

## Midwives are Crucial Human Resources for Health to Achieve Universal Health Care

Midwives are primarily considered as professionals with expertise in assisting women before, during, and after childbirth. Thus, the competencies for midwifery as defined by the International Confederation of Midwives revolve principally around assessment and provision of care to women and the fetus/newborn/infant during the pre-pregnancy and antenatal periods, labor and birth, postnatal/postpartum periods.<sup>1</sup> The availability of skilled midwives in communities has allowed women, especially those who belong to lower income groups, to access professional services around childbirth, as reflected in responses from the National Demographic and Household Survey.<sup>2</sup> For instance, while 50% of all women surveyed received antenatal care from a midwife, it is notable that 70% of those who belonged to the lowest wealth quintile were seen by a midwife during the antenatal period. Furthermore, midwives assisted 30% of deliveries reported by respondents, while roughly a little over a third of deliveries for each of the three lowest quintiles were attended by a midwife.

Furthermore, in the Philippine setting, midwives are recognized as the first professional point of contact for most members of a community, especially in rural and remote places, as midwives are the ones deployed to manage Barangay Health Stations. Elaborating the scope of the practice of midwifery in relation to the provision of “primary health care services in the community” as stipulated in Republic Act No. 7392<sup>3</sup>, the Board of Midwifery of the Professional Regulation Commission, in a primer for the profession, stated that midwives are expected to, among others, (a) implement government health programs in accordance with policies and guidelines of the Department of Health; (b) supervise barangay health workers; and (c) manage a Barangay Health Station<sup>4</sup>.

Stated differently, midwives, given the scope of work that they do and the areas where they are deployed, serve as the face and touchpoint of the health sector in our communities. They are the embodiment of the different health policies and programs enacted at the national and local levels through which Filipinos experience, individually and collectively, the drive for better health (or lack thereof) advanced by different agencies, personalities, and stakeholders.

However, as pointed out by Felipe-Dimog et al.<sup>5</sup> in this issue of *Acta Medica Philippina*, midwives, especially those working in the public health sector, may take on roles beyond that contemplated by law. For instance, in the course of my professional practice during which I was deployed briefly in a rural health unit, and worked with an urban health department, I have encountered midwives who were tasked to work as program coordinators (or assistant coordinators), sanitation inspectors, field epidemiologists, and supply managers, among others, because of scarcity in the overall staff complement of health departments. Given their close ties with their areas of assignments, midwives are also expected to be community coordinators, if not organizers. The extent to which midwives are assigned these additional tasks depend on their professional relationship with their immediate supervisor; the level of trust and confidence reposed on them by their superiors; in some instances, their attendance to specific training workshops; as well as the availability of more qualified personnel (or lack thereof) in the locality.

Yet despite all these – placement in remote, if not hardship posts; additional assignments beyond their job description – midwives receive salaries that may not be commensurate after consideration of the job context. Staff midwife positions (i.e., Midwife I to III) in government institutions are remunerated at Salary Grades 9 to 13 (i.e., approximate gross pay of PHP 21,000 to PHP 31,000, based on the fourth tranche of the Salary Standardization Law, but may be lower depending on the income classification of the local government unit<sup>6</sup>). Additional compensation and benefits under special laws may not always be provided as this will depend on the paying capacity of the employing agency. Furthermore, midwives – especially those who completed the two-year program under the previous policy – also must contend with issues concerning their professional status. I have personally encountered community members who do not consider midwives as professionals in the same league as nurses or physicians, or who view midwives as “assistants” or “subordinates” of nurses and physicians, forgetting that a certain degree of independent practice is allowed each professional licensed by the Republic of the Philippines.

Midwives play a crucial role in caring for Filipinos not only around childbirth – this is their primary professional duty – but throughout the lifespan – especially for midwives working in local health departments. Stakeholders must not forget to give due recognition to the value and worth contributed by midwives in shaping the health and well-being of each generation of Filipinos.

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