



International Day of the Midwife (IDM) 2020

Midwives – Celebrate. Demonstrate. Mobilize. Unite

*The Sexual and Reproductive Health Branch in Technical Division is pleased to share this resource pack to support UNFPA country and regional offices worldwide in observing the **2020 International Day of the Midwife (IDM)**. It includes objectives, sample activities, suggested social media messages, and updated data about midwifery, including specific messaging and programmatic details around COVID 2020 response. Please use the occasion to highlight the global leadership role of UNFPA as the lead UN agency on midwifery and advocate for enhanced investments in quality midwifery services using data provided in this pack and citing various examples of UNFPA’s support towards midwifery at the national level, particularly in respect to women’s rights to sexual and reproductive health and care.*

As the world grapples with the grave challenge being posed by the coronavirus that is sweeping the world, women continue to get pregnant, and babies are still being born. Midwives as the primary caregivers are working tirelessly in communities, health centers, hospital wards and in women’s homes under difficult circumstances, often risking their own lives and well-being. But if midwives are ill and dying in a health system overstretched by Covid-19 they will not be available to care for pregnant women and their families. Childbirth is a normal part of life and it does not stop because of a pandemic. In these difficult times:

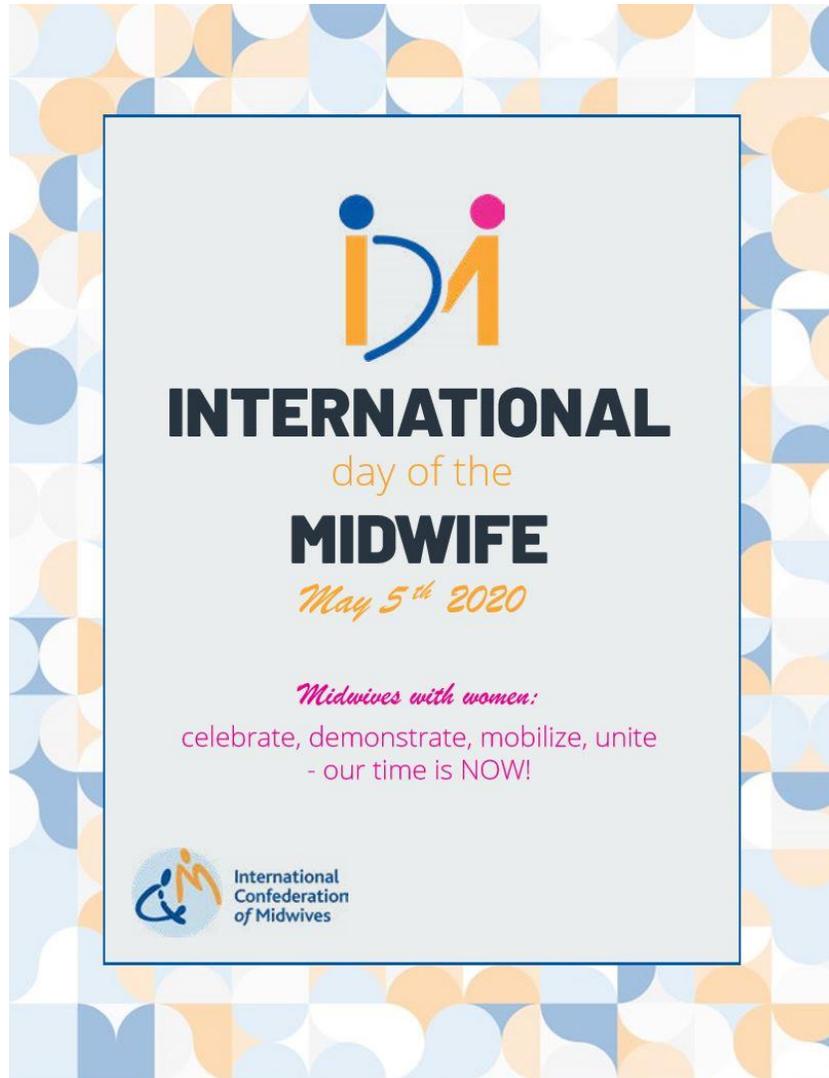
UNFPA applauds and hails the work of all midwives and pledges to stand by them and work with national governments to protect them during COVID-19.

In a Statement Issued by the ICM on March 27th, ICM URGENTLY CALLS FOR GOVERNMENTS TO PROVIDE PERSONAL PROTECTIVE EQUIPMENT TO MIDWIVES

<https://www.internationalmidwives.org/icm-news/icm-urgently-calls-for-governments-to-provide-ppe-to-midwives.html>

Governments around the world are responsible for the provision of personal protective equipment (PPE) for their health care professionals but are neglecting to account for midwives in their orders.

Governments must step up and meet their obligations to midwives on an equal playing field to all other frontline health workers.



On May 5th 2020, UNFPA will mark the celebration of the annual **International Day of the Midwife**. The theme of this year's celebration set by the International Confederation of Midwives (ICM) is:

'Midwives – Celebrate. Demonstrate. Mobilize. Unite'

Objectives of the Event:

- I. **Inform** everyone with an interest in maternal and newborn health that midwives are crucial to promoting maternal, newborn and adolescent health and in reducing maternal and neonatal mortality and morbidity
- II. **Celebrate** the achievements of midwives and their contributions towards improving sexual, reproductive, maternal, and newborn health outcomes
- III. **Motivate** policymakers to implement conducive workforce policies and an enabling environment for midwives to practice their profession in recognition of the unique professional role that midwives play

ICM has produced a toolkit/resource pack and also guidance on Celebrating IDM 2020 amid COVID -19 which is available in multiple languages.

<https://www.internationalmidwives.org/icm-events/international-day-of-the-midwife-2020.html>

It is important to let the public know:

There is currently no evidence to suggest that pregnant women are at any more risk of contracting coronavirus than the general population. And if infected, the risk of severe disease or death in healthy pregnant women and babies [is very low](#). There is also currently no evidence to suggest that the virus causes an increased risk of miscarriage. While there is emerging evidence that the virus [could potentially](#) pass from an infected mother to her baby in the womb (further work is still needed to rule out infections that may have been passed after birth), this is based on a **very small number of cases**, and there appears to be no resultant major harmful effects for the baby.

<https://www.who.int/news-room/q-a-detail/q-a-on-covid-19-pregnancy-childbirth-and-breastfeeding>

https://www.internationalmidwives.org/assets/files/news-files/2020/03/icm-statement_upholding-womens-rights-during-covid19-5e83ae2ebfe59.pdf

<https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-pregnancy/covid-19-virus-infection-and-pregnancy/>

COVID 19 is likely to impact midwives and midwifery services as health resources get diverted and maternity units shut down. Midwives must show resilience, courage to continue to serve women and their newborns. In these difficult times, UNFPA remains committed to:

- 1. Protecting the maternal health workforce**
- 2. Providing safe and effective maternity care to women and their babies**
- 3. Maintaining and protecting the maternal health systems**

(Please see Annex 3)

KEY Messages:

- 1) *Midwives are central to the delivery of quality sexual and reproductive healthcare services and enabling women to lead productive, healthy lives. Midwives are critical players in ensuring that women can enjoy the fulfillment of these rights by providing:***
 - **Family planning counseling and services, including birth spacing**
 - **Quality antenatal care services**
 - **Safe childbirth services for normal pregnancy and referring patients in a timely manner to receive emergency obstetric care services in case of complications in pregnancy and childbirth**
 - **Essential newborn care**
 - **Quality post-natal care and post-partum family planning services**
 - **HIV and STI counseling and testing and preventing mother to child transmission of HIV**
 - **Comprehensive abortion care to the full extent of the law**
 - **Services to victims of gender based violence and preventing harmful practices like female genital mutilation**
 - **Other comprehensive SRH information and services such as cervical and breast cancer screenings**
 - **Safe abortion care in countries where this is legally permissible**
- 2) Midwives help fulfill the right to health and to live a healthy and fulfilling life. For a woman to fulfill this basic human right—she must be able to control her fertility and have access to good reproductive healthcare and accurate information. Midwives help women to execute these rights. For example:**
 - **Women’s sexual and reproductive health is related to multiple human rights, including the right to life, the right to freedom from torture, the right to health, the right to privacy, the right to education, and freedom from discrimination**
 - **Midwives fulfil the right of pregnant women to receive quality, skilled attendance at birth, regardless of their geographical location or social status**
 - **UN member states have obligations to respect, protect and fulfill rights related to women’s sexual and reproductive health. Midwives form a crucial part of this paradigm**
- 3) Midwives play a vital role in the gender equality movement: Everyday, midwives, in every part of the work are upholding women’s rights to quality, and midwife-led care throughout the childbirth continuum.**
 - **Midwives contribute towards women’s empowerment, in particular in health and human rights**
- 4) Midwives are the cornerstone of strong, resilient health systems.**

- Midwives are advocates and innovators in their communities, clinics, hospitals and in the health care system. Respect, value and support them
 - Midwives, like other cadres of health workers, have the power to change people's lives for the better through quality health advice and care.
- 5) Midwives work with women every day, partnering together with them in their care during the childbirth continuum. Midwives have a unique opportunity to partner with women and to build trusting and reciprocal relationships through the continuum of pregnancy, labour, birth and the postnatal period. Through these relationships, Midwives become trusted members of families and communities.
- 6) Midwives have shown great resilience, and courage in countries facing humanitarian emergencies and those now impacted by the corona virus. They continue to provide the essential healthcare and life saving services to pregnant women and their newborns in countries like Afghanistan, Bangladesh, Iran, China, Thailand, Syria, Libya, Morocco, Burkina Faso, South Africa, Yemen to name just a few.
- 7) *Policy-makers*
- All midwives must be provided with protective gear during the corona virus pandemic to protect themselves and the women they serve.
 - More investment in midwives is needed to make universal health coverage a reality; you can make it happen.
 - Boost midwifery influence and leadership to improve health services
 - This year, commit to gathering better health workforce data so we can target resources and make changes where they are needed most.

Using this occasion, it is important to:

- a) Highlight that midwives are the backbone of healthy families, communities and health systems.
- b) Midwives are the essential workforce for universal health coverage.
- c) Document stories of midwives and the role they are playing in serving women and their newborns during the ongoing **corona pandemic**. These stories should be compiled and used for widespread advocacy to ensure safety of midwives and the women they serve and to advocate for higher investments in midwifery around an enabling environment for midwives.
- d) Highlight that reducing maternal and newborn mortality globally still remains a huge challenge. Each year 295,000 women continue to die in pregnancy and childbirth (WHO 2019), and almost

2.6 million babies die in the first few weeks of birth. An additional 2.6 million stillbirths occur each year, more than half of these occur when the woman has gone into labour.

- e) 99% of these deaths occur in developing countries, therefore we need to urgently address the global shortage of midwives and ensure they are competent and properly educated and trained to global standards.
- f) Highlight that scaled up investments in quality midwifery care are central to achieving the Health SDG; eliminating maternal and newborn mortality and morbidity and ensuring universal access to sexual reproductive health and rights.
- g) 'When midwives are educated to international standards, and midwifery includes the provision of family planning, it could avert more than 80% of all maternal deaths, stillbirths and neonatal deaths. Achieving this impact also requires that midwives are licensed, regulated, fully integrated into health systems and working in inter-professional team'. WHO, 2020
- h) Every day over 800 women die from preventable causes related to pregnancy and childbirth. This is one woman approximately every 2 minutes.

For every woman who dies, an estimated 20 or 30 are left with injuries, disabilities or infections. The majority of these deaths, injuries and infections are preventable.

- i) 30 million women do not give birth in a health facility; 45m women get inadequate ANC; 200 M women face an unmet need for contraception; there are 25 million unsafe abortions; 350 million women and men need treatment for one of four curable STIs and there are 2M new HIV infections. Investments in quality midwifery care are essential to address all these gaps. (Lancet 2019)
- j) Emphasize that well-educated and supported midwives can provide more than 87% of all sexual and reproductive health services including caring for women and babies throughout pregnancy and childbirth, providing contraceptives, managing sexually transmitted infections (including HIV), providing comprehensive abortion care and more.
- k) Highlight the need of an adequate policy framework and better working conditions to ensure proper deployment and retention of well-trained midwives.
- l) Bring visibility to the value of work performed by midwives during pregnancy and childbirth. Highlight the important role that midwives have been playing in humanitarian emergencies (as applicable) - e.g. Bangladesh, Sudan, Haiti, Nigeria, Sierra Leone, Liberia, Syria etc.
- m) Highlight the culturally sensitive, women-centered care that midwives provide within communities, working in partnership with women and their families.
- n) Investing in nurses and midwives is good value for money. The report of the UN High Level Commission on Health Employment and Economic Growth concluded that investments in

education and job creation in the health and social sectors result in a triple return of improved health outcomes, global health security, and inclusive economic growth.

Suggested Social Media Messages

Facebook

May 5th marks the International Day of the Midwife.

More than 800 women die every day due to pregnancy and childbirth. 99% of these deaths take place in developing regions. Midwives can help avert over two thirds of maternal and newborn deaths and disabilities. Support midwives to end preventable maternal mortality!

May 5th marks the International Day of the Midwife.

Did you know that midwives do more than deliver babies? When trained and supported, midwives can provide more than 85% of all sexual and reproductive health services. That includes caring for mothers and babies throughout pregnancy and childbirth, provision of contraceptives, management of sexually transmitted infections, including HIV, and more. Support midwives to support universal access to sexual and reproductive health!

May 5th marks the International Day of the Midwife.

Amidst the raging COVID 19 pandemic, Midwives continue to show resilience and provide life-saving services to pregnant women, ensuring healthy outcomes for women and their babies.

May 5th marks the International Day of the Midwife.

In sub-Saharan Africa only half of all births are delivered with the assistance of skilled health personnel. Every woman deserves access to quality care during pregnancy and childbirth. Support midwives to safeguard the lives of women and newborns! (Source: WHO, 2016 data)

May 5th marks the International Day of the Midwife.

Maternal and newborn health are closely linked. 2.6 million children died in their first month of life in 2016. That means 7,000 newborn deaths every day. About 1 million of these babies died on the first day and close to 1 million died within the next six days. Midwives provide life-saving care to newborns and are essential for ending preventable newborn deaths.

May 5th marks the International Day of the Midwife.

Globally, the needs-based shortage of nurses and midwives was estimated to be 9 million professionals in 2013. Midwives can provide 87% of the essential care needed for sexual, reproductive, maternal, and newborn health services. Please support midwives as they play an integral role in protecting the lives of women and newborns.

May 5th marks the International Day of the Midwife.

Midwives can deliver 87% of all essential sexual and reproductive health services. Yet the 73 countries where over 90% of the maternal and newborn deaths take place, have only 42% of the midwifery workforce. Help end maternal and neonatal deaths by supporting and advocating for midwives!

May 5th marks the International Day of the Midwife.

Improving the quality of care around the time of birth, especially in low and middle income countries, has been identified as the most impactful strategy for reducing stillbirths, maternal, and neonatal deaths. Support midwives to save lives.

May 5th marks the International Day of the Midwife.

78% of countries with high maternal and neonatal death rates face significant shortages in the midwifery workforce predictions for 2030. Invest in midwives to lead the way with quality care!

May 5th marks the International Day of the Midwife.

80% of midwife cadres in high-need countries struggle with insufficient or poor-quality equipment and lack of teaching staff. Help support and advocate for midwifery as a profession!

May 5th marks the International Day of the Midwife.

225 million women do not want to get pregnant yet do not use contraception. If all unmet need for modern methods were met, 52 million unintended pregnancies could be averted per year, thereby preventing the deaths of 70,000 women from pregnancy-related causes. Midwives improve access to quality family planning.

Further Reference Materials

WHO. *'Trends in maternal mortality 2000 to 2017: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division'*. Geneva: World Health Organization; 2019. (https://unfpa.org/sites/default/files/pub-pdf/Maternal_mortality_report.pdf)

United Nations Fund for Population Activity, *'State of the World's Midwifery 2014'* (<https://www.unfpa.org/sowmy>)

United Nations International Children's Fund and World Health Organizations, *'Countdown to 2030: Maternal, Newborn, and Child Survival'* (<http://countdown2030.org/reports-and-publications/countdown-2017-report>)

United Nations International Children's Fund, *'Levels and Trends in Child Mortality 2017'* (<https://data.unicef.org/resources/levels-trends-child-mortality/>)

World Health Organization, *'Global Strategy on Human Resources for Health: Workforce 2030'* (<http://www.who.int/hrh/resources/globstrathrh-2030/en/>)

United Nations Human Rights - Office of the High Commissioner
'Sexual and reproductive health and rights'

<https://www.ohchr.org/en/issues/women/wrgs/pages/healthrights.aspx>

UNFPA *'From Commitment to Action on Sexual and Reproductive Health and Rights
Lessons from the Second Cycle of the Universal Periodic Review'*

<https://www.unfpa.org/publications/commitment-action-sexual-and-reproductive-health-and-rights-0>

World Health Organisation *'Reproductive health and human rights: the way forward'*

<https://www.who.int/bulletin/volumes/88/8/09-073833/en/>

Guttmacher Institute *'A Time to Lead: A Roadmap for Progress on Sexual and Reproductive Health and Rights Worldwide'*
<https://www.guttmacher.org/gpr/2018/09/time-lead-roadmap-progress-sexual-and-reproductive-health-and-rights-worldwide>

Amnesty International 'Sexual and Reproductive Rights'
<https://www.amnesty.org/en/what-we-do/sexual-and-reproductive-rights/>

Economic and Social Council (May 2016)

General comment No. 22 (2016) on the right to sexual and reproductive health (article 12 of the International Covenant on Economic, Social and Cultural Rights)

<http://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=4slQ6QSmIBEDzFEovLCuW1a0Ssab0oXTdlmnsJZZVQfQejF41Tob4CvIjeTiAP6sGFQktiae1vlbbOAEkmaOwDOWsUe7N8Tlm%2BP3HJPzxiHySkUoHMavD%2Fpyfcp3YlZg>

Annex 1: General data for advocating midwifery at country level

- The world needs 9 million more nurses and midwives if it is to achieve universal health coverage by 2030. Bulk of these shortages are in South Asia and Africa. (WHO Global Strategy, 2016)
- Achieving the SCG 3 target of a global MMR below 70 will require a global MMR reduction by an average of 7.5% each year between 2016 and 2030 for which midwifery services are a must. This will require more than 3 times the 2.3% annual rate of reduction observed globally between 1990 and 2015. (Countdown 2030, 2017)
- The global estimates for the year 2017 indicate that there were 295 000 (UI 279 000 to 340 000) maternal deaths; 35% lower than in 2000 when there were an estimated 451 000 (UI 431 000 to 485 000) maternal deaths.
- Developing regions account for approximately 99% of global maternal deaths (WHO Maternal Mortality Fact Sheet, 2016)
- The global lifetime risk of maternal mortality for a 15-year-old girl in 2017 was estimated at 1 in 190; nearly half of the level of risk in 2000: 1 in 100
- A woman's lifetime risk of maternal death is 1/4900 in developed countries, versus 1/180 in developing countries
- Nurses and midwives account for nearly 50% of the global health workforce. There is a global shortage of health workers, in particular nurses and midwives, who represent more than 50% of the current shortage in health workers. (WHO fact Sheet, Feb. 2018)
- Globally, 70% of the health and social workforce are women compared to 41% in all employment sectors. Nursing and midwifery occupations represent a significant share of the female workforce.(WHO fact Sheet, Feb. 2018)
- The global proportion of deliveries attended by skilled health personnel increased from 61% in 2000 to 78% in 2016 (but only about 50% in sub-Saharan Africa). Yet this leaves nearly 1 in 4 babies and their mothers without access to crucial skilled midwifery care during childbirth. (WHO Global Health Observatory, 2016)
- Complications during pregnancy and childbirth are the leading cause of death for 15 to 19 year-old girls globally (WHO Adolescent Pregnancy, 2018)
- Improving maternal health is part of the unfinished agenda for the post-2015 period and is a priority for the achievement of the SDG 2030 agenda. (Countdown 2030, 2017)
- In 2016, 2.6 million children died in the first month of life, representing 46% of all deaths of children under 5 years old. (UNICEF Levels and Trends in Child Mortality, 2017)

- On current trends, 60 countries will miss the target for neonatal mortality by 2030 and about half of these countries will not even reach the neonatal mortality target by 2050. (UNICEF Levels and Trends in Child Mortality, 2017)
- Worldwide in 2017, 63% of married or in-union women of reproductive age were using some form of contraception, including any modern or traditional methods of contraception, an increase from 55% in 1990. 58% used a modern method. However, in Africa, this figure is only 36%. (World Family Planning, 2017)
- 12% of married or in-union women of reproductive age worldwide wanted to delay or avoid pregnancy but are not using any method of contraception. Midwives are critical in providing quality family planning information, counseling and services. (World Family Planning, 2017)
- The midwifery scope of practice has the potential to provide 87% of the essential care needed for sexual, reproductive, maternal, and newborn health services. (WHO Global Strategy, 2016)
- The largest needs-based shortages of health workers are in South-East Asia at 6.9 million and Africa at 4.2 million. The global needs-based shortage of health-care workers is projected to be over 14 million in 2030. (WHO Global Strategy, 2016)
- The highest proportion of adolescent childbearing is found in sub-Saharan Africa, where birth rates among adolescents reach over 200 births per 1000 girls age 15-19, compared to much lower rates in other regions. (UNICEF Maternal Health, 2015)

Annex 1 References

Maternity Worldwide (2015). *'Millennium Development Goal 5- Results'*.

United Nations Department of Economic and Social Affairs (2017). *'World Family Planning 2017'*.

United Nations Department of Economic and Social Affairs, Population Division (2015). *'Trends in Maternal Mortality: 1990 to 2015 Report'*.

United Nations International Children's Fund (2017). *'Levels and Trends in Child Mortality'*.

United Nations International Children's Fund and World Health Organization (2017). *'Countdown 2030: Maternal, Newborn, and Child Survival'*.

United Nations International Children's Fund, Data: Statistics by Topic (2016). *'Maternal Health Current Status + Progress'*.

United Nations International Children's Fund, Data: Statistics by Topic (2015). *'Maternal Health Current Status + Progress'*.

United Nations Sustainable Development Goals (2017). *'Good Health and Well-being'*.

World Health Organization (2016). *'Global Strategy on Human Resources for Health'*.

World Health Organization, Global Health Observatory Data (2016). *'Skilled Attendants at Birth'*.

World Health Organization, Media Centre (2016). *'Maternal Mortality Fact Sheet'*.

World Health Organization, Media Centre (2018). *'Adolescent Pregnancy Fact Sheet'*.

Annex 2: UNFPA- Global Lead UN Agency on Midwifery

- UNFPA has been a strong supporter of midwifery globally since 2008. It is now supporting midwifery programmes in over 140 countries.
- UNFPA has a new Global Midwifery Strategy 2018-2030 that is well aligned with the SDGs. This Strategy is based on six key pillars of interventions: a) Education, b) Association, c) Regulation, d) Health workforce, e) Policy and f) centrality of midwifery in integrated SRMNAH service delivery.
- Since 2009, UNFPA has helped educate and train over 150,000 midwives who could assist some 26 million safe births each year.
- UNFPA has provided support to over 850 midwifery schools globally and fully equipped these schools with training materials, books, and equipment.
- UNFPA has built the capacities of over 15,000 midwifery tutors in clinical and teaching skills.
- UNFPA has strengthened over 250 national and sub-national midwifery associations, including launching new association in Kenya, Burundi, Zambia, Guyana, Nepal, South Sudan, Bangladesh, Djibouti, and other countries
- UNFPA has assisted 85 countries in ensuring competency-based midwifery curriculum, proper regulatory mechanisms, and workforce policies that comply with global standards of the International Confederation of Midwives.
- UNFPA produced the first-ever State of the World's Midwifery Reports (SOWMy) in 2011 and 2014 generating the necessary evidence for program planning and advocacy. Regional State of the World's Midwifery Reports have been produced in Arab States (2016), Eastern and Southern Africa (2017) and the Pacific Region (2018/19).
- UNFPA, ICM and WHO will launch the third State of the World's Midwifery Report in 2021, possibly at the World Health Assembly and the ICM Bali Triennial Congress.
- UNFPA works closely with the International Confederation of Midwives (ICM) and has over 40 global partners and hundreds of national partners including ministries of health, education and human resources for health, and midwifery associations
- UNFPA has helped integrate midwifery with family planning, HIV, ASRH, GBV, and since 2015 UNFPA has been engaging midwives and health workers in a global campaign to eliminate female genital mutilation in 17 countries. Over 4,000 midwives and health workers have been sensitized and trained on FGM since 2015.

Annex 3: UNFPA's Maternal and Newborn Health Response to COVID-19

The UNFPA response to the COVID-19 pandemic involves a multi-pronged approach to maternal and newborn health care:

1. Protect the maternal health workforce
2. Provide safe and effective maternity care to women and their babies
3. Maintain and protect maternal health systems

Midwives should continue to provide quality midwifery care to all women and their newborns while adopting all precautionary measures and understanding the immediate clinical care situation:

- For midwives providing direct patient care, there are a number of preventive measures that can be used to substantially reduce the risk of COVID-19 infection from the woman to the midwife and the midwife to the woman and her baby. It's important though to remind ourselves in this context that healthy women of childbearing age and healthy pregnant women are not at high risk for moderate to severe disease, and have not been reported to be more infectious than persons in the general public.
- Regarding preventive measure, risk screening for infection in all women and any accompanying persons is strongly recommended by the WHO. Midwives can ensure that their facility has systems in place to triage and isolate women with suspected COVID-19 at first point of contact with healthcare system (such as the antenatal clinic or labor ward) and consider COVID-19 as a possible cause of women with active respiratory infections under certain conditions. Women with suspected COVID should be provided with a facemask and treated in a dedicated treatment area where possible. The WHO has produced excellent guidelines available online with further detail about treatment management.

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technicalguidance/patient-management>

- Midwives need to continue all routine infection prevention and control practices, such as handwashing when in contact with any woman or baby in their care. Wash hands thoroughly for at least 20 seconds. Wash frequently. Wash before every new woman or baby is seen and again before physical examination or contact. Wash again immediately after providing physical contact or examination. Wash hands after coughing or sneezing or touching your eyes, nose and mouth. Handwashing will reduce substantially reduce the risk of infection from coronavirus.
- Spraying down surfaces with a cleaning product and wiping them with a paper towel in between patients is also recommended, followed by hand washing.

- It is important though to remind ourselves in this context that healthy women of childbearing age and healthy pregnant women are not at high risk for moderate to severe disease, and have not been reported to be more infectious than persons in the general public.
- Pregnant women need to take the same precautions as all other adults: regular and thorough handwashing, coughing and sneezing into the elbow, physical distancing, and remaining at home where possible.
- A single, asymptomatic birth partner should be permitted to stay with the woman, at a minimum, through pregnancy and birth.
- Routine medical interventions such as induction of labour, caesarean and forceps births without obstetric indication will increase the likelihood of maternal and newborn complications, increase the length of hospital stay and add to staffing burdens in hospitals, all of which will increase the possibility of exposure to COVID-19 and reduce the positive experience of birth for mothers and their families.
- There is currently no evidence to suggest women cannot give birth vaginally or would be safer having a caesarean birth in the instance of suspected or confirmed Covid-19.
- In countries where the health systems can support homebirth, healthy women experiencing a normal pregnancy and with support from qualified midwives, with appropriate emergency equipment, may be safer birthing at home or in a primary maternity unit/birth centre than in a hospital where there may be corona patients (even non-maternity patients).
- Products of conception, the placenta, amnion etc. have not been shown to have congenital coronavirus exposure or infection, and do not pose risk of coronavirus infection. They should be treated as infectious of blood-borne pathogens and dealt with in accordance with standard clinical practices.
- Personal protective equipment including gloves, face masks, eye glasses and gowns, should be used and disposed of correctly by midwives involved in direct patient care in healthcare settings and who routinely have prolonged, close direct contact with patients with possible or confirmed COVID-19 infection or their bodily fluids.
- In addition to routine infection control practices, midwives should maintain social/spacial distancing of 2 arms lengths for as much as possible during any clinical encounter to further reduce the risk of infections.
- Midwives can also ensure that all women wash their hands upon arrival to the health facility, upon entering clinical rooms, upon leaving clinical rooms and upon leaving the facility and

advise all persons (women and staff) to cough into a tissue or their elbow and to wash hands after coughing and sneezing.

- It's vital that midwives and all health care providers self-monitor for signs of illness such as fever, tiredness and dry cough and self-isolate and report illness to managers, if it occurs. Staff with active respiratory illness should not come to work.
- Midwives over the age of 65 or who have other pre-existing cardiac, respiratory or metabolic conditions, and possibly persons with immune deficiency including acquired immune deficiencies, should minimize contact in the workplace and consider non-clinical duties if at all possible.

PS: Detailed guidelines for maternity care have been developed by UNFPA and are on the website. Below is also a detailed list of resources that can be used.

Annex 3 References:

- COVID-19 Situation Dashboard: <https://experience.arcgis.com/experience/685d0ace521648f8a5beeeee1b9125cd>
- https://www.internationalmidwives.org/assets/files/news-files/2020/03/icm-statement_upholding-womens-rights-during-covid19-5e83ae2ebfe59.pdf
- <https://www.internationalmidwives.org/assets/files/news-files/2020/03/who-clinical-management-of-novel-cov-march-2020.pdf>
- <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/pregnancy-breastfeeding.html>
- <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/health-workers>
- <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance>
- <https://www.who.int/reproductivehealth/publications/emergencies/COVID-19-pregnancy-ipc-breastfeeding-infographics/en/>
- <https://www.unfpa.org/press/unfpa-statement-novel-coronavirus-covid-19-and-pregnancy>