GUEST EDITORIAL

Passion for Midwifery Links Midwives Across Borders

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Birth is a life event for women and families across the globe, and midwives are guardians of this rite. In short, midwives are part of the global society and subject to the political and economic discourse taking place to improve the quality of care for women and their children and should champion such causes by example regardless of where they live or work.

In many European countries, midwifery has strong foundations due to well-established professional organisations that have had the leading role in shaping midwifery education and training and lobbied for safe and quality maternity services. However, not everything is equal in the EU countries, and for example, equity of access to a midwife or choice in place of birth for women is still lacking in some.

As the EU Directive 2005/36/EC has been evaluated and the project of its modernisation is taking place, a closer look into the pursuit of midwives' activities as stated in the existing article 42 has been undertaken by the European Midwives Association (EMA)[1]. A series of surveys was done over 3 years to get a closer understanding of the role of midwives in ante-, intra-, and postpartum care across Europe. It clearly highlighted that there was considerable variation in that role and the activities that they were able to undertake, varying from a truly autonomous one to one of an obstetric handmaiden. As the majority of these countries were EU member states and should have complied with the EU Directive 2005/36/EC, I would be very critical of the state of its real implementation in some countries. The women of Europe and their families are clearly not afforded the same level of quality care. Furthermore, in my role as President of EMA, I have been privileged to exchange direct information with many colleagues within Europe and am constantly surprised how we share same joys and concerns regarding midwifery, but how restrictive the practice is in some countries. Having qualified and practised as a midwife in the United Kingdom, I am always aware how fortunate our midwives are in having an autonomous profession that is respected as such.

Midwifery is an autonomous profession and should be recognised as such. The existence of midwives' articles supports the differentiation of midwifery education, training and practice from that of nurses. The International Confederation of Midwives (ICM) in its definition of the midwife and scope of practice states: 'A midwife is recognised as a responsible and accountable professional who works in partnership with women to give the necessary support, care and advice during pregnancy, labour and the postpartum period, to conduct births on the midwife's own responsibility and to provide care for the newborn and the infant. This care includes preventative measures, the promotion of normal birth, the detection of complications in mother and child, the accessing of medical care or other appropriate assistance and the carrying out of emergency measures'.

Furthermore, it qualifies an important principle in the scope of practice: 'A midwife may practise in any setting including the home, community, hospitals, clinics or health units'.

EMA fully supports these statements and further acknowledges that within the EU midwives' practice in many countries encompasses the above and more in relation to prevention, promotion and health education within the broader public health agenda of women's health, sexual or reproductive health and child care.

Autonomous midwifery practice is founded on providing up-to-date, evidence-based, high-quality and ethical care for childbearing women and their families. Professional autonomy, therefore, implies that midwives determine and control the standards for midwifery education, midwifery regulation and midwifery practice. It entails having a unique body of knowledge, processes for decision-making, and having acquired the knowledge and skills for competency to carry out those actions as part of a recognised professional education programme.

In countries where midwives are not seen as primary caregivers in maternity, they struggle for any role, for example, in ante- or postnatal care and could be seen in a 'nursing' role during labour. They have no decision-making rights, and the final moment of birth is conducted by an obstetrician; their prac-

[1]The **European Midwives Association (EMA)** is a non-profit, nongovernmental organisation representing the voice of over 100 000 midwives in Europe. EMA has membership associations and contacts in over 30 countries covering the member states of the European Union (EU) and the European Economic Area (EEA), EU candidate countries and the Council of Europe. One of the EMA's objectives is to influence the development and the implementation of the EU wide legislation on midwifery education and practice.
Through member associations, EMA listens to women's voices and acts as an advocate and a lobbyist on issues that affect the health of these women and their families. European midwives: touching lives of over 4.5 million women, babies and their families.

tice environment is an obstetric labour ward outside which labour care options do not exist. The concept of professional autonomy does not mean working alone with a woman in isolation from other health professionals, but working with equality and equity.

These variations are based on economical and political drivers, which set the framework of national health systems. These have proven to be insurmountable barriers for some midwives, but there is a palpable change in the air. Improving public health is an issue for midwives. This is a crucial part of practice development, which is becoming much more visible. As maternity care has been historically always close to the public health outcomes, I believe that in the future it could be this sphere of the role, which shapes and releases the full autonomy of midwifery practice. The vast and fast development of information technology allows knowledge transfer that does not have geographical boundaries. Sharing best practice and contributing to the universal font of midwifery science is much more accessible than ever before. I hear midwives across Europe sharing agenda like the rising cesarean section rates, a costly public health issue, and debating how to reduce excessive interventions in pregnancy or labour. Getting together in larger numbers gives midwifery a stronger voice, and working with women, we will be a force to reckon with in the future.

We need to ensure that in building an effective maternity service, all aspects of sound business planning are fulfilled. This includes not only having the right terms and conditions of employment, but developing the professional attributes that make us skilled in providing high-quality maternity care.

I have been involved in the project 'Campaign for Normal Birth' (CNB) of the Royal College of Midwives (RCM) (UK) for many years now. It is a prime example how sharing information and simple promotional material can be used to raise the confidence of midwives in normal birth (our expertise can be seen in the 'normal birth' on the website www.rcmnormalbirth. org.uk).

As part of the campaign, we have developed promotional materials, the most successful one being our 'TEN TOP TIPS' written into a booklet and other materials. They have touched so many midwives and women, as they focus on the universality of birth and what we as midwives can easily do without large resources to facilitate normal birth. In their short format, they are as follows:

1. Wait and see;
2. Build her a nest;
3. Get her off the bed;
4. Justify intervention;
5. Listen to her;
6. Keep a diary;
7. Trust your intuition;
8. Be a role model;
9. Be positive;
10. Promote skin-to-skin contact.

There is a slightly longer text linked to each tip, and we have been able to work with international colleagues to translate them into other languages. Current translations on the website www.rcmnormalbirth.org.uk are in French, Chinese, Finnish, Spanish, Arabic, Portuguese, German, Italian, Dutch and Tamil. Individual countries like Germany and Brazil have printed theirs in the RCM published format for their own midwives. We also have the women's 10 top tips that correlate with the ones of midwives.

In the practice section, you will find material relating to birth position including videos and audit sheets that can be used universally. These resources are now used in Germany and Netherlands. The birth centre resources cover information on birth centres in the United Kingdom.

Have we been successful 6 years down the line? It depends what success looks like and to whom. The Campaign certainly has engaged midwives widely; annual statistics state that 17 559 people visited the website from 130 countries/territories covering 52 languages. The Campaign has inspired other national campaigns and government policy changes in Spain, Brazil, Czech Republic, Germany and Australia to mention some. The Campaign has close links with ICM and continues to be part of the biannual Normal Birth Research Conference that the University of Central Lancashire and RCM initiated as part of the Campaign-linked activities. The RCM continues to have CNB embedded into their organisational strategy and currently has an annual reward for a 'Normality category' and has funded a RCM PhD scholar in 'normal birth'.

Together we can change the way childbirth happens!

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