



# Midwives matter



**M**idwives save women's lives all around the world, every day. Midwives provide essential reproductive health care to women in their communities—they outnumber physicians, particularly in rural areas. Midwives really are the front line in keeping women healthy—through accessible pre- and postnatal care and through comprehensive reproductive health care, including safe abortion.

## Safe abortion care saves lives

Millions of women have abortions every year; the vast majority are safe abortions. In fact, recent evidence shows that abortion is 25 times safer than childbirth and is one of the safest medical procedures. Yet, unsafe abortion claims the lives of roughly 47,000 women annually and injures thousands more. Midwives can help to prevent these unnecessary deaths and injuries by provision of contraception, safe abortion and postabortion care.

In many settings, midwives are authorized to perform uterine evacuation or provide medical abortion. The result from these skilled midwives making needed reproductive health services, including abortion, available, accessible and affordable is clear—maternal mortality declines. In fact, the **International Confederation of Midwives (ICM) has designated abortion-related care as the 7th essential competency for basic midwifery practice.** And the World Health Organization endorses provision of abortion-related care by midwives, recognizing that the availability of trained providers within reach of the entire population is an essential component of any strategy to reduce unnecessary maternal deaths.

# Midwives save women's lives.

Since 2001, Ipas has trained more than 10,000 midwives in abortion and postabortion care because we believe that midwives are essential providers of reproductive health care. From Nepal to Nigeria, these trained midwives contribute to better maternal health and fewer deaths from unsafe abortion.

## An advocate for midwives and safe abortion care

"I was brought up when most Kenyan girls didn't even go to school," says Monica Oguttu. But that didn't stop her. Knowing she wanted to work with women and recognizing that health services were very far away from women in her rural community, she sought training as a nurse. She worked her way up the ladder and eventually was in charge of the ob-gyn unit with 52 nurses under her supervision. But something struck her and fueled her passion as a women's rights activist.

"I saw so many women suffering from botched abortions in the gynecology ward. They were treated like secondhand citizens. Most times the young girls came in at night, having unsafely induced an abortion. No one listened to them—people treated them like criminals. I just needed to do something; to talk on their behalf," she says.

She studied midwifery and became one of the first midwives trained by Ipas. In 1996, she went on to start Kisumu Medical and Education Trust (KMET) and in 1998 the organization

### Kenya

The persistence of unsafe abortion is a serious threat to the sexual and reproductive health and rights guaranteed to Kenyan women and men under the constitution enacted in 2010. Most abortions result from unintended pregnancies, which, as in most of Africa, continue to be extremely high throughout Kenya. According to a 2012 study of abortion incidence and magnitude in Kenya, more than **465,000** induced abortions occur annually. More than 120,000 women suffer complications and young women suffer disproportionately.

began training providers, including midwives, in postabortion care. Within the KMET network, there are now more than 150 midwives trained to use manual vacuum aspiration (MVA) and medications for postabortion care spread throughout the country. "We really try to identify regions where there is a high maternal mortality and high rates of unsafe abortion.

"In maternal health, we talk about the big fives—the five causes that kill our women. One is unsafe abortion. I think every midwife should have the skills to manage all complications around these five causes. Every midwife should leave college with these skills," she adds.

"We need to lead the world in reducing maternal mortality. Unsafe abortion is the easiest by far to prevent and midwives can help by just educating women on how to prevent unintended pregnancy and unsafe abortion, by managing complications and, where legally allowed, by performing safe abortions.

"There is no need for poor women to die when the rich are saved. If we want to reduce maternal mortality in Africa, midwives from all countries must be trained," she says.

## Integrating midwifery into emergency obstetric care

Due to the nature and geography of Nepal, for many women health posts are their only reasonable level of available health care. These health posts are staffed by auxiliary nurse midwives, not doctors. Most staff nurses and auxiliary nurse midwives have skilled birth attendant training and are trained to provide at least postabortion care using MVA. The Ministry of Health and partner



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### Nepal

Nepal's maternal mortality ratio has declined by nearly half—from 415 to 229 per 100,000 live births between 2000 and 2010. Abortion was legalized in Nepal in 2002. Provision of safe abortion services began in 2004. Now, comprehensive abortion care is available in all 75 districts. Midwives have played an important role in increasing access to safe abortion for Nepali women and in reducing the country's maternal mortality.

organizations now train staff nurses to provide safe, induced abortion with MVA or medications, and train auxiliary nurse midwives to provide safe, induced abortion with medications. In Nepal, midwifery training is part of nursing education.

In Nepal, abortion is legally permitted and safe abortion care is part of the government's Safe Motherhood program, aimed at reducing maternal mortality. In fact, says Meena Kumari Shrestha, Ipas Nepal program advisor, Ipas works with the Ministry of Health to train nurses and auxiliary nurse midwives. "We have trained hundreds of auxiliary nurse midwives in medical abortion, which they are certified to provide for up to nine weeks into pregnancy," she says.

"In Nepal, doctors are only in urban areas. Most people here live in villages where there are no private health services; they are marginalized. The only providers in these villages are nurse midwives and paramedics," adds Shrestha.

In Nepal, safe abortion care, primarily provided by auxiliary nurse midwives, has been fully integrated into emergency obstetric and newborn care, with tremendous support from the health system.

"I'm very proud to be a midwife. We are doing so much in Nepal," says Shrestha.

## Leveraging midwives' expertise to help women

Almost one-third of Nigerian women of childbearing age say they have had an unwanted pregnancy; of those, half have attempted to obtain an abortion. Abortion is only permitted to save a woman's life in Nigeria which means that most abortions are clandestine and ultimately unsafe, leading to complications.

In Nigeria, there are far more midlevel providers than doctors, especially in rural settings. In Kano state, for example, there are roughly three doctors and nearly 20 registered nurse midwives per 10,000 people.

The need for midwives trained in postabortion care is great. To meet the need, Ipas, with support from the Federal Ministry of Health and the Nursing and Midwifery Council of Nigeria, has instituted pre-service training in all the country's nurse-midwifery schools. The curricula include comprehensive abortion care, including contraceptive counseling.

"I lost a classmate to unsafe abortion, and know several family members and friends who suffer infertility and chronic pain as a result of complications from unsafe abortions," says Ramatu Daroda, Nigerian midwife and former Ipas staffer.

In Nigeria, more than 300 educators representing 69 midwifery schools are qualified postabortion care trainers. There are training centers in each of Nigeria's geopolitical zones with the capacity to prepare thousands of nursing and midwifery students to offer lifesaving skills to women wherever they work.

## Nigeria

During the years she worked in a hospital maternity ward, Daroda saw desperately injured women come into the hospital for care following an unsafe abortion. "Women suffered from severe blood loss, severe infections and were isolated in corners of wards or rooms and treated disrespectfully, especially if they were young women.

"Midwives are critical to women's health. And women's health includes all of their reproductive health needs during their life cycle, of which abortion is a part. Since midwives already care for mothers, children and the whole family, it is only natural to include safe abortion care as part of the spectrum of services they provide," she says.

## Malawi

Malawi has one of the highest maternal mortality rates in the world. Abortion is legally restricted and unsafe abortion is common.

A 2013 study—the first to estimate the national incidence of abortion and unintended pregnancy in Malawi—said nearly 70,000 women a year have risky, clandestine abortions. The study called for reforms and improvements including more training in abortion-related care for health-care providers.



Ramatu Daroda, Nigerian midwife and former Ipas staffer, trains providers in Ethiopia. © Ipas

## Contributing to good maternal health

Keith Lipato, a midwife in Malawi, has been practicing for roughly 15 years. Since the law in Malawi is restrictive, he mainly does post-abortion care and teaches other midwives these critical skills. "The law in Malawi poses a big challenge for women to realize their full reproductive health rights and maternal well-being," he says.

Safe abortion, urges Lipato, must be part of midwifery because unsafe abortion is one of the leading causes of maternal mortality and morbidity, especially in developing countries including Malawi. "Safe abortion is an integral part of comprehensive midwifery care. It will go a long way in improving maternal health," he says.

"I naturally have the desire to assist those in need...I looked at midwifery as the best profession that could help me make a contribution towards maternal health," says Lipato.





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## All around the world, midwives make a difference.

They are respected members of their communities and play an important role in making high-quality reproductive health care, including safe abortion, available to women.

### To learn more about midwives and safe abortion care, see these resources:

#### [www.ipas.org](http://www.ipas.org)

The Ipas website provides news and resources on comprehensive abortion care, including *Woman-centered comprehensive abortion care* training materials, medical abortion training program, and many more service delivery, research and advocacy publications and tools.

#### [www.ipasu.org](http://www.ipasu.org)

Ipas University is a self-paced learning site for reproductive health-care providers, primarily in the developing world, with a focus on safe abortion care and postabortion care. IpasU is for clinicians (already in practice and those still in training) as well as those who work with developing world clinicians.

#### [www.internationalmidwives.org](http://www.internationalmidwives.org)

The International Confederation of Midwives is a nongovernmental organization that works to support and advise associations of midwives to achieve common goals in the care of mothers and children.



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Ipas is a nonprofit organization that works around the world to increase women's ability to exercise their sexual and reproductive rights, especially the right to safe abortion. We seek to eliminate unsafe abortion and the resulting deaths and injuries and to expand women's access to comprehensive abortion care, including contraception and related reproductive health information and care. We strive to foster a legal, policy and social environment supportive of women's rights to make their own sexual and reproductive health decisions freely and safely.

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