

*Statement of the European Midwives Association on Postnatal Care
Adopted at the Annual General Meeting of 2010*

The aim of the European Midwives Association (EMA) is to influence the implementation of policies that relate to women's health, including the European Directive on the recognition of professional qualifications of the midwife (1). EMA also supports the International Definition of the Midwife (2). Both these documents clearly identify the midwife as essential in providing postnatal care for all mothers and their babies.

Introduction

Following a descriptive review of the patterns of antenatal care provided by midwives, EMA conducted a survey to describe the patterns of postnatal care available to women in Europe. Midwifery associations in twenty-five countries, representing approximately 80.000 midwives, responded in early 2010.

Context

The findings informed EMA about the current status on postnatal care provision by midwives, but raised some concerns. These findings, together with additional concerns raised by Member Associations, have underpinned the development of this statement:

- The postnatal period during which midwives provide care is not uniform in Europe and varies from 10 days to 12 months. The most common length of the postnatal period was identified at 42 days.
- The patterns of care vary considerably between these 25 countries, with either hospital or home midwifery care only available, or both available.
- In some countries postnatal care is simply not provided by midwives.
- In a number of countries, medical practitioners are required to examine either the mother and/or the baby, even when both mother and baby are healthy.
- Where midwives do not provide normal postnatal care, this is done by either nurses, health care assistants or medical practitioners.
- The provision of family planning and contraceptive advice is specifically identified as part of the role of the midwife. However the provision of this aspect of postnatal care is limited.
- As the role of midwives is limited in some countries, student midwives' experience of midwifery is therefore also limited. This clearly prevents student midwives from achieving competencies in postnatal care.

- The safety of mothers and babies may be jeopardised when midwives with limited experience of postnatal care or continuity of care register in host countries where midwives are expected to fulfil the activities of the midwife.

EMA's position and recommendations

- EMA fully supports midwives' efforts to ensure the full implementation of the Directive 2005/36/EC in countries where the activities of the midwife have not yet been fully implemented.
 - EMA urges member associations to ensure that student midwives gain the relevant education and clinical practice so that these students gain the competencies required to provide full postnatal care to women, their babies and their families.
 - EMA aims to influence and improve access to midwifery care in an effort to optimise the health care of childbearing women and promote a healthy lifestyle.
 - EMA urges each Member State to provide maternity care in which the activities of the midwife (Directive 2005/36/EC) are fully recognised.
 - EMA urges Member States to fully recognise and utilise the essential role of the midwife in preventative health care, in preconception care and in the wider public health arena.
 - EMA encourages national midwifery associations to adopt these principles and utilise this statement in their own countries.
 - EMA urges member associations to conduct research on the models of postnatal care provided to show the potential benefits of midwifery care.
1. European Parliament, European Council. Directive 2005/36/EC of the European Parliament and of the Council on the recognition of professional qualifications. Brussels: European Union; 2005 [last accessed September 2010]; Available from: <http://register.consilium.eu.int/pdf/en/05/st03/st03627.en05.pdf>.
 2. ICM, WHO, FIGO. Definition of the midwife. 2005.

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