちは、助産師の基本的労働条件に焦点をあて、女子が助産師職を選ぶことを勧めた。

#### There was good news:

- (58%) respondents felt treated with respect 58%は丁重に扱われていると感じている
- (77%) felt listened to by other health professionals and
   77%は他の専門職に聞いてもらっている
- (61%) felt supported to do their jobs.61%は仕事をサポートしてもらっていると感じている

However, only between 41% and 48% of respondents said that they felt fulfilled, happy and energetic. しかしながら、満足で幸せで生き生きとしていると回答したのは41-48%だった。



**Humanisation** 

#### **Medicalisation and Humanisation**



Respectful care 丁重なケア

**Unnecessary** 不必要な介入

> 人間化 Woman 女性 Baby 子供

> > 家族

Medicalisation 医療化

**Midwifery** care

助産ケア

**Intervention** 

**Family** 

- 1 Ensuring autonomy, agency and choice自律性、仲介性と選択権を確立する
- ① Human rights 人としての権利
- ② Community participation 地域参加
- ③ Responsiveness of health systems 医療システムの責任

### WHO Statement on the prevention and elimination of disrespect and abuse during facility-based childbirth

施設分娩での軽視や虐待の予防と排除に関するWHOの声明

"every woman has the right to the highest attainable standard of health, which includes the right to dignified, respectful healthcare" すべての女性は、最高の達成できる健康水準を持つ権利がある。つまり、尊厳をもって丁重にケアをされる権利によって

Geneva: World Health Organization; 2015

International

Confederation of Midwives

Strengthening Midwifery Globally





#### International Confederation of Midwives

#### 助産教育、卒後教育と教育者とし ての助産師の役割を強化



ENHANCE

midwives' professional

autonomy and ensure

midwifery regulation.

education and practice is

designed and governed by midwives



STRENGTHEN midwifery education. continuing education programmes and the role of the midwife as an educator

> 助産師の専門的自律を高め、助 産師によってデザインされ、実施 される規則、教育、業務の確立

PROMOTE midwifery research that enhances and documents evidence-based midwifery practice

根拠に基づいた業 務を遂行するため の助産研究の促進

共通した課題を関連機 関と共に戦略的協力を 持って追及する

ADVOCATE for midwifery and extend the influence of midwives in policy development that drives service direction.

strategic collaborations with relevant organisations and networks that share a common interest

> 助産を弁護し、サービス を行う政策部署での助 産師の影響を広める

#### 2017 - 2020 To be determined by Council

nternational

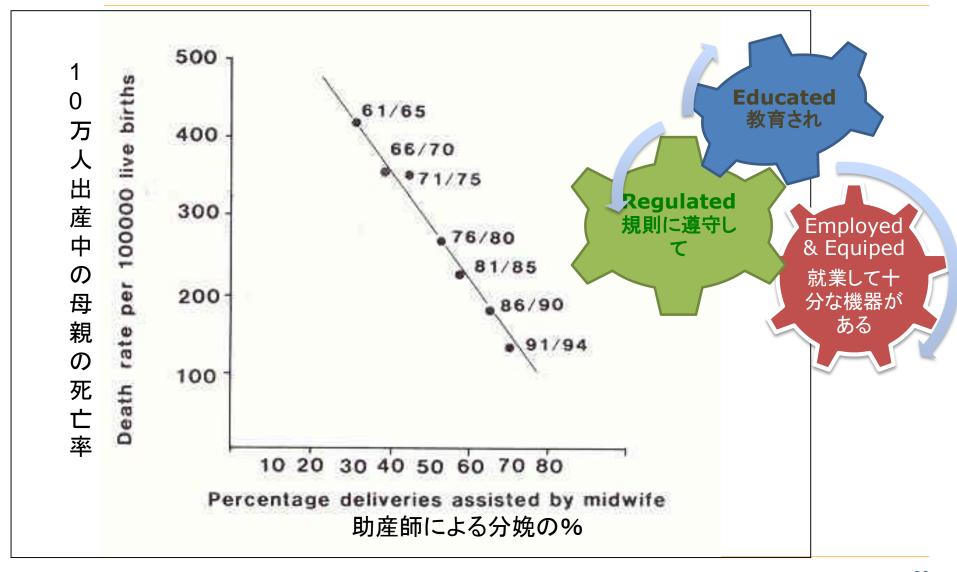
Confederation of Midwives

Strategic directions

2014-2017

### The midwife effect 助産師の効果





### **ICM Triennial Congress**





### Midwives2017.org



#### Midwives: the way forward

助産師:目指すべき道



- Leadership リーダーシップ
- Accountability 説明責任
- Evidence use and share 根拠ー使用と共有
- Influence & shape policy 影響と明確な政策
- A place at the decisionmaking table 政策審議における参加権





助産師 母親と家族:人生のパートナー



## Thank you ありがとうございました!

#### **International Confederation of Midwives**

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