



THE SWEDISH MIDWIFERY REPORT 2021

# The midwife's role in implementing the Sustainable Development Goals of the UN 2030 Agenda

PROTECT AND INVEST TOGETHER

Swedish Network for Midwifery at the Swedish Association of Midwives  
Stockholm 2021



# Background

**I**n 2018 and 2019, the Swedish Ministry for Foreign Affairs hosted a series of round table discussions on different thematic areas, including the midwife's role in global health. Several of these round table discussions mobilised into networks to support the implementation of Sweden's work on global health to achieve the UN 2030 Agenda.

**In 2020**, the Swedish Ministry for Foreign Affairs commissioned SIGHT, Swedish Institute for Global Health Transformation at the Royal Swedish Academy of Sciences, to coordinate and address synergies between networks gathered under the umbrella of Swedish Networks for Global Health. The purpose of the networks is to bring together actors with a common interest in a specific issue. Through a coordinated and joint effort based on organisations respective assignments and mandates, the impact of Swedish action in Global Health can be increased.

**In 2021**, the Swedish Association of Midwives formally founded the Swedish Network for Midwifery. The group covers competencies in policy work, health care practice, and research within midwifery, based on the International Confederation

of Midwives core competencies. During 2020 and 2021, a group of members reviewed the midwife's role in implementing the UN 2030 Agenda in Sweden, presented in this document.

**The report can** be used as an inspiration for accelerating the implementation of the Agenda, building on the impact of the Swedish midwife-led interdisciplinary model of care, enabling policy dialogue within and between countries to strengthen midwifery education, research, regulation, and services. It is also meant to assist midwifery associations in enhancing members' continuous professional development within the full scope of sexual, reproductive, and perinatal health care.

**The group is** grateful for the many insightful comments and encouraging words from those participating in developing this report. Thanks to Johan Dahlstrand at SIGHT, and Professor Marie Klingberg Allvin, for early participation in the development of the report, and to Professor Ingela Rådestad, Professor Ulf Högberg, Professor Ingela Lundgren and Programme & Implementation Manager Anna af Ugglas, Laerdal Global Health, for valuable comments and insightful feedback.

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*“An educated midwife can make a difference between life and death for women and children.”*

Eva Nordlund

## Foreword

**I am proud to present** a publication that describes the vast importance midwives have and have had for the women and children of the world, for the families, and all the young people who have the opportunity to meet a midwife. A midwife educated in accordance with global education standards can mean the difference between life and death for women and children.

**The well-educated** Swedish midwife was of great importance for survival in connection with childbirth as early as in the 19th century. Education, competence, practical skills, and insight into hygiene made the midwife indispensable in decreasing maternal mortality. Midwives were a low-cost workforce who could do their work all over the country, and the professionalisation of midwives began to step up.

**In 1886**, Swedish midwives organised themselves into a joint union, the Swedish Association of Midwives. Issues such as salary, pension and quality of the midwifery students were relevant. The midwives' drive and desire to follow the development led to broadened expertise and Swedish free maternity care during the 1930s. During the same period, the midwife's public health work and

contraceptive counselling developed, followed by the midwife's participation in providing qualitative abortion care. The professionalisation of the midwifery profession deepened.

**The Swedish Association** of Midwives began cooperating early on with Nordic colleagues in the Nordic Midwifery Association. It is also a prominent player in the global organisation, the International Confederation of Midwives. To join hands and organise as a professional organisation, learn from midwives from other countries and develop the profession have strengthened the midwife's position. However, there is still a long way to go before there are well-trained and educated midwives globally.

**As part of the** work, the Swedish Association of Midwives has established the Swedish Network for Midwifery,

open to anyone who wants to promote women and adolescents having the opportunity to meet an educated midwife during their reproductive and sexual life cycle. The network is part of the Swedish Networks for Global Health, which adds further value by enabling multisectoral and interdisciplinary collaboration around global health. In this way a large number of Swedish actors come together through coordinated and joint action. SIGHT supports the overall work with the Swedish Networks for Global Health and stimulates synergies between thematic areas and networks.

**This report is part** of the work that describes the multifaceted and trained midwife's competence and influence for good reproductive, perinatal and sexual care. I would especially like to thank those who made it possible.

*Eva Nordlund*  
**Eva Nordlund**  
President, the Swedish  
Association of Midwives







# Introduction

**The Swedish Midwifery report 2021 – *The midwife’s role in implementing the Sustainable Development Goals of the UN 2030 Agenda***, aims to present action taken to increase and promote sexual and reproductive health and rights (SRHR), and support the policy dialogue around sexual, reproductive and perinatal health in Sweden. Many of the goals must be handled differently in Sweden compared with other countries, but the overall goal is the same, healthy mothers and children.

**The UN 2030 Agenda** for Sustainable Development and 17 interlinked Global Goals call for action by low-, middle- and high-income countries to promote prosperity while protecting the planet. In the acceleration process towards a sustainable future that ensures health and dignity for all, the midwifery workforce is essential. The midwife focuses on the woman's whole reproductive life-cycle, from contraception counselling, pre-conception care, abortion care, pregnancy, intrapartum and postpartum care, to care for women during and after menopause. Midwife-led interdisciplinary care within a functioning referral system, a so-called hub-and-spoke healthcare system (definition provided

in part II, SDG 3), saves lives of women and children worldwide.

**The report gives** an insight into the midwife’s role in implementing the UN 2030 Agenda in Sweden. It aligns with the Sustainable Development Goals (SDGs) and the UN Secretary General’s Global Strategy of Women’s and Children’s Health. The World Health Organization (WHO) extended the International Year of the Nurse and the Midwife (2020) to the year of the Health and Care Workers 2021 with the slogan *Protect, Invest, Together*, while the International Confederation of Midwives (ICM) came to name it the *Decade of the Midwife*. It is an opportunity to leverage the Swedish midwife-led interdisciplinary model of care in a hub-and-spoke system and commit to an Agenda that will drive progress to 2030 and beyond.

**Overall; *The Swedish Midwifery report 2021 – The midwife’s role in achieving the Sustainable Development Goals*** is developed to:

- Promote the Swedish midwife-led interdisciplinary model of care and its impact towards the SDGs,
- Build on the impact of the Swedish midwife-led interdisciplinary model of care, enabling a more informed

policy dialogue within countries to strengthen midwifery education, research, regulation, and services,

- Encourage multi-sector policy dialogue between governments, donors and their partners to accelerate the progress on the SDG targets related to midwifery,
- Provide Sweden as a showcase to assist midwifery associations in enhancing members’ professional status, the quality of education, training, research, professional and ethical criteria and continuous professional development within the full scale of sexual, reproductive and perinatal health care.

**The report comprises** three parts. Part I describes the historical background of Swedish midwifery, focusing on milestones that show how Sweden over three centuries reduced its maternal and infant mortality rates, in part by developing a high-quality education program led by academically sound midwives. Part II presents the midwife’s role in relation to **SDGs 2, 3, 4, 5, 16 and 17**. Part III consists of reflections and ways forward, the need to protect midwives’ rights, to invest in midwifery leadership and, by doing it together, ensure that midwives are enabled to deliver safe healthcare at all times.

## ABOUT

The midwife-led interdisciplinary care model represents State of Art for Sexual and Reproductive Health in Sweden. This model places the midwife in the centre as the primary healthcare provider for all sexual and reproductive health matters. The midwife works closely with other healthcare professionals during the woman's whole reproductive life-cycle with contraception counselling, pre-conception care, abortion care, pregnancy, intrapartum and postpartum care, and care for women during and after menopause. As the primary care providers for healthy women with normal pregnancies and births, the midwife will address the other professionals in the interdisciplinary team, such as obstetricians, gynaecologists, paediatricians, psychologists, social workers, when complications occur.





## The development of the midwife's role in Sweden

– From traditional birth attendants to licensed midwives with an academic degree.

**T**oday, a qualified midwife in Sweden is a professional who is educated with a Bachelor in Nursing and a one-year Master's degree in reproductive, perinatal and sexual health, and demonstrates competency in accordance with the ICM Essential Competencies for Basic Midwifery Practice<sup>1</sup>.

**The professionalisation** and academisation of the midwife began at the end of the 17th century, in parallel with the struggle against the high maternal mortality rate (MMR). At the same time that the proportion of midwife-assisted births increased from 30 to 70 percent, the MMR declined from 414 to 122 per 100 000 live births in the second half of the 19th century. The risk of maternal death declined fivefold if a midwife attended a home birth. In this way maternal outcomes in Sweden started to improve even before the introduction of modern obstetrics and institutional births.

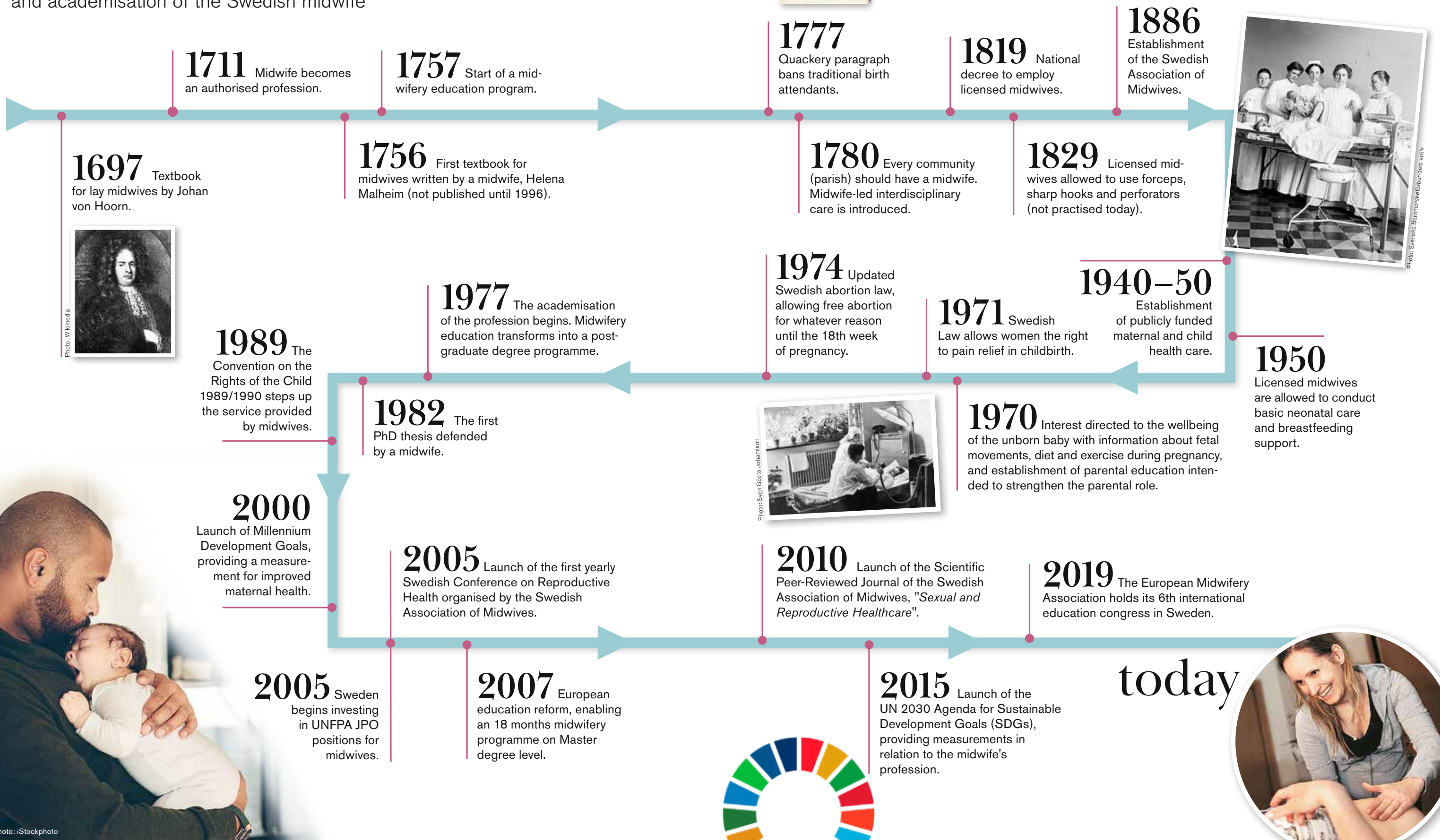
*Arjeplog 1945. Siri Sundström, midwife in the wilderness around Arjeplog on her way to the next delivery after a visit at the Öhlund family on Forsnäs farm. From the book Lennart Nilsson – pictures of his life.*



324 years

# Midwives through history

Key events affecting the professionalisation and academisation of the Swedish midwife







## The midwife's role in relation to the SDGs in Sweden

**T**he UN Millennium Declaration and the Millennium Development Goals, (MDGs), were adopted in 2000 and global efforts made to achieve the eight goals agreed upon for the first 15 years of the new millennium. This was the foundation for the development of the SDGs adopted by the world's leaders in 2015. Sweden responded to the international agenda for global development by an effort to translate it into national policy. A Swedish priority in working toward achieving the MDGs was the empowerment of women. Sexual and reproductive health and rights, the promotion of gender equality and addressing imbalance of power, are subjects that have a great effect on all of the MDGs. To understand the midwife's role in relation to the SDGs in Sweden one needs to take a look at the Swedish commitments and activities related to the MDGs and specifically goal 3, 4 and 5 addressing maternal and child health and equality.

**Sweden is one** of the world's most gender-equal countries according to the United Nations Development Programme (UNDP). The Swedish system for midwifery care to women and families was intended to strengthen the role of the woman and the parents and had its political background in the principles of gender equality. The principle of gender equality that is so strongly rooted in Swedish society has not only impacted our nation-building but also on our international commitments and actions.

The promotion of gender equality has thus been a primary goal of Swedish development cooperation for many years and continues to be so.

**Swedish development** cooperation supports health care directed to mothers and children since decades. Sweden is actively involved in improving the capacity to develop healthcare systems that meet the need within the field of reproductive health. To support breastfeeding, reduce the transmission of HIV and facilitate the access to contraceptive services of good quality and safe abortions has long been priorities for Swedish development aid.

**Education of** midwives and improvement of maternity clinics has contributed to reduce the number of maternal deaths in Sweden and is another important international commitment. Sweden has supported capacity building and the strengthening of the midwife's role in several countries. Access to midwifery care for all women has been the key to reduce maternal and child mortality. This work started long before the development of the MDGs and will continue until every woman and every child counts and no one is left behind.

**SDGs 2, 3, 4, 5, 16, 17** and relevant targets have been chosen after perceived relevance to the midwife's profession and scope of work, and academisation.





# Midwife's work within nutrition

**SDG 2 of the UN 2030 Agenda** for Sustainable Development is to "end hunger, achieve food security and improved nutrition and promote sustainable agriculture"<sup>2</sup>. At least 12 of the 17 Goals contain indicators appropriate to midwives' work within nutrition. As argued by the UN, these SDGs can only be realised with adequate and sustained investments in good nutrition<sup>3</sup>.

**Malnutrition will** represent an often invisible impediment to the achievement of the SDGs. In Sweden midwives work proactively to reduce obesity. This results from a lack of sufficient and adequate nutritious food, and is intertwined with factors such as empowerment of women and families, health during pregnancy and childbirth, care for the newborn, breastfeeding, complementary food counselling to parents, clean water supplies, sanitation and hygiene as well as access to food and resources<sup>4,5</sup>. For instance, the Swedish National Board of Health and Welfare has a policy that midwives should strengthen pregnant women's autonomy.

Several vital strategies aim to empower women to prevent stillbirth, including balanced energy/protein supplementation

and advice on how infants should sleep<sup>6</sup>. In antenatal care, the professional midwife e.g. provides nutrition advice and sometimes access to nutrient food supplies. In this way, the midwife's scope of work links to SDG 2 Zero Hunger for women's and children's health and wellbeing in the long term, described below.

## The midwife's role in promoting healthy food

The midwife in Sweden has a crucial role in promoting the child's health and wellbeing by empowering and enabling parents to take on their primary responsibility for the upbringing and development of the child<sup>7</sup> to secure the child's rights effectively.

It begins at the antenatal care visits. The midwife provides the pregnant woman with dietary recommendations and advice regarding her food intake throughout the pregnancy. The midwife further starts the promotion of breastfeeding, which follows at birth and in postpartum care<sup>8</sup>.

By implementing a baby-friendly hospital initiative<sup>9</sup>, the zero separation of mother and newborn and early breastfeeding initiation is the standard for all births<sup>10,11</sup>. The midwife recommends skin-to-skin care between newborn and

parent until the baby accepts breastfeeding. Establishing breastfeeding is advised before introducing a pacifier<sup>12</sup>. The birth with early initiation of breastfeeding and bonding might have long-lasting effects on the mother-partner-child triad and upbringing<sup>13,14</sup>.

## Midwife-led interdisciplinary care

A reporting system between the midwife and the primary health care nurse at the child clinic enables a secure transfer between postnatal care and the primary health care system in the first weeks after birth. Child health, development, and living conditions are monitored based on instructions from the Swedish National Manual for Child Health and Nutrition<sup>15</sup>. The manual provides advice to the primary health care nurse and other health care professionals on health monitoring, health assessment, vaccinations of the child, support of the triad, and parenting counselling.

Swedish midwifery practice recommends full breastfeeding with no complementary food or formula for four months, in line with WHO breastfeeding guidelines<sup>16</sup>. When breastfeeding difficulties occur, the mother can use

# Nutrition is essential for the success of all the SDGs

**Optimal nutrition** is essential for achieving several of the Sustainable Development Goals, and many SFGs impact nutrition security. Nutrition is hence linked to goals and indicators beyond Goal 2 which addresses hunger. A multisectoral nutrition security approach is necessary for success.







## ZERO HUNGER



During six months to one year of age, the child is introduced to food such as porridge.

cup feeding of breastmilk. If a newborn requires formula, the consultation with a physician will result in a prescription given only to newborns with low blood glucose levels or with other illnesses<sup>17</sup>.

**From four months on**, the child may experience 'taste sensations' from different foods, including gluten-bearing foods. However, breastfeeding should continue to avoid intolerance and allergy<sup>18</sup>.

During six months to one year of age,

the nurse provides complementary feeding counselling to the parents. Advice consists of continued breastfeeding with the introduction of food, such as gruel and porridge (yet not made of biscuits). Small portions of animal milk can be given, yet not in a bottle. Foods should include added iron that children need during this growth period while excluding sugar, salt, palm oil, green vegetables (due to nitrate) and honey (due to Botulinum toxin)<sup>19</sup>.

From 1 year of age, parents may introduce

family food while being aware of the risk of allergy. Free meals in preschool and throughout the school years follow<sup>20</sup>.

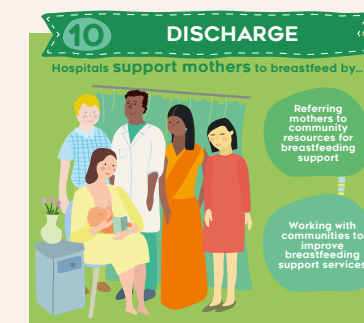
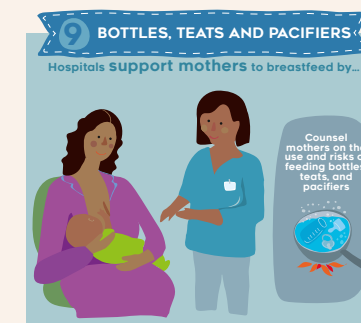
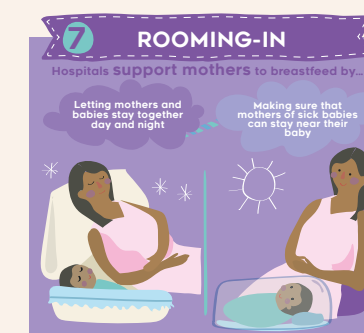
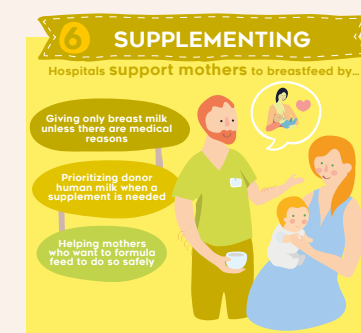
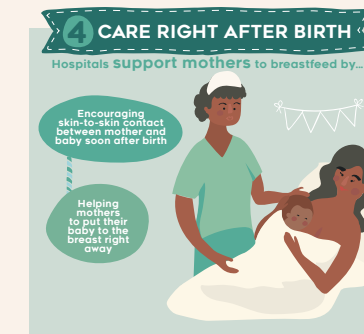
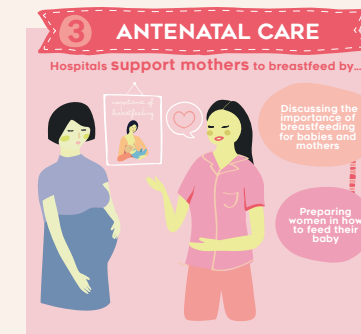
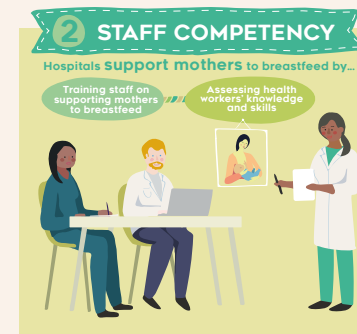
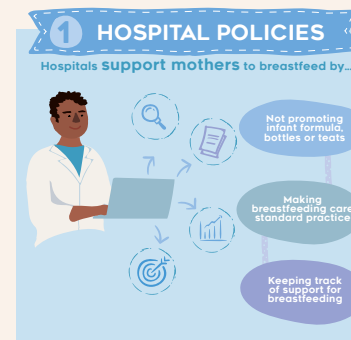
**In addition to** the recommendations provided by a midwife, children with special needs are covered by interprofessional consultations in collaboration with the child's family when illness or development, nutrition or interaction difficulties arise. By monitoring children's health over time, children in need of specialist care can quickly transfer to an interdisciplinary team consisting of a psychologist, paediatrician, or nutritionist<sup>21</sup>.

**States or Parties** having signed The Convention on the Rights of the Child 1989/1990 are obligated to assist parents in taking on their parental responsibilities and duties, such as material needs, relating to "nutrition, clothing, and housing"<sup>22</sup>. The Swedish Government must ensure that the information on "child health and nutrition, the advantages of breastfeeding"<sup>23</sup> is provided. It further holds the responsibility to "develop preventive health care, guidance for parents and family planning education and services". As one of several agents, the midwife then contributes by providing support, guidance, and information on nutrients throughout the pregnancy and breastfeeding period and referring mother and babies to specialists when necessary.

**2.1** By 2030, end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round.

**2.2** By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons.

## The TEN STEPS to Successful Breastfeeding





# Ensuring healthy lives

**SDG 3 of the UN 2030 Agenda** for Sustainable Development is to “ensure healthy lives and promote wellbeing for all ages”.<sup>24</sup> The associated targets aim to reduce the global MMR and end preventable deaths of newborns and children. Having access to a midwife is an essential isolated factor in reducing mortality and morbidity among women and children worldwide. Midwives working in interdisciplinary teams, planning and providing care, and reaching out to other health professionals when necessary, ensure the most cost-effective care. The model shows excellent outcomes and high satisfaction levels among women.

Swedish midwifery history shows dramatic improvements when sufficient resources are available to midwifery work. The number of nurses and midwives in Sweden is 120 per 10,000 inhabitants, which places Sweden at number 16 on the WHO list of Nursing and Midwifery personnel. About 6,000 midwives are practising SRHR, serving 10 million people with a fertility rate of 1,7/woman (Table 1).<sup>25</sup>

## The professional midwife ensuring health and wellbeing

A midwife works closely with other

healthcare professionals during the woman's whole reproductive life-cycle with contraception counselling, pre-conception care, abortion care, pregnancy, intrapartum and postpartum care, and care for women during and after menopause.

The midwife cares for women's gynaecological and sexual health, providing contraception whenever necessary, including diagnosing and treating sexually transmitted diseases and infertility. The midwife is also an independent provider of free contraceptive counselling to young women. Up to 20 years of age, contraception is provided free of charge, after that subsidised, by the health system. This has contributed to the decrease in adolescent deliveries, being among the lowest rates globally.<sup>27</sup>

**The midwife sees** all healthy pregnant women during pregnancy for antenatal care and a routine screening ultrasound. The pregnant woman visits the midwife regularly, a free service starting from pregnancy week 6 to 8. Women with health conditions and high-risk pregnancies are referred and consulted by an obstetrician/ gynaecologist.

While providing care to all healthy women during labour and childbirth,

the midwife is always prepared to take particular action in acute cases by assessing the seriousness of the problem. When the situation deviates from normal, the midwife reports the progress to an obstetrician, ready to join if necessary. Irrespective of complications, the midwife cares for the woman throughout her labour and birth while constantly being connected with other professionals in the team, addressing situations as they arise.

**The healthy newborn** baby should lie skin-to-skin with the mother after birth. If the mother cannot care for the child due to complications, the child can lie skin-to-skin with the father, partner, or another family member. After a period of resting, the baby will open its eyes to seek contact with the mother and then make rooting and crawling movements, make “lid sounds”, and grasp the breast to start sucking. If the baby is left undisturbed with the mother, these phases occur within about an hour after birth<sup>28</sup>. After a couple of hours, the midwife performs a first examination of the baby. At this time, the baby is weighed and measured. Head circumference is measured, fingers and toes are checked and counted, the spine is checked, as are

**3.1** By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.

**3.2** By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.

**3.4** By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and wellbeing.

**3.7** By 2030, ensure universal access to sexual and reproductive healthcare services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.

TABLE 1.

## Reproductive statistics from Sweden year 2019<sup>26</sup>

Fertility rate	1.66
Total number of births	108,000
Institutional births	99.9 %
Maternal mortality	3–4/100,000
Perinatal mortality	2.2/1,000
<b>Mode of birth</b>	
» Vaginal, spontaneous birth	76.7 %
» Instrumental vaginal birth	6.0 %
» Caesarean Section	17.3 % (8.8 % elective, 8.5 % acute)
Induction	19.1 %
Episiotomy	6.0 %
<b>Exclusive breastfeeding</b>	
» 1 week after birth	95 %
» At 6 months	15 %
Paid parental leave	480 days
Total number of legal abortions	36,151





Photo: iStockphoto

A midwife works closely with other healthcare professionals during the woman's whole reproductive life-cycle.

fontanelles and sutures. The child's temperature is measured, and skin colour and tone are registered. The baby's palate is examined to determine that there is no cleft palate. If the baby has not pooped in connection with the birth and the first breastfeeding, the nurse will check with the help of a thin plastic catheter to ensure that the anal opening is not closed.

**Should a complication** arise that calls for action with a newborn, the midwife starts resuscitation and calls for help from other professionals in the team, for example, an obstetrician and/or a paediatrician and a pediatric nurse. The midwife is responsible for providing

appropriate care until the paediatrician is present. Upon arrival, the paediatrician makes clear who is accountable for what. This could be communicated from the paediatrician to the midwife like this:

*"This is going well. Keep on with the neopuff if you are ok doing that. I will check the heartbeat meanwhile."*

**The care in** the labour wards is followed by care in outpatient maternal and child health clinics, with integrated care of the mother-partner-child triad, postpartum contraception, and support in breastfeeding and nutrition by specialists in obstetrics gynaecology, neonatology, nutrition and midwifery. Some labour wards have emphasised the continuity

of care by integrating labour, birth, and postpartum care in the same ward so that women and their families meet the same interprofessional team. A midwifery model of women-centered care has also been developed<sup>29</sup>.

**At discharge from** the hospital, the parents are informed about the primary child health clinic, where the child will receive health examinations and vaccinations from the time as a newborn until starting school. A report is sent from the postnatal ward to the primary health care nurse where parents receive support and advice about the child's health and development and parenting. The first meeting will be a home visit within a week of birth.

Lifelong health and wellbeing is enhanced and menopause is yet another part of life when the midwife supports women. Women are screened for cancer of the reproductive system and counselled for hormonal and sexual wellbeing. Advice is provided on nutrition, physical activities, preventing osteoporosis, anaemia, menstrual disorders, and general wellbeing.

#### Midwife-led interdisciplinary care ensuring health and wellbeing in a hub-and-spoke healthcare system

Access to a professional midwife, as a primary care provider, and the midwife-led interdisciplinary team, for complications, during a woman's whole sexual and reproductive life-cycle has long been a centrepiece in Sweden's efforts to

TABLE 2.

### Life cycle periods, midwives scope of practice and aim

Life-cycle period	Midwives scope of practice	Aim
Adolescence and pre-conception	<i>Contraception counselling, abortion and post-abortion care and sexual transmitted infection prevention</i> <ul style="list-style-type: none"> <li>» Prescription of contraception for voluntary child spacing and non-wanted pregnancy</li> <li>» Sexuality education on sexual activity and puberty</li> <li>» Health promotion and prevention of alcohol, drugs and violence</li> <li>» Screening for cervix cancer</li> </ul>	Advocate for women rights and access to care
Pregnancy	<i>Promotion of normal processes</i> <i>Prevention of complications</i> <ul style="list-style-type: none"> <li>» Eight antenatal visits</li> <li>» Assessment and screening for alcohol and drugs, HIV, violence, depression, obesity</li> <li>» Refer to an adequate level of care when complicated pregnancy</li> <li>» Perinatal education, information, health promotion and care planning</li> </ul>	Enhance fetal growth and healthy outcomes of pregnancy and childbirth
Intrapartum	<i>Promotion of normal processes</i> <i>Prevention of complications</i> <ul style="list-style-type: none"> <li>» Nutrition when in labour</li> <li>» Choice of labour and birth positions</li> <li>» Birth companion of choice</li> <li>» First-line management of complications and refer to medical, obstetric or neonatal services</li> </ul>	Enhance normal physiological labour and birth through the provision of continuous support Provide respect, dignity and informed choices
Postpartum and neonatal period	<i>Promotion of normal processes</i> <i>Prevention of complications</i> <ul style="list-style-type: none"> <li>» Immediate skin-to-skin care</li> <li>» Early initiating of breastfeeding</li> <li>» Examination of the newborn</li> <li>» Access to the mother</li> <li>» Enhance bonding</li> </ul>	Enhancing health and preventing morbidity and mortality
Early childhood	<i>Promotion of normal processes</i> <i>Prevention of ill health</i> <ul style="list-style-type: none"> <li>» Primary healthcare programme from 1 week to 18 years</li> <li>» Nutrition and growth</li> <li>» Immunisation</li> <li>» Assessment and screening for alcohol and drugs, violence, depression, obesity, malnutrition</li> <li>» Refer to an adequate level of care when ill health</li> <li>» Parental education in child health and development, information, health promotion and care planning</li> </ul>	Protecting the family-child relationships for the healthy well-being and growth of the child
Menopause	<i>Promotion of normal processes</i> <i>Prevention of ill health</i> <ul style="list-style-type: none"> <li>» Screening for cancer of reproductive system</li> <li>» Counselling for hormonal and sexual wellbeing</li> <li>» Advice on nutrition, physical activities preventing osteoporosis, anaemia, menstrual disorders, and general wellbeing</li> </ul>	Enhancing lifelong health and wellbeing

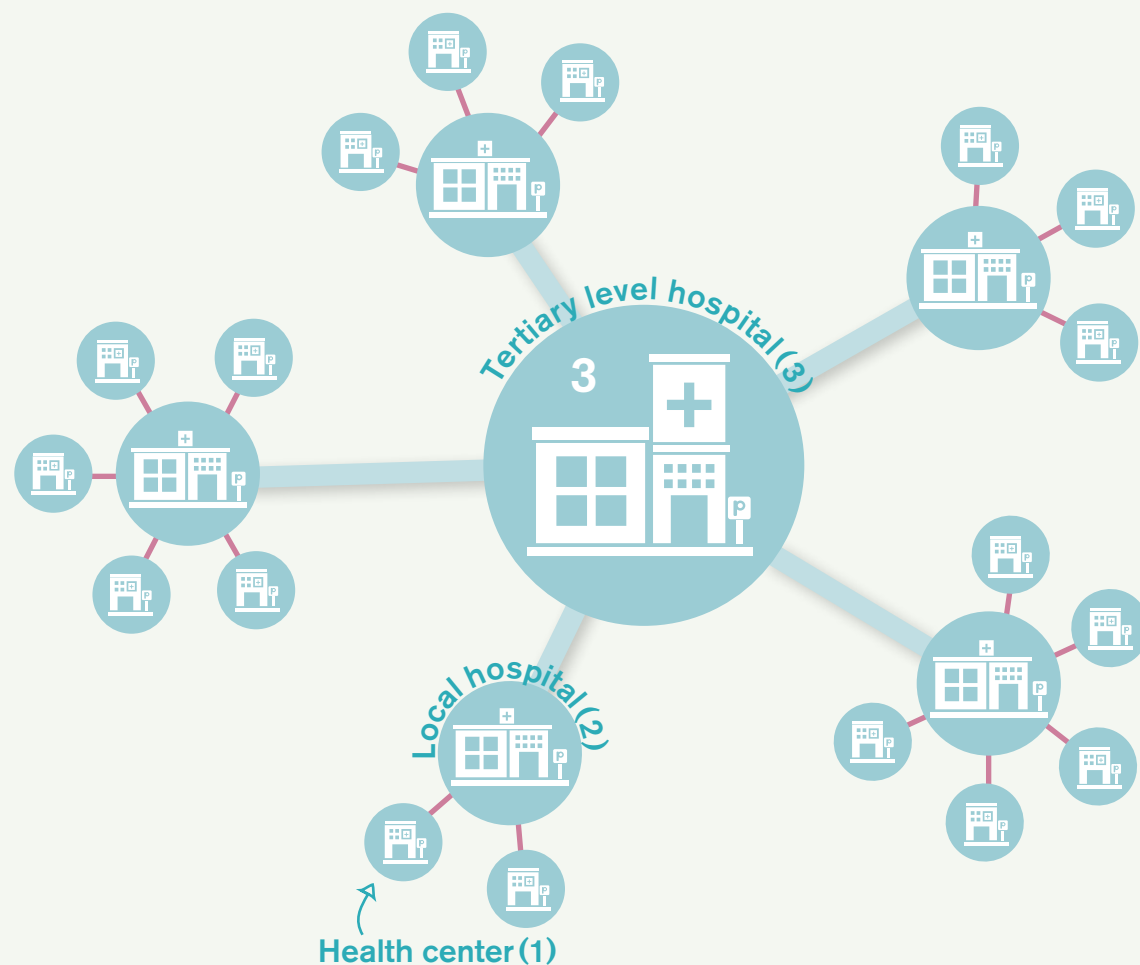


### The reproductive life-cycle approach

SRHR touches every human being at every stage of life. It concerns everyone who goes through puberty, experiences love, wishes to procreate and have a family, raise children and engage in sexual activity. At each stage of the life cycle, women and girls have different SRHR needs. Some of these needs are related to health issues and physical, physiological and psychological changes. Others are affected by external factors such as culture, religion and even politics. The midwife in Sweden works with the whole life-cycle as shown in the table 2: Life cycle periods, midwives scope of practice and aim.

TABLE 3.

## Hub-and-spoke healthcare system<sup>30</sup>



The midwife is working at all levels in a hub-and-spoke healthcare system that organises service delivery assets into a network consisting of an anchor establishment, e.g. tertiary level hospital, such as university hospitals (3=hub), local hospitals (2=spokes) and health centers (1=spokes).



## GOOD HEALTH AND WELL-BEING

reduce maternal and infant morbidity and mortality. Today midwives provide over 80 per cent of sexual and reproductive health services and 80 per cent of prenatal care in Sweden. For complicated pregnancies and childbirths, the un-hierarchical hub-and-spoke system with midwives and other professionals working closely together facilitate the referral of women to the right level of care. See Table 3.

**The midwife is** working at all levels in a hub-and-spoke healthcare system that organises service delivery assets into a network consisting of an anchor establishment, e.g. tertiary level hospital (3=hub). It offers a full array of services with midwives at the centre in the interdisciplinary team consisting of specialists with access to advanced technology and medicine. The anchor establishment is complemented by secondary establishments, e.g., local hospitals (2=spokes), which offer care for healthy women and children and several conditions requiring observation or treatment, referring women and children in need of highly specialised services to the hub for treatment and care. In addition, the local hospitals have an uptake area with health facilities serving a certain population in a region (1=spokes)<sup>31</sup>.

**The Swedish law** on legal abortions stated, until the mid 1960s, that abortions were allowed only if a woman's life was threatened. The National Board of Health and Welfare initiated a discussion

on abortions, leading to a new law governing abortion in 1975. The final elimination of illegal abortions occurred during the late 1960s, with the new legal practice of abortion on demand and the introduction of effective means of contraception. These efforts included making contraceptive counselling and prescription free of charge, opening youth clinics and allowing midwives to prescribe contraception.

Midwife's work expanded to the area of SRHR, taking care of healthy women. With the Swedish innovation of medical abortion, the midwife's role also expanded to women's counselling and care during an abortion and post-abortion contraception. Worth noting is that the change in the law did not lead to an increase in abortions[LL3].

**Several instances supports** quality of care of midwifery work:

- Health facilities publish benchmarking data on quality indicators such as caesarean-section rates, complications and satisfaction of care.<sup>32</sup>
- The Swedish Society for Obstetrics and Gynecology conducts annual investigations into maternal mortality.<sup>33</sup> There is little litigation for adverse delivery outcomes, and fear of litigation does not affect the recruitment of obstetricians or midwives.
- Women or their relatives, or health facilities or staff can report incidents to the Health and Social Care Inspectorate (IVO).



Swedish women have access to a professional midwife during their whole sexual and reproductive life-cycle.

- In cases of adverse outcomes for the mother or infant, economic support or compensation is paid by insurance covering all publicly funded healthcare (Landstingens Ömsesidiga Försäkringsbolag).
- The National Medical Birthregister also collects data on maternal and newborn outcomes, including women's experiences during childbirth.



# Education and life long learning

**SDG 4 of the UN 2030** Agenda for Sustainable Development is to “ensure inclusive and equitable quality education and promote lifelong learning opportunities for all”<sup>34</sup>. Highlighted in Sweden is the vital role of the midwife, especially a highly educated midwife, to address maternal and neonatal health by reducing mortality and morbidity.

The first education program for midwives in Sweden became available in the

18th century. At the end of 1880, the organisation of prenatal care and move of births to hospitals resulted in new and different demands on the midwife. Until the mid-1950s, a direct entry program was offered. Around this time it was also determined that midwives needed to be registered nurses as a basis for their profession<sup>35 36 37</sup>.

## First and second cycle higher education level

The first step to becoming a midwife in Sweden, is to complete a three-year nursing program leading to a Bachelor Degree in Nursing (180 credits), and enabling registration as a nurse. With another 18 months studies in a midwifery education program registration as a midwife is possible.

In 1977 a national education reform took place, allowing applied health care professional education, including education of midwives, to be transformed to a postgraduate degree program. Once midwifery education was developed, physicians and professors in Gynecology initially led it until midwives holding PhD degrees, doctorates took over teaching roles. From the early 21st century, midwifery education programs are

given at higher education levels, i.e. at Universities or University colleges. In 2007, the European Bologna declaration brought about an education reform in Sweden where the 18-month midwifery program was moved to the second cycle higher education level and the students achieves a master degree. These days all midwifery education programs and the entire master program are based on a “midwifery discipline” labelled “sexual, reproductive and perinatal health” or similar<sup>38</sup>.

## Third cycle higher education level

Midwives educated at the second cycle level may continue studies at a PhD degree program, which in Sweden is a four-year full time program (240 credits). Though Sweden wants to have a few research disciplines at the third-cycle level, a “midwifery discipline” is currently unavailable<sup>39</sup>. Instead, medical science, healthcare science, or similar are offered depending on the university.

By 2021, 176 registered midwives have finalised a PhD degree (e.i. 3 per cent of all registered midwives), of which 19 are full professors<sup>40</sup>.



Photo: iStockphoto

As of 2021 176, registered midwives in Sweden had finalised a PhD degree.

**4.3** By 2030, ensure equal access for all women and men to affordable and quality technical, vocational and tertiary education, including university.

**4.4** By 2030, substantially increase the number of youth and adults who have relevant skills, including technical and vocational skills, for employment, decent jobs and entrepreneurship.

**4.5** By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations.

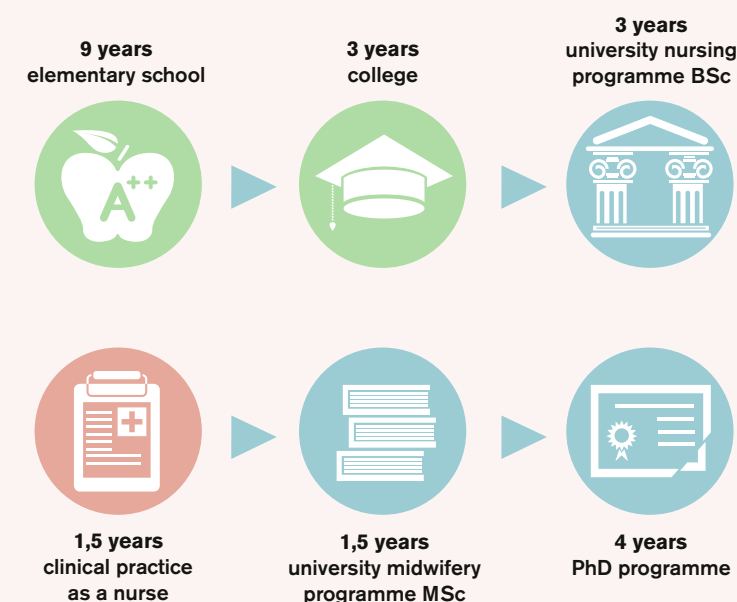
**4.6** By 2030, ensure that all youth and a substantial proportion of adults, both men and women, achieve literacy and numeracy.

**4.7** By 2030, ensure that all learners acquire the knowledge and skills needed to promote sustainable development, including, among others, through education for sustainable development and sustainable lifestyles, human rights, gender equality, promotion of a culture of peace and non-violence, global citizenship and appreciation of cultural diversity and of culture's contribution to sustainable development.

**4.A** Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, nonviolent, inclusive and effective learning environments for all.

**4.C** By 2030, substantially increase the supply of qualified teachers, including through international cooperation for teacher training in developing countries, especially least developed countries and small island developing states.

## Education pathway for a midwife





# Empowering women and girls

**SDG 5 of the UN 2030 Agenda** for Sustainable Development is to "achieve gender equality and empower all women and girls"<sup>41</sup>. Gender equality is a necessary foundation for a peaceful, prosperous and sustainable world and leads to economic growth and develop-

ment. In Sweden, the midwife profession plays a vital role in achieving gender-transformative conceptual approaches fulfilling most of the targets regarding the fifth goal.

This section focuses on the midwife's central leadership position in the reproductive life-cycle. This leadership position should be further strengthened to involve decision-making on a structural level regarding the entire reproductive health care sector in society, target 5.5.

**Regarding target 5.1:** All women in Sweden, including asylum seekers and undocumented migrant women living in Sweden, have the right to maternity care, health care in connection with abortion, contraceptive counselling and medication in connection with these measures. All women who visit maternity care during pregnancy are routinely asked about exposure to violence; 5.2. Sweden is also actively working against genital mutilation of girls and women, and there are several clinics specialised in providing care and support to girls and women who have been mutilated, 5.3.

Sweden has gender-neutral paid parental leave, including 16 months of paid leave for each child. Three months are

reserved for the mother and three for the father. In addition, all families with children are entitled to child allowance and subsidised preschool, goal 5.4.

Goal 5.6; universal access to sexual and reproductive health and reproductive rights is a cornerstone in Swedish society.

## Women's full and effective participation and equal opportunities for leadership

**The midwife as the leader of the reproductive life-cycle and beyond**  
The Swedish midwife-led interdisciplinary model of care places the midwife in the centre as the primary healthcare provider for all sexual and reproductive health matters during the woman's whole reproductive life cycle. As the UN Convention of the Right of the Child became Swedish law in 2020, the midwife's role has been strengthened even more. The law specifies that the midwives have a key role in empowering parents, in ensuring that they are enabled to take on their "primary responsibility for the upbringing and development of the child", that parents are informed of "child health and nutrition, the advantages of breastfeeding", and "develop



Photo: Unsplash

All women in Sweden, including asylum seekers, have the right to maternity care, health care in connection with abortion and contraceptive counselling.



## CONVENTION ON THE RIGHTS OF THE CHILD

As the UN Convention of the Right of the Child became Swedish law in 2020, the midwife's role has been strengthened even more.



preventive health care, guidance for parents and family planning education and services".<sup>42</sup>

#### Gender asymmetry of the costs of reproduction – women need more health care

That citizens survive birth and infancy without suffering morbidity and injuries is fundamental for development and growth in any society.

Educated healthcare professionals are a fundamental prerequisite for reducing maternal and child mortality.<sup>43</sup> Further, midwife-led interdisciplinary care is cost-effective and leads to at least as good outcomes and fewer interventions as doctor-led birth.<sup>44</sup> The leadership of midwives in the labour room and the whole circle of reproductive health is thus a cost-effective model of care.

In middle- and high-income countries, women generally consume more health care than men, which can largely be explained by care in connection with pregnancy and childbirth.

When low-income countries invest in the health of mothers and children, they get back their invested funds nine-fold through social and economic development. Both productivity and GDP are increasing.<sup>45</sup>

In Sweden, the total per capita cost for health care is 20 per cent higher for women than for men (and the difference is largest for primary care and smallest for



In Sweden the total per capita cost for healthcare is 20 per cent higher for women than for men.

inpatient care). When excluding health care for reproduction and sex-specific morbidity from total healthcare costs, the cost difference between women and men declines to 8 per cent. The total cost for care received in connection with reproduction and sex-specific morbidity is estimated to 7.7 per cent of the total health care budget. Care related only to

reproduction accounts for 4.4 per cent of the entire health care budget, of which 98 per cent concerns healthcare for women. To ensure the provision of gender equal and equitable health care services, particularly for women, it is important to disaggregate and analyse public health care spending by gender, including the impact of unpaid care work.<sup>46</sup>

*“When low-income countries invest in the health of mothers and children, they get back their invested funds nine-fold.”*

A New Global Investment Framework<sup>45</sup>

**5.1** End all forms of discrimination against all women and girls everywhere.

**5.2** Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation.

**5.3** Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation (marriage, FGM).

**5.4** Recognise and value unpaid care and domestic work through the provision of public services, infrastructure and social

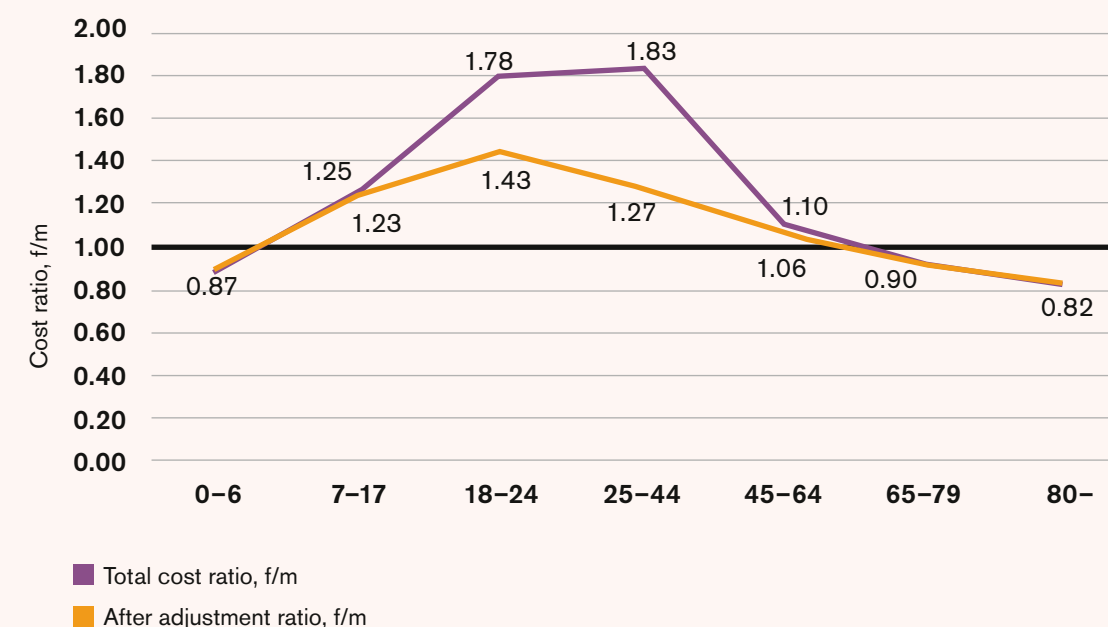
protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate.

**5.5** Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life.

**5.6** Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences.

#### Cost ratio

Female/male, before and after adjustment for reproduction and sex-specific morbidity, by age group.<sup>47</sup>



The relationship between women's and men's health care costs in Sweden and is based on the total health care costs for women and men in different age groups. The violet line shows that in the youngest and oldest groups, men's health care costs are higher than women's (the violet line is below the horizontal black line). From 7 to 64 years, women's total health care costs are significantly higher than men's (the violet line is above the horizontal black line). The yellow line shows the same relationship between women's and men's health care costs, but here the health care costs for reproductive and sex-specific health care have been removed, which leads to a significant reduction in the differences between health care costs.



# Building and sustaining institutions

**SDG 16 of the UN 2030 Agenda** for Sustainable Development is to “promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels.”<sup>48</sup> In Sweden, the legislation and registration systems constitutes a strong pillar for justice with the midwife playing an important role in building and sustaining the institutions.

**The tax-funded,** free-of-charge and evidence based health care system in Sweden is a prerequisite for the high attendance to maternal and child health care and the public trust in the system. According to Swedish health care reports, almost 100 per cent of pregnant women utilise their right to ANC services. Accordingly, close to all pregnancies are registered by the National Board of Health and Welfare and a report on the outcomes is being publicly presented annually.

At the ANC services, all pregnant women are routinely asked if they have experienced intimate partner violence before or during the pregnancy. Should the woman respond Yes to this question, the midwife will inform her about her rights and the support available. Should

abuse (physical as well as psychological or sexual) against a child be detected, it is in the duty of the care provider to report this to the police.

**The Swedish midwife** is obliged to confirm the birth of a child by the provision of a birth certificate to the population registration authority. A birth certificate is the right to an identity and the key to citizenship and rights such as attending school, receiving care or protection from abuse or exploitation. This routine has been in use for more than 200 years, making Sweden's birth registration systems one of the oldest and best functioning. This brings an obligation to share knowledge and experience and also to invest in programs that strengthen countries birth registration systems in order to ensure that all children obtain a birth certificate (UNICEF SW).<sup>49</sup>

## Sweden's feminist policy

In October 2014, Sweden became the first country in the world to launch a feminist foreign policy. This means applying a systematic gender equality perspective throughout the whole foreign policy agenda. The policy work is organised around rights, representation and resour-

ces. It is based on the premise that gender equality is not just a women's issue – it benefits everyone. Gender-equal societies enjoy better health, more robust economic growth and greater security. Furthermore, gender equality contributes to peace, and when women are involved in peace processes, the likelihood of lasting peace increases. As a means of the feminist policy, Sweden has campaigned for women's and girls' SRHR and expanded access to midwives worldwide.

## Strong institutions linked together

Several institutions have an impact on the provision of midwifery care and the midwife's professional role in service of the population, for instance:

- The National Board of Health and Welfare creates national plans of action and issues and revokes licences.<sup>50</sup>
- The Public Health Agency issues recommendations for the professions' work with SRHR.<sup>51</sup>
- The Swedish Gender Equality Agency coordinates, follows up and provides various forms of support and knowledge in order to reach the gender equality policy goals.<sup>52</sup>

**16.2** End abuse, exploitation, trafficking and all forms of violence against and torture of children.

**16.6** Develop effective, accountable and transparent institutions at all levels.

**16.7** Ensure responsive, inclusive, participatory and representative decision-making at all levels.

**16.8** Broaden and strengthen the participation of developing countries in the institutions of global governance.

**16.9** By 2030, provide legal identity for all, including birth registration.







# Building capacity

**SDG 17 of the UN 2030 Agenda** for Sustainable Development is to “strengthen the means of implementation and revitalise the global partnership for sustainable development”.<sup>53</sup> The UN 2030 Agenda recognises that capacity-building forms part of the means of implementing the SDGs. Through co-operation and partnerships with national and international civil society, multilateral organisations, public agencies, and the private sector, Sweden works for sustainable development.

For over 30 years, Sweden has supported the education of and accessibility to midwives in low- and middle-income countries.

**The unique tradition** and experience of more than 300 years of midwifery in Sweden underpin Sweden's capacity of building support in low- and middle-income countries. It entails focusing on gender equality, addressing social norms, and taking a broader approach to accommodate the whole SRHR Agenda and the sexual wellbeing of women and adolescents. In support of midwifery, Sweden collaborates with partners such as the United Nations Population Fund (UNFPA), the WHO, the ICM, governments, universities, academia, and other partners. Several countries have over the years benefited from Sweden's bilateral support for midwifery<sup>54</sup>, e.g., Afghanistan, Angola, Bangladesh, Democratic Republic of Congo (DR Congo)<sup>55</sup>, Ethiopia, Malawi, Myanmar, Nepal, Nicaragua, Rwanda, Sierra Leone, Somalia, Somaliland, South Sudan, Sudan, Tanzania, Uganda, and Zambia<sup>56</sup>.

**Sweden currently provides support and builds capacity in the following areas<sup>57–59</sup>:**

- 1) Midwifery education, including curriculum development, training and mentoring<sup>57, 58</sup>;
- 2) Midwifery associations, to advocate and raise the profile of midwives and to provide professional support and move towards autonomous midwifery practice;
- 3) Midwifery workforce and its enabling environment<sup>59</sup>, e.g. to increase the use of gender-sensitive policies, strategies and plans to recruit, deploy and retain midwives, and
- 4) Operational research on the contributions of midwifery. These contributions take place at global, regional and country levels<sup>60</sup>.

## The Maternal Health Thematic Fund

One way of strengthening partnerships and building capacity is Sweden's support to UNFPA's Maternal Health Thematic Fund, which aims to accelerate the delivery of quality midwifery care. By expanding the scope of work this focuses on strengthening midwifery education, regulation, and associations to bolstering midwifery workforce strategies. It includes the deployment of midwives and improvements in their work environment in line with the new UNFPA Midwifery Strategy and its implementation guide 2017–2030. Mid-



Photo: United Nations

*Students on their way to class at the Midwifery School in Afghanistan (before Taliban's takeover 2021).*



Photo: Emilia Henriksson





Since 2005 Sweden collaborates with UNFPA by employing Swedish midwives at the UNFPAs offices in several countries worldwide.

wives in Sweden have been instrumental in developing the strategy.

#### Swedish midwives within the UN system

Another way of supporting partnerships and capacity building to support SRHR

is through the Junior Professional Officer (JPO) and United Nations Volunteer (UNV) programs<sup>61</sup>. These programs are part of the overall Swedish investment in increased Swedish presence within the UN. The programs aim to allow midwives to work in a UN organisation and gain valuable experience for a continued career within global SRHR development.

The Swedish model with an autonomous midwife who collaborates in interdisciplinary teams with responsibility for normal pregnancy, childbirth, postnatal period and contraceptive counselling is unique in the world. With this model as a foundation, Sweden has since 2005 entered into a collaboration with UNFPA by employing Swedish midwives at the UNFPA's offices in several countries worldwide, including the UNFPA headquarters in New York. Many countries contribute to the work, Norway and the Netherlands, just to mention two examples, but no other country has given similar support to a UN agency. Sustainable development requires governments to

invest in introducing and developing midwives as the foundation of the health system to improve SRHR.

#### Swedish midwives contribute to planning and leading the UN organisation's midwife program by:

- promoting a competency-based midwife education in line with international standards;
- secure educator's competence through higher education and research;
- strengthening the midwife profession by supporting midwifery associations;
- working with health ministries to legally recognise and define the scope of midwifery practice;
- ensure that midwives have access to both equipment and supportive supervision and mentoring.

The work within the UN is to make all of this a natural part of a country's health plan and health care system.

*“Being a Swedish JPO midwife has contributed to the success of global Investing in the Midwives program, launched in 2008. This is a joint initiative between the UNFPA and the ICM. The program focused on improving the quality and availability of midwifery education to include the full set of ICM competencies. As a result, thousands of midwives from low-income countries have been educated in line with global educational and regulatory standards.”*

Quote from a former Swedish JPO midwife

**17.6** Enhance North-South, South-South and triangular regional and international cooperation on and access to science, technology and innovation and enhance knowledge sharing on mutually agreed terms, including through improved coordination among existing mechanisms, in particular at the United Nations level, and through a global technology facilitation mechanism.

**17.9** Enhance international support for implementing effective and targeted capacity-building in developing countries to support national plans to implement all the sustainable development goals, including through North-South, South-South and triangular cooperation.



Photo: Eskinder Debebe/United Nations



# Reflections and Ways Forward

**T**his report aims to present the midwife's role in Sweden in addressing the UN 2030 Agenda and the SDGs. While Sweden has come a long way in its development of midwifery and maternal health, the context of today still poses challenges to be handled, such as inconsistency in applying evidence-informed policy.

## Protect

The report describes the enabling environment in the field of midwifery, with

Sweden as an example. It can serve as an advocacy tool building on the Swedish midwife-led interdisciplinary care model. The enabling environment in Sweden builds on a long tradition of midwives educated to high-quality standards professionally and academically, regulated, and working closely with other health-care professionals during the woman's whole reproductive life-cycle. From contraception counselling, pre-conception care, abortion care, pregnancy, intrapartum and postpartum care to care for women during and after menopause. While regulation and association are unthreatened areas in Sweden, academic level education and direct entry versus the requirement of a nursing degree are recurrently debated. Academic level midwifery education needs to be promoted and protected.

**With the support** of the Swedish publicly funded health system, midwives are enabled to autonomously care for all sexual and reproductive health matters with specialists available when necessary. The situation in many countries is often challenging in terms of system support. The Swedish publicly funded health system has been a central enabling factor

for midwives' autonomous practice and for placing Sweden among the countries with the lowest maternal and child mortality and morbidity in the world. With Sweden as an example of using a midwife-led interdisciplinary model of care in an enabling health system, enablers should be protected when accelerating towards achieving the 2030 Agenda.

## Invest

The WHO calls for initiatives that create a more significant focus on the midwife's opportunity to improve reproductive, perinatal, and sexual health. Therefore, the Swedish Association of Midwives pursues the important leadership issue for the profession and midwives. This is done by following WHO's recommendations to establish a new Chief Midwife Officer function at the national level.

**For Sweden, as** for other countries, this role could contribute to more effective women's care. By having a Chief Midwife Officer, women's care would be represented by a midwife with solid leadership skills. A formal authority would enable the strengthening of the profession, thereby helping to develop



*The Swedish publicly funded health system has been central for midwives autonomous practice and low maternal and child mortality.*







SDG 3 of the UN Agenda for Sustainable Development is to “ensure healthy lives and promote well-being for all ages”. Midwives have a central role in achieving this.

and strengthen new leadership structures and maintain an important midwifery profession in Sweden and internationally.

**Together**

As a member organisation in the ICM, the Swedish Association of Midwives has access to several different international organisations where they contribute with expertise in global expert groups working to strengthen the midwifery profession.

Under the leadership of the Swedish Association of Midwives, the history of the development of the midwifery profession, professionally and academically, has joined hands in the development of women's sexual and reproductive health and rights in Sweden. With this background and in line with the UN 2030 Agenda, the Swedish Network for Midwifery, coordinated by the Swedish Association of Midwives, consisting of

multisectoral actors such as civil society, academia and government offices and authorities, drive the issue of the midwife's role nationally and globally.

**Together, midwives** worldwide can unlock a brighter and healthier future for women and newborns. This decade, everyone is urged to take joint measures that ensure the midwives' working environment and working conditions to deliver safe, evidence-based care.

**Ways forward**

To summarise the ways forward:

- **Protect** midwives rights, including the academisation of the profession, decent work and practice environments.
- **Invest** in midwifery leadership to accelerate the implementation of the 2030 Agenda.
- **Together** all have a role to play to ensure that midwives are supported, protected, motivated and equipped to deliver safe health care at all times.





# Appendices

## Appendix 1

### Frequently used acronyms

**ICM:** ICM International Confederation of Midwives  
**JPO:** Junior Professional Officer  
**MMR:** Maternal Mortality Rate  
**SDG:** Sustainable Development Goals  
**SRHR:** Sexual Reproductive Health and Rights  
**UN:** United Nations  
**UNFPA:** United Nations Population Fund  
**UNV:** United Nations Volunteer  
**WHO:** World Health Organisation

## Appendix 2

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Photo: Lennart Nilsson/TT

# References

- <sup>1</sup> International Confederation of Midwives ICM. Essential Competencies for Midwifery Practice. [https://www.internationalmidwives.org/assets/files/general-files/2019/10/icm-competencies-en-print-october-2019\\_final\\_18-oct-5db05248843e8.pdf](https://www.internationalmidwives.org/assets/files/general-files/2019/10/icm-competencies-en-print-october-2019_final_18-oct-5db05248843e8.pdf)
- <sup>2</sup> Goal 2: End hunger, achieve food security and improved nutrition and promote sustainable agriculture – SDG Indicators <https://scalingupnutrition.org/nutrition/nutrition-and-the-sustainable-development-goals/>
- <sup>3</sup> UNFPA. Goal 2: Zero Hunger – United Nations Sustainable Development. Goal 2: Zero Hunger – United Nations Sustainable Development
- <sup>4</sup> UN. Goal 2: End hunger, achieve food security and improved nutrition and promote sustainable agriculture- SDG Indicators. <https://scalingupnutrition.org/nutrition/nutrition-and-the-sustainable-development-goals/>
- <sup>5</sup> UNFPA. Goal 2: Zero Hunger – United Nations Sustainable Development. Goal 2: Zero Hunger – United Nations Sustainable Development
- <sup>6</sup> Luc de Bernis, Mary V Kinney, William Stones, Petra ten Hoop-Bender, Donna Vivio, Susannah Hopkins Leisher, Zulfiqar A Bhutta, Metin Gülmezoglu, Matthews Mathai, Jose M Belizán, Lynne Franco, Lori McDougall, Jennifer Zeitlin, Address Malata, Kim E Dickson, Joy E Lawn, Stillbirths: ending preventable deaths by 2030, The Lancet, 2016;387: 703-716, ISSN 0140-6736, [https://doi.org/10.1016/S0140-6736\(15\)00954-X](https://doi.org/10.1016/S0140-6736(15)00954-X).
- <sup>7</sup> Barnhälsovårdens nationella program – Rikshandboken i barnhälsovård (rikshandboken-bhv.se) <https://www.rikshandboken-bhv.se/metoder--riktlinjer/barnhalsovardens-nationella-program/>
- <sup>8</sup> Barnhälsovårdens nationella program – Rikshandboken i barnhälsovård (rikshandboken-bhv.se) <https://www.rikshandboken-bhv.se/metoder--riktlinjer/barnhalsovardens-nationella-program/>
- <sup>9</sup> WHO. 10 steps to successful breastfeeding. Ten steps to successful breastfeeding (who.int)
- <sup>10</sup> Barnhälsovårdens nationella program – Rikshandboken i barnhälsovård (rikshandboken-bhv.se) <https://www.rikshandboken-bhv.se/metoder--riktlinjer/barnhalsovardens-nationella-program/>
- <sup>11</sup> Erlandsson, K., Dsilna, A., Fagerberg, I., & Christensson, K. Skin-to-skin care with the father after cesarean birth and its effect on newborn crying and prefeeding behavior; Birth. 2007; 34(2), 105-114.
- <sup>12</sup> Barnhälsovårdens nationella program – Rikshandboken i barnhälsovård (rikshandboken-bhv.se) <https://www.rikshandboken-bhv.se/metoder--riktlinjer/barnhalsovardens-nationella-program/>
- <sup>13</sup> Barnhälsovårdens nationella program – Rikshandboken i barnhälsovård (rikshandboken-bhv.se) <https://www.rikshandboken-bhv.se/metoder--riktlinjer/barnhalsovardens-nationella-program/>
- <sup>14</sup> Erlandsson, K., & Lindgren, H. From belonging to belonging through a blessed moment of love for a child – the birth of a child from the fathers' perspective. Journal of Men's Health, 2009; 6(4), 338-344.
- <sup>15</sup> Barnhälsovårdens nationella program – Rikshandboken i barnhälsovård (rikshandboken-bhv.se) <https://www.rikshandboken-bhv.se/metoder--riktlinjer/barnhalsovardens-nationella-program/>
- <sup>16</sup> WHO. Infant and Young Child Feeding. <https://www.who.int/news-room/fact-sheets/detail/infant-and-young-child-feeding>
- <sup>17</sup> Barnhälsovårdens nationella program – Rikshandboken i barnhälsovård (rikshandboken-bhv.se) <https://www.rikshandboken-bhv.se/metoder--riktlinjer/barnhalsovardens-nationella-program/>
- <sup>18</sup> Barnhälsovårdens nationella program – Rikshandboken i barnhälsovård (rikshandboken-bhv.se) <https://www.rikshandboken-bhv.se/metoder--riktlinjer/barnhalsovardens-nationella-program/>
- <sup>19</sup> Barnhälsovårdens nationella program – Rikshandboken i barnhälsovård (rikshandboken-bhv.se) <https://www.rikshandboken-bhv.se/metoder--riktlinjer/barnhalsovardens-nationella-program/>
- <sup>20</sup> Barnhälsovårdens nationella program – Rikshandboken i barnhälsovård (rikshandboken-bhv.se) <https://www.rikshandboken-bhv.se/metoder--riktlinjer/barnhalsovardens-nationella-program/>
- <sup>21</sup> Barnhälsovårdens nationella program – Rikshandboken i barnhälsovård (rikshandboken-bhv.se) <https://www.rikshandboken-bhv.se/metoder--riktlinjer/barnhalsovardens-nationella-program/>
- <sup>22</sup> Government offices of Sweden. Convention on the Rights of the Child will be Swedish law. Convention on the Rights of the Child will become Swedish law – Government.se
- <sup>23</sup> Barnhälsovårdens nationella program – Rikshandboken i barnhälsovård (rikshandboken-bhv.se) <https://www.rikshandboken-bhv.se/metoder--riktlinjer/barnhalsovardens-nationella-program/>
- <sup>24</sup> Goal 3: Ensure healthy lives and promote well-being for all at all ages – SDG Indicators (un.org)
- <sup>25</sup> <https://scb.se/hitta-statistik/statistik-efter-amne/befolkning/>
- <sup>26</sup> Socialstyrelsen. Statistik om graviditeter, fölossningar och nyfödda barn. The National Board of Health and Welfare. Statistics on Pregnancies, Deliveries and Newborn Infants (<https://www.socialstyrelsen.se/statistik-och-data/statistik/statistikamnen/graviditeter-forlossningar-och-nyfodda/>)
- <sup>27</sup> (OFFICIAL STATISTICS OF SWEDEN, Statistics on induced abortions).
- <sup>28</sup> Brindmyr, Cadwell, Svensson, Takahashi, Nissen, Widström. The nine stages of skin-to-skin: practical guidelines and insights from four countries. Matern Child Nutr.2020;e13042. <https://doi.org/10.1111/mcn.13042>
- <sup>29</sup> Berg M, Ölafsdóttir, Óluf Ásta, Lundgren I. A midwifery model of woman-centred care – In Swedish and Icelandic settings. Sexual and Reproductive HealthCare. 2012;3:79-87.
- <sup>30</sup> Elrod JK, Fortenberry JL, Jr. The hub-and-spoke organization design revisited: a lifeline for rural hospitals. BMC Health Serv Res 2017, 17:795.
- <sup>31</sup> Erlandsson, K., Lindgren, H et. al Taking the first step towards introducing an adjusted model of the Swedish maternal and child health care and nutrition program in Sub-Saharan African countries, African Journal of Nurse education

<sup>32</sup> ([www.sfog.se](http://www.sfog.se)).

<sup>33</sup> ([www.sfog.se](http://www.sfog.se)).

<sup>34</sup> Goal 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all – SDG Indicators

<sup>35</sup> Högberg U. The Decline in Maternal Mortality in Sweden: The Role of Community Midwifery. American Journal of Public Health. 2004;94(8):1312-20.

<sup>36</sup> Romlid C. Makt, motstånd och förändring: vårdens historia speglad genom det svenska barnmorskeväsendet 1663-1908 = [Power, resistance and change]: [the history of Swedish health care reflected through the official midwife-system 1663-1908]: Diss. Uppsala: Univ.; 1998.

<sup>37</sup> Öberg L. Barnmorskan och läkaren: kompetens och konflikt i svensk förlossningsvård 1870-1920. (The midwife and the doctor: competence and conflicts in Swedish maternity care 1870-1920. PhD thesis Diss. Stockholm: Univ.; 1996.

<sup>38</sup> Hermansson E, Mårtensson LB. The evolution of midwifery education at the master's level: A study of Swedish midwifery education programmes after the implementation of the Bologna process. Nurse Education Today, 2013, Vol 33, Iss 8. 2013;33(8).

<sup>39</sup> Lindgren H, Ahlund S, Zwedberg S, Hildingsson I, Edqvist M., Midwives experiences of participating in midwifery research projects: A qualitative study. Women and birth: journal of the Australian College of Midwives 2018 31;2 e115-e121

<sup>40</sup> Personal communication Margareta Rehn, Swedish midwifery Association, 31 March 2021

<sup>41</sup> Goal 5: Achieve gender equality and empower all women and girls – SDG Indicators (un.org)

<sup>42</sup> Convention on the Rights of the Child, UN 1989/1990.

<sup>43</sup> Campbell OMR, et al. The scale, scope, coverage, and capability of childbirth care, Lancet, 2016 October 29;388(10056):2193-2208.

<sup>44</sup> Gonze I, et al. An Exploratory Cost-Effectiveness Analysis: Comparison Between a Midwife-Led Birth Unit and a Standard Obstetric Unit Within the Same Hospital in Belgium, Midwifery 2019 Aug;75:117-126. Sandall J, et al. Midwife-led Continuity Models Versus Other Models of Care for Childbearing Women, Cochrane Database Syst Rev. 2016 April 28;4:CD004667.

<sup>45</sup> Stenberg K, et al. Advancing social and economic development by investing in women's and children's health: a new Global Investment Framework, Lancet 2014 April 12;383(9925):1333-1354.

<sup>46</sup> Osika Friberg, I. et al. Sex differences in health care consumption in Sweden: A register-based cross-sectional study, Scandinavian Journal of Public Health, 2016; 44: 264-273.

<sup>47</sup> Osika Friberg, I, Women's and men's health care utilisation from a cost perspective, doctoral thesis, Sahlgrenska Academy, University of Gothenburg, 2018.

<sup>48</sup> Goal 16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels – SDG Indicators

<sup>49</sup> UNICEF: <https://www.unicef.org/stories/what-birth-registration-and-why-does-it-matter>

<sup>50</sup> [www.government.se/government-agencies/national-board-of-health-and-welfare-socialstyrelsen/](http://www.government.se/government-agencies/national-board-of-health-and-welfare-socialstyrelsen/)

<sup>51</sup> [www.folkhalsomyndigheten.se/the-public-health-agency-of-sweden/](http://www.folkhalsomyndigheten.se/the-public-health-agency-of-sweden/)

<sup>52</sup> [www.government.se/government-agencies/swedish-gender-equality-agency/](http://www.government.se/government-agencies/swedish-gender-equality-agency/)

<sup>53</sup> Goal 17: Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development – SDG Indicators (un.org)

<sup>54</sup> Erlandsson, K., Lindgren, H, Taking the first step towards introducing an adjusted model of the Swedish maternal and child health care and nutrition program in Sub-Saharan African countries Ref: NEP\_2020\_306 Accepted for publication Jan 2021 in Nurse Education in Practice.

<sup>55</sup> Bogren, M., Ndela, B., Toko, C., & Berg, M. (2020). Midwifery education, regulation and association in the Democratic Republic of Congo (DRC) – current state and challenges. Global health action, 13(1), 1717409-1717409. doi:10.1080/16549716.2020.1717409

<sup>56</sup> Lindgren H, Hildingsson I, Christensson K, Bäck L, Mudokwenyu-Rawdon C, Maimbolwa M, Mjawa Laisser R, Omoni G, Chimwaza A, Kiruja J, Sharma B. Three pathways to become a midwife – Self-assessed confidence on selected competencies in intrapartum care from seven African Countries African Journal of Midwifery and Women's Health, <https://doi.org/10.12968/ajmw.2020.0009>

<sup>57</sup> Bogren M, Banu A, Parvin S, Chowdhury M, Erlandsson K. Implementation of a context-specific accreditation assessment tool for affirming quality midwifery education in Bangladesh: a qualitative research study. Global health action. 2020;13(1):1761642.

<sup>58</sup> Hildingsson I, Lindgren H, Karlstrom A, Christensson K, Back L, Mudokwenyu-Rawdon C, Maimbolwa MC, Laisser RM, Omoni G, Chimwaza A, Mwibaza E, Kiruja J, Sharma B. African midwifery students' self-assessed confidence in antenatal care: a multi-country study. GLOBAL HEALTH ACTION 2019 12;1 1689721-

<sup>59</sup> Bogren M, Grahm M, Kaboru BB, Berg M. Midwives' challenges and factors that motivate them to remain in their workplace in the Democratic Republic of Congo-an interview study. Human resources for health. 2020;18(1):65.

<sup>60</sup> Seyoum T, Alemayehu M, Christensson K, Lindgren H. Client Factors Affect Provider Adherence to Guidelines during First Antenatal Care in Public Health Facilities, Ethiopia: A Multi-Center Cross-Sectional Study. Ethiop J Health Sci.2020;30(6):903.doi:http://dx.doi.org/ 10.4314/ejhs.v30i6.8

<sup>61</sup> Berta M, Lindgren H, Christensson K, Mekonnen S, Adefris M. Effect of maternal birth positions on duration of second stage of labor: systematic review and meta-analysis. BMC pregnancy and childbirth 2019 19;1 466-



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Stockholm, 2021

Produced by InPress Art 2021. Printed by Wikströms



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