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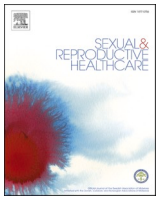

Editorial

Optimizing the role of midwives in humanitarian and developmental settings

Midwives trained according to international standards can deliver quality care and improve maternal and neonatal outcomes. However, there is a huge discrepancy among midwives practising their professional scope in developmental and humanitarian settings. The general midwife scope of practice in developmental settings is identified and prepared by the International Confederation of Midwives (ICM) [1]. However, the document does not clarify midwives' roles, functions, and responsibilities in the humanitarian setting, which may constrain their contributions [2]. In recent years, East African countries such as Ethiopia, Somaliland, the Democratic Republic of Congo, and Kenya have been suffering from what we call triple "C": Conflict, Climate Change(flooding), and COVID-19.

The nature of the humanitarian crisis is overly complex. It involves many humanitarian actors in the access and provision of sexual, reproductive, and perinatal health services for women and girls affected by the crisis. Many professional carders like midwives' obstetricians, community health workers, and lay professionals are actively involved in providing sexual, reproductive, and perinatal care to women and girls in humanitarian settings. As all these health professionals are not midwives, they do not possess the competencies of midwives and do not provide midwifery skills. It leads to the compromise of essential sexual and reproductive health (SRH) services like comprehensive abortion care and family planning. Midwives must be involved before, during, and after the emergency crisis [2]. This further shows the need for strengthening leadership to ensure government and donor efforts are combined to achieve the same goals.

To maximize the impact of midwives, bold investment is needed in workforce planning approaches that reflect the autonomy and professional scope of midwives in any setting. Optimizing the midwives' contribution with their full scope of practice requires collaborative efforts from midwives, midwifery associations, academic institutions, regulators, and civil societies [3]. Many professional midwifery associations in Africa are working to access SRH services in war-affected areas. The Ethiopian Midwives Association and the Somaliland Nursing and Midwives Association are exemplary professional societies in this regard. Both authors, Tewodros (Ethiopia) and Jama (Somaliland) have been involved in national-level midwifery capacity building in their respective professional associations.

The Somaliland Nursing and Midwifery Association (SLNMA) has in the past decade focused on adapting the ICM midwifery professional framework in 2009, strengthening the midwifery profession. Based on three pillars namely, Association, Education, and Regulation of midwives SLNMA focused intensely on strengthening its strategic plan, and development of staff and has ensured sustainability by purchasing its office building. SLNMA advocated and led the efforts of the formation of a regulatory body for all health professionals in Somaliland and has supported the strengthening of all midwifery schools in every region in the country. With the leadership of the Somaliland Ministry of Health Development, SLNMA spearheaded the unification of all curricula according to the ICM standards and introduced supportive supervision for all midwifery schools. SLNMA conducted a survey highlighting challenges embedded within midwives' working environments. This is also in accordance with the ICM 2021 updated midwifery professional framework, which introduced midwifery leadership, research, continuity of care, and the importance of an enabling environment. Part of this challenging environment is very much affected by resources low already environments worsened tenfold by the conflict and humanitarian crisis mentioned above.

Ethiopia has invested a lot in midwifery workforce development in the last three decades. According to the recent national report, there are more than 23,000 registered midwives in Ethiopia; of these, 10, 5000 are members of the Ethiopian Midwives Association (EMwA). Over the past 31 years, EMwA has made significant contributions to improve the quality of sexual, reproductive, and perinatal care both in developmental and humanitarian settings. Over the past five years, EMwA has deployed more than 500 midwives to respond to the SRH needs of displaced and host communities with considerable financial and technical support from UNFPA and the Ethiopian Ministry of Health.

The clock is ticking on achieving Sustainable Development Goal 3. However, data shows that many women die every day globally because of preventable obstetric complications worldwide, partly because of the critical shortage of midwives. As highlighted in the State of the World's Midwifery 2021 report, over 900,000 midwives are needed globally, with a significant shortage in Africa [3]. Increasing the number of midwives is only one important part of the puzzle. But in the African region, we must also recognize the importance of employment and deployment of midwives as part of the health workforce planning. Midwives need to be better employed, deployed, and managed by policymakers through the different regions of the countries to ensure they are where they are needed the most to save women's lives. Also, both Somaliland and Ethiopia have large travelers, and rural communities have limited access to qualified midwives, with the gap often filled by traditional birth attendants and community health workers who lack formal midwifery training.

It is also becoming more public knowledge that midwives should take the lead and hold driver's licenses to deliver basic maternal and child health services. However, it must also be acknowledged that midwives can only reach their full scope of practice if they are working with multidisciplinary teams and a well-functioning health system [4]. Though there are clear midwifery standards and scope of practice with

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clear competencies, a notable gap exists in implementing such documents into practice. A range of health system factors and political arrangements of countries restrict the role of midwives [5].

As midwives, we must change the narrative that our role is limited to labour and delivery, whether in developmental or humanitarian contexts. Our work is deep and goes beyond labouring tasks, and we need to showcase the wide scope of the profession. Therefore, continuous advocacy is required to raise awareness of the African region's unique philosophy and depth of midwifery services.

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