

**MIDWIVES ASSOCIATION OF KENYA  
2016 Midwifery Conference  
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**Remarks from**

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International Confederation of Midwives (ICM)  
Member of Board of Directors Representing Anglophone Africa  
&  
President of the Ghana College of Nurses and Midwives**

Chairman of the Conference  
Your Excellency the Deputy President  
President of CONAMA  
Representatives of the Ministry of Health  
Fellow midwives  
Distinguished invited Guest  
Ladies and gentlemen

*Asanteni Karibuni*

Warm Greetings from Ghana my motherland! Let me also share with you greetings from our ICM President Frances Day-Stirk and our Chief Executive, Frances Ganges. They send you their warmest regards and wish you well in this celebration. Let me take the opportunity to apologise to you for not being able to physically join you on this joyous occasion as the timing was conflicting with other commitments in Ghana. However, it gives me much pleasure and excitement to share a few remarks at this opening ceremony.

To the President, the executives and all of the members of the Association, we say congratulations to you all for having come this far. I remember vividly a year ago when I joined you in the last conference and all the advocacy we engaged in for midwives to be given the opportunity to organize yourselves as a body and also for midwifery to be recognized not as a specialty of Nursing but a discipline in itself. Today this dream has materialized. To all those who burned the midnight candle to make this possible, I say well done.

You will agree with me that the profession of midwifery is an ancient art carved from historic biblical times. In Genesis 35:17, the midwife is described as the assurer of the woman in labour. In Exodus 1:15-21 they are the indigenous Hebrew midwives who God Almighty raised to save the lives of children of destiny. In Genesis 38:28, the midwife is the observer and the determinant of the first and second twin. The works of midwives have and continue to be celebrated globally through honorary awards, educational scholarships and acts of recognition by Governments, institutions, individuals and communities.

*An awardee of a Johnson's Baby Mum's Midwife of the Year Award: the only award which allows mums to nominate midwives who they feel have gone beyond the call of duty said: "I have been a midwife for 22 years and caring for women during childbirth is a privilege at such a special and precious time.....I gave constant support during her stay in hospital and continued after she went home. I feel very honoured and humble to be nominated for showing support, care and empathy for women and their families"*

By these statements and quotes I am driving at the distinct nature of Midwifery as a unique profession that globally is being recognised as the only panacea to reducing the high mortality and morbidity especially in low income countries such as found in Africa.

Let me take you down some memory lanes:

Once upon a time in Africa, several countries started with developing the distinct professions of nursing and midwifery as separate entities. Over time, the concept of a multi-skilled nurse –midwife was introduced and then an additional skill in community health. My country Ghana was one which adopted the multi-skilled comprehensive nurse-midwife. This meant that such a trained person could work as a nurse, midwife or a public health nurse at any point in time and be posted to serve as and when required. This also meant that nurses and midwives were unable to focus and develop their skills in a particular area in order to build careers in any of these areas.

Furthermore, it was challenging to identify cohorts of professionals you could refer to us mentors and preceptors of the professions as skills built over time were lost due to frequent postings to different wards and sites.

With the advent of the MDGs and the call on midwives to address MDGs 3 and 4 focusing on promoting maternal health and reducing newborn death, the role of the midwife became critical and countries began to reflect on the statistics and who they could really call midwives. Ghana if I may use as an example realized that though many had been trained as midwives, very few were truly engaged in midwifery. Of those practicing, over 50% were due to retire in 5 years. This realization led to a policy change that ensured that:

1. Direct midwifery training was re-introduced at the diploma level
2. Bachelor in midwifery programme was also established creating opportunities for higher learning and for a bridging programme to create continuity of learning for diploma holders to acquire degrees.
3. Community health nurses trained at certificate level have been allowed to undertake additional education in midwifery to practice as midwives. Today, Ghana graduates about 1000 midwives annually to provide services. Direct lines of career pathways have been drawn to get nurses and midwives to develop independently.
4. In addition, in 2013, the Government passed an ACT approving nursing and midwifery professional specialisation at the membership and fellowship levels. A position of specialist is being created on the universal salary structure to recognize the training. As its first President I am having the humble opportunity to work with Ghanaian and international stakeholders to develop this initiative.

Aside Ghana, several African countries have also in the bid to address the MDGs and the new sustainable development goals (SDGs) have introduced or re-structured their midwifery training to make it directly accessible and also at a higher level. Countries such as Ethiopia, Malawi, South Sudan, Zambia, Uganda, and Liberia have stories to tell on what they have done to improve midwifery and midwives. Today, though these countries cannot say outright that they achieved the set goals for the MDGs, they indeed made significant strides:

**As ICM we** envision a world where every childbearing woman has access to a midwife's care for herself and her newborn. ICM believes in the autonomous practice and recognition of independent midwifery services. **Our Mission is** To strengthen Midwives Associations and to advance the profession of midwifery globally by promoting autonomous midwives as the most appropriate caregivers for childbearing women and in keeping birth normal, in order to enhance the reproductive health of women, and the health of their newborn and their families.

The world bodies such as UN, WHO, UNFPA, FIGO, in their recognition of the independent professions of nurses and midwives, work with both ICM and ICN to enhance health care globally. ICM and ICN are continually engaged with each other to promote nurses and midwives: Thereby making true the old saying that there is beauty in unity in diversity.

I feel proud to receive a copy of your constitution that clearly spells out your objectives and vision for midwives and midwifery strengthening. I am particularly excited that you have a focus on midwifery education, research and practice; coupled with your interest to build regional branches and promoting the integrity of the profession. I also realized that of your membership you have included student midwives. This is a significant live wire of sustaining MAK and I will urge you to organize the students group as a body under MAK and to assign mentors to them to build them and promote their efforts into future leadership. Last week in my country, The Ghana College of Nurses and Midwives which I preside over, held a National Conference with over 500 nurses and midwives in attendance. A youth symposium was created giving the young the opportunity to present their work. Surprisingly, the presentations from the youth were fantastic and they received a rousing applause from all. I urge you to build them up through role-modeling.

Well done for moving ahead to also put together your 3 point strategic objectives that seek to represent midwives connect midwives and support quality midwifery practice. Colleagues, these are formidable objectives which if followed and focused on in a synergistic way will go a long way to impact on the lives on the people of Kenya and bring improvements to the poor maternal and child health statistics. I urge you to also reflect on the report of the assessment on your strengths and weaknesses through the MACAT and link it to your strategic plans to further develop it.

I wish you well, midwives of Kenya and MAK. May the Good Lord guide your efforts and raise you up as a formidable Association.

Thanks for having my remarks in absentia.

We thank the Government of Kenya for the support to MAK. Long live midwives of Kenya, Midwives of Africa and mothers and their newborns.

Midwives of Kenya we salute you.

Thank you: Asante Sana!!