

# MIDWIVES PREVENTING GESTATIONAL AND NEONATAL MORTALITY AND MORBIDITY

Midwives' engagement in worldwide public health practices can significantly influence short- and long-term gestational and newborn outcomes (Nove et al., 2020).



## INFANT MORTALITY AND MORBIDITY

### SCREENINGS

Several reviews report screenings such as ultrasounds (to estimate a due date, detect significant fetal abnormality or multiple pregnancies), lower genital tract infections, hemoglobinopathies, and genetic abnormalities as effective interventions to assess the baby for physical, psychological, and social complications. So, an early care plan for parent and baby can be established; and if complications are identified, referrals can occur in the early stages (Biro, 2010; McNeill et al., 2012; World Health Organization, 2019).

### SUPPLEMENTATION

During pregnancy, iron, micronutrients, folic acid, calcium, and Long Chain-Poly Unsaturated Fatty Acids (LC-PUFA's) reduces the risk of neural tube defect, low birth weight, preterm birth, and preeclampsia. Therefore, offering proper guidance and supplementation can reduce infant and gestational mortality and morbidity (McNeill et al., 2012; Nove et al., 2020; World Health Organization, 2019).

### BREASTFEEDING & POSTNATAL SUPPORT

Professional support is more beneficial than standard care for duration of any breastfeeding and additional lay support is effective in reducing the cessation of exclusive breastfeeding (McNeill et al., 2012). Midwives actively initiate strategies facilitating early parent-newborn bonding (Phuma-Ngaiyaye & Kalembo, 2016) such as breastfeeding and postnatal support which can increase the proportion of children aged 1-5 months who are exclusively breastfed from 37% to 55% in the lowest HDI countries with the attendant benefits to the family of improved bonding and health and cost savings (Nove et al., 2020).



## GESTATIONAL MORTALITY AND MORBIDITY

### FAMILY PLANING & REPRODUCTIVE HEALTH

According to Utomo et al. (2021), family planning demonstrates to minimize maternal mortality by lowering total and high-risk pregnancies - especially access to adolescent reproductive health education and services (Nieburg, 2012). In fact, midwife delivered family planning interventions projects to prevent over half of the deaths (Nove et al., 2020).

### EVIDENCE-BASED ANTENATAL CARE AND COUNSELING

Effective evidence-based practices in the antenatal period involving early screening, continuous support, education, mental health, nutrition, and unnecessary interventions improve gestational outcomes. Moreover, cultural, political, and social circumstances in which the provision of screening occurs play also a crucial role by increasing gestational wellbeing, reducing chronic illness, and reducing gestational deaths (Biro, 2010; McNeill et al., 2012; Nieburg, 2012).

### ADVOCATE FOR HEALTH EQUITY & EQUILITY

Gestational mortality and morbidity are higher among Black, Indigenous, and Asian or Pacific Islander populations in the United States. Midwives offer care during the most critical stages of the childbearing cycle. When familiarised with data on gestational mortality and morbidity, midwives can help established well-placed guidelines and programs in areas and places where Black, Indigenous, and Asian or Pacific Islanders are most affected (Biro, 2010; Center For Disease Control & Prevention, 2018; Nieburg, 2012).

# UNIVERSAL COVERAGE OF MIDWIFERY CARE

Midwives can contribute to significant decreases in maternal and neonatal mortality and stillbirths. Midwife-delivered family planning interventions had the most significant impact, although periconceptional, prenatal, delivery, and postnatal midwife-delivered practices contribute significantly. A substantial scaleup of midwife delivered interventions (a 25% increase in coverage every 5 years from 2020 to 2035) would result in 41% fewer maternal deaths (20 fewer per million people), 26% fewer stillbirths (100 fewer per million people), and 39% fewer neonatal deaths (150 fewer per million people) globally in comparison to a scenario of no change in coverage (Nove et al., 2020).

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## SUMMARY OF AREAS/INTERVENTIONS

- Access to adolescent reproductive health education and services
- Access to family planning information and services
- Access to community education on safe parenthood
- Access to evidence-based antenatal care and counseling
  - Nutritional advice and supplements (iron, vitamins, micronutrients)
  - Blood pressure screening
  - Preparation of birth preparedness plan
  - Preparing for emergencies
  - Screening for HIC and other sexually transmitted infections
    - \*Antiretroviral drugs and infant feeding advice for HIC infected
- Access to skilled assistance at delivery
- Access to care of obstetric complications and emergencies
- Access to postpartum care (breastfeeding and mental health)

Source adapted from Nieburg (2012), "Components of a Comprehensive Safe Motherhood Strategy."

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