ICM: Voice of Midwives Globally

International Confederation of Midwives
An accredited non-governmental organisation
- 108 Member Associations
- 300,000 Midwives
- 97 Countries
- 4 Regions

Africa
Americas
Asia
Pacific
Europe
ICM Three Pillars
The ICM Global standards for Midwifery Education

10 components of Preface,

35 Glossary of terms,

37 discrete standards with 27 subsections

and companion guidelines

Areas covered

I. Organisation and administration (6)

II. Midwifery faculty (8 plus 10 subparts)

III. Student body (7 plus 8 subparts)

IV. Curriculum (6 plus 4 subparts)

V. Resources, facilities and services (5)

VI. Assessment strategies (5 plus 5 subparts)
Important note

These are minimum standards

Any country/program can exceed standards based on country philosophy & needs

Any country/program can exceed basic ICM essential competencies based on priorities, needs

Any country/program must exceed minimum length if:
• have other non-midwifery content included
• want additional midwifery content included
Why standards?

Many people are using the title *midwife*

Education programmes vary from country to country

The quality of programmes and the education process vary

Many governments know that they need midwives and are willing to invest in them but which one?

Regulators are confused
Utilisation

As a set of agreed quality indicators to standardize core elements of a basic programme and encourage flexibility in curricular design and content

Provide a framework for design, implementation and ongoing evaluation of the programme

Provide a measuring tool for the regulators

Provide a transparent way for comparison of programmes in different countries
How ICM is using them

Basis for creating a common platform = a set of criteria which make it possible to

• Improve the quality of midwives and midwifery programmes

• Harmonize midwifery education globally – time needed (nature, content, length of education and training programmes)

Move towards mutual recognition of the qualifications of midwives globally
ICM Vision

A world where every childbearing woman has access to a midwife’s care for herself and her newborn
ICM Mission

To strengthen member associations and to advance the profession of midwifery globally by promoting autonomous midwives as the most appropriate caregivers for childbearing women and in keeping birth normal, in order to enhance the reproductive health of women, and the health of their newborn and their families.
Fundamental questions

But who is the “Midwife”? (Same voice globally)

What is it about midwifery that make it so different from other professionals or health care providers?
The Post 2015 Agenda

What’s in a word?

Midwife and midwife’s care

Midwifery Services vs care given by a midwife

What is the midwife’s place in the post 2015 agenda and how does the midwife fit in if definition is not even clear?
The Standards …

A set of quality indicators based on global norms/ expectations to:

Align the preparation of midwives and subsequent practice with regulatory bodies

Provide credibility to programme graduates and trust from employers and governments

Instill programme accountability to the public
What is already available and relationship with the standards

The European Union Directives

ICM Global standards do on a global level what the EU Directives do on a regional scale
Implementation to date

Several countries in Latin America and the Caribbean

A few countries in Asia and Africa through the IMP programme

ICM Education Standing Committee working on implementation strategy
Anticipated impact

Freedom of movement of midwives between countries

Global acceptance and recognition of the qualification

Countries will be able to relate their midwifery programmes to a common global reference point – transparent quality assurance mechanism

Mutual trust

Shared platform of study

Explicit links between employment and study
Lessons learnt from implementation to date

Facilitate legislation before or at the same time as development of the curriculum (Bolivia)

Ensure the preparation of educators before starting the programme (governments and funder attitudes)

Need for a lot of political clout, and leadership to make the standards understood (Haiti)
Challenges

Opposition from nursing associations

Convincing some nurses and obstetricians who feel that they can develop midwifery curricula and teach the content
Next steps to accelerate adoption and implementation

Standards are not binding but need to be advocated for

New members to adopt or have an intention to adopt them before becoming members

Work with interested countries to develop competent authorities recognised by law to administer the standards (separate midwifery councils in countries)

Seek the support of members to mutualise i.e. Create a situation in where decisions made in one country are honoured by another unless there are clear grounds for doubt
What European Midwives can do

Initiate dialoge between education research and practice – gap observed to be growing

Support other countries who have less resources and expertise to adopt the standards (Twinning)

Create evidence and become the repository of information e.g. Number of midwifery schools in Europe etc
Contribute to

Address low status and compensation for midwives – whether in education or practice

Assure sufficient teaching & learning resources

Provide effective and efficient educational institutions and health care systems

Cultural norms view midwives as preferred provider
If each one of us does a little part….

At the end of the day a lot will be achieved
Thank you

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