Midwifery in Humanitarian and Emergency Settings

13.1 Background to Humanitarian and Emergency Settings

Despite global development and economic growth, humanitarian need is also increasing. Globally, there are 131.7 million (or 1 in 70) people affected by crisis, necessitating humanitarian assistance (UNOCHA 2018). Conflict is the biggest driver of crisis, with the latest available figures reporting 68.5 million people displaced by conflict; however, natural hazards also contribute, exacerbated by climate change and population growth (UNOCHA 2018; ISAC 2015). Most humanitarian crises are not caused by any single factor or event, but by the interaction between natural hazards, conflict and vulnerability (UNOCHA 2018). Infectious diseases with the potential to cause epidemics and pandemics, such as Ebola, SARS and COVID-19, also cause local or global crises and threaten global health security (WHO 2019a; Flahault et al. 2016). Climate change is contributing to the increasing numbers of displaced people across the world via several mechanisms. Environmental changes can create competition between humans and animals for dwindling habitat and resources; this increases the opportunity for zoological viruses to enter human populations and cause outbreaks of infectious disease (UNFPA 2019b). At the time climate change is also increasing food insecurity as global weather patterns become more erratic. Drought, fires and flash-floods disrupt the food chain and force displacement as populations, for example in Guatemala and Venezuela, leave their homes in search of food and alternative livelihoods (Steffens 2018). In some cases, for example in the Sahel, Afghanistan and Yemen, these disruptions to climate change exacerbate political tensions and contribute to the

**Expected Learning Outcomes**

By the end of the chapter, the reader should be able to:

1. Describe different types and stages of humanitarian and crisis settings.
2. Articulate the specific challenges for women’s and newborn’s health in emergency settings.
3. Demonstrate awareness of international humanitarian standards and the Minimal Initial Service Package for sexual and reproductive health in humanitarian settings.
4. Explain the role of, and challenges for, midwives in providing high-quality maternal and newborn care in crisis situations.
5. Identify gaps in their own knowledge and skills in relation to midwifery care in humanitarian settings and develop a personal action plan to address these.
escalation of armed conflicts. In a global health crisis, defenses are only as effective as the weakest link in any country’s health emergency preparedness and response system (WHO 2019a).

Nothing lays bare inequality and discrimination like a disaster (Mizutori 2020). Poverty is both a driver and a consequence of disaster (Prevention Web 2015). Where natural disasters occur in countries already vulnerable through conflict, this causes additional challenges (CRED 2019). The INFORM (2020) global risk index shows how a combination of exposure to hazards, vulnerability and coping capacity results in countries becoming quickly overwhelmed by humanitarian crises and disasters (UNFPA 2019b). This clearly demonstrates that the poor are disproportionately affected by and during disasters. Women and children are especially vulnerable; UNFPA (2019a) estimates that more than half of maternal deaths occur in emergency or fragile settings. Similarly 5 out of 10 countries with the highest neonatal mortality rate are in an acute or protracted humanitarian emergency.

Crisis situations can last for long periods of time; the average humanitarian crisis lasts for more than 9 years (UNOCHA 2018). Crises are often followed by displacement and migration that threaten the health and well-being of women, children and adolescents; one billion people have been estimated to be migrating within and/or between countries around the world (PMNCH 2019). Disasters are described in different stages: prevention, mitigation and preparedness, disaster response, and rehabilitation and recovery. This is known as the disaster risk management cycle and is illustrated in Fig. 13.1 (UNOOSA 2020).

However, it is rare that crises take a straight path from emergency, through stability, recovery and onto development. They are mostly complex, with varying degrees of improvement or deterioration that can last decades (IAWG 2018a, b). Protracted crises in many countries are leading to a new urgency for collaboration and development efforts, known as the Humanitarian Development Nexus (OXFAM 2019).

### 13.2 Terminology Used in Humanitarian and Emergency Settings

The humanitarian workforce has become increasingly professionalised in recent years (ELRHA 2014). This is reflected in the proliferation of terminology used in humanitarian settings, requiring its own 61-page ‘glossary of humanitarian terms’ (Relief Web 2008). This can be bewildering for midwives and others who find themselves as first responders in crises. Table 13.1 summarises essential terminology and definitions.

### 13.3 Coordination of Efforts in Humanitarian Settings

Effective coordination of humanitarian relief is essential in ensuring that help quickly gets to those who need it. The Office for the Coordination of Humanitarian Affairs (OCHA) of the United Nations (UN) Secretariat is responsible for this coordination role, and works through an Inter-Agency Standing Committee with representatives from different UN agencies. Non-governmental organisations (NGOs) and the private sector also have an important role to play in the coordination of humanitarian relief (UNOCHA 2017, 2020a) along with governments, donor organisations and, sometimes, the military.
Historically, humanitarian aid has often had a short-term focus and been poorly coordinated. In 2017 the UN and the World Bank set out a ‘New Way of Working’ (UNOCHA 2017), recognising that humanitarian and development actors, governments, NGOs and private sector actors all contribute to the ‘humanitarian-development-peace nexus’. This new way of working focuses on the work needed to coherently address people’s vulnerability before, during and after crises, by meeting immediate needs whilst taking steps to address systemic causes of conflict and vulnerability and supporting the peace that is essential for sustainable development (OXFAM 2019).

The COVID-19 pandemic has changed the way humanitarian action is organised, as agencies addressed the need for social distancing during relief distributions and faced challenges such as how to provide safe places for women and children in crisis using virtual technologies (UNOCHA 2020b).

### Table 13.1 Terminology used in humanitarian and emergency settings

| Term                        | Definition                                                                                                                                 |
|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| Asylum seeker               | Someone fleeing their own country and seeking sanctuary in another country, applying for asylum: the right to be recognised as a refugee and receive legal protection and material assistance |
| Complex emergency           | Humanitarian crisis in a country, region or society where there is total or considerable breakdown of authority resulting from internal or external conflict and which requires an international response that goes beyond the mandate or capacity of any single and/or ongoing UN country programme |
| Crisis                      | A situation that is perceived as difficult. A crisis may not be evident, and it demands analysis to be recognised. Conceptually, it can cover both preparedness and response |
| Disaster                    | A situation or event, which overwhelms local capacity, necessitating a request to national or international level for external assistance |
| Disaster mitigation          | The lessening or minimising of the adverse impacts of a hazardous event                                                                 |
| Disaster preparedness       | Pre-disaster activities, geared to helping at-risk communities safeguard their lives and assets by being alert to hazards and taking appropriate action in the face of an imminent threat or the actual onset of a disaster |
| Disaster response           | The organisation and management of resources and responsibilities for dealing with all humanitarian aspects of emergencies |
| Disaster risk               | The potential loss of life, injury, or destroyed or damaged assets which could occur to a system, society, or a community in a specific period of time, through the combination of hazard, exposure and capacity |
| Emergency                   | A managerial term describing a state, demanding decision and follow-up in terms of extraordinary measures |
| Epidemic                    | The occurrence in a community or region of cases of an illness, specific health-related behaviour or other health-related events clearly in excess of normal expectancy |
| Humanitarian                | The promotion of human welfare                                                                                                                                 |
| Humanitarian assistance     | Aid to a stricken population that complies with the basic humanitarian principles of humanity, impartiality and neutrality |
| Humanitarian Development Nexus | The work needed to coherently address people’s vulnerability before, during and after crises |
| Internally displaced person (IDP) | Someone forced to flee their home but who has never crossed an international border |
| Migrant                     | A person who moves away from his or her place of usual residence, whether within a country or across an international border, temporarily or permanently, and for a variety of reasons. An umbrella term, not defined under international law |
| Pandemic                    | The worldwide spread of a new disease                                                                                                                                 |
| Recovery                    | Decisions and actions taken after a disaster with a view to restoring or improving the pre-disaster living conditions of the stricken community, whilst encouraging and facilitating necessary adjustments to reduce disaster risk |
| Refugee                     | Someone who has been forced to flee his or her country because of persecution, war or violence |
| Stateless person             | Someone who is not a citizen of any country                                                                                                                                 |
| Vulnerability               | The degree to which a socio-economic system is either susceptible or resilient to the impact of natural hazards and related technological and environmental disasters |

WHO 2010, 2020; IOM 2020; Relief Web 2008; UNOOSA 2020; IFRC 2018; UNHCR 2020; OXFAM 2019
13.4 Healthcare in Humanitarian Crises

The goals of the 2030 Agenda for Universal Health Coverage apply whether people are living in stability or in crisis (WHO 2019b). Humanitarian crises have immense short- and long-term health impacts (Kohrt et al. 2019). Emergencies rarely occur in settings with no pre-existing health system; where a system is weak, it may need to be strengthened or developed. However, delivery of healthcare can be very challenging in crisis settings with regular health systems frequently destroyed or disrupted; in some circumstances, health care must even be provided at sea or once individuals are brought ashore (Kohrt et al. 2019; Sphere 2018). Additionally, population data, essential for planning appropriate health care, can be difficult to gather in emergencies. Aside from initial life-saving health care following trauma, injury or infectious disease outbreaks, crisis-affected populations will have pre-existing health conditions requiring urgent and ongoing; age, gender, disability, HIV/TB status, poor mental health, linguistic or ethnic identity can further influence needs and may be significant barriers to accessing care (Kohrt et al. 2019; Sphere 2018).

The Sphere (2018) humanitarian charter states that everyone has the right to timely and appropriate health care, and a handbook sets out minimum standards for health care in humanitarian contexts. These standards identify seven areas of essential healthcare and five different health system categories. These are listed in Table 13.2.

### Table 13.2 Health systems and essential health care in humanitarian settings

| Health system categories | Areas of essential health care                                      |
|--------------------------|-------------------------------------------------------------------|
| 1. Health service delivery | 1. Communicable diseases                                          |
| 2. Health workforce      | 2. Child health                                                    |
| 3. Essential medicines and medical devices | 3. Sexual and reproductive health                                   |
| 4. Health financing      | 4. Injury and trauma care                                          |
| 5. Health information    | 5. Mental health                                                   |
|                          | 6. Non-communicable diseases                                      |
|                          | 7. Palliative care                                                 |

(Sphere 2018)

13.5 Rights in Humanitarian Settings

All people affected by disaster or conflict have a right to life with dignity, the right to receive humanitarian assistance and the right to protection and security (Sphere 2018). Sexual and reproductive health is a human right for all people, including those living in humanitarian settings; it is an essential, non-negotiable component of every humanitarian response (IAWG 2018a, b; UNFPA 2019a). The ambitious global 2030 agenda of ‘leaving no one behind’ will only be achieved if this includes provision of universal access to sexual and reproductive health and rights for populations in humanitarian and fragile contexts or crisis situations (UNFPA 2019a). Reproductive health, family planning services and protection from violence saves lives in emergencies; they are as essential as food and shelter (UNFPA 2019a). In addition to sexual and reproductive rights, women in crisis situations have the right to Respectful Maternity Care (White Ribbon Alliance 2019; Manning and Schaaf 2018). Health workers also have rights that should be upheld, even in crisis situations; these include the right to safe and decent working environments and freedom from discrimination, coercion and violence (WHO 2016). Violence against health care workers in conflict is increasing around the world; as health workers are predominantly female they are additionally vulnerable to violence (Safeguarding Health in Conflict Coalition 2020). Humanitarian crises often exacerbate human rights concerns, and deteriorating human rights situations can in themselves trigger crises (UNOCHR 2019).

13.6 What Do Women and Their Newborns Need in Humanitarian Settings?

Humanitarian crises take a disproportionate toll on women and girls. However, only comparatively recently have women’s needs and vulnerabilities received the same level of attention as the need for food and shelter in humanitarian emergencies (UNFPA 2019b). One in four people affected by crisis are women and girls of repro-
productive age (15–49 years) who require access to sexual and reproductive health services (UNFPA 2019a). However, in times of crisis, access to high-quality sexual, reproductive, maternal and newborn health services may be unavailable, increasing the risk of still births, maternal and neonatal mortality and morbidity and the prevalence of unwanted pregnancies (Sphere 2018). Despite recent investment in reproductive health in humanitarian emergencies, focus on maternal and newborn care for the mother and baby during childbirth remains inadequate with inconsistency service provision across different humanitarian contexts (IAWG 2019). In countries with ongoing emergencies, more than 500 women and girls have been reported to die every day during pregnancy and childbirth (UNFPA 2019b).

Conflicts and disasters exacerbate gender inequalities and elevate risks of sexual violence, including exploitation and abuse, due to breakdown of protection systems and an environment of impunity where perpetrators are not held accountable (Sphere 2018; UNFPA 2019a). At least one in five women refugees in complex humanitarian settings has experienced sexual violence although the real figure is likely to be much higher as many incidents go unreported and data are difficult to track (Sphere 2018; UNOCHA 2020). Displaced young people are especially vulnerable; during humanitarian crises, being young and female is one of the greatest risk factors for violence and death (UNFPA 2019a). Furthermore, women are at risk because they will often prioritise the needs of children, friends and neighbours over their own (UNFPA 2019a).

Women in all settings in all countries want respectful, kind and personalised maternal and newborn health services, delivered by knowledgeable, skilled and culturally sensitive health professionals who inspire trust (Renfrew et al. 2014). To reduce maternal and newborn mortality in humanitarian settings, women and their families must have improved access to high-quality comprehensive sexual and reproductive health services, skilled care during labour and childbirth, and access to quality emergency obstetric and newborn care (IAWG 2019). Women should have access to high quality care by a midwife regardless of their refugee status (ICM 2017).

### 13.7 Core Documents for Women’s and Newborns’ Health in Crises

Core documents and standards have been developed over the past two decades to inform the provision of care to, and with, those affected by crisis (Fig. 13.2).
13.7.1 Sphere Humanitarian Standard and Minimum Standards in Humanitarian Response (Sphere 2018)

Sphere, a network of humanitarian organisations, has developed a rights-based framework, known as ‘The Sphere Handbook’, designed for use by practitioners involved in planning, managing or implementing a humanitarian response. The handbook can also be used for advocacy to improve the quality and accountability of humanitarian assistance and is increasingly being used by governments, donors, the military and the private sector to help them in working constructively with humanitarian organisation (Sphere 2018).

The handbook contains the humanitarian charter, protection principles to inform any humanitarian response, the core humanitarian standard comprised of nine commitments and four technical chapters, each including minimal standards for four sectors. The standards address: water supply, sanitation and hygiene (WASH), food security and nutrition, shelter and settlement, and health. Within the over-arching Sphere standard for health, there is a sexual and reproductive health standard which states that ‘people have access to healthcare and family planning that prevents excessive maternal and newborn morbidity and mortality’ (Sphere 2018).

Of relevance to midwives, the handbook also contains standards for sexual violence and clinical management of rape, HIV and palliative care.

Since these four core standards do not cover every aspect of humanitarian assistance, in partnership with Sphere, other organisations have developed complementary standards including those for child protection, inclusion for older people and those with disabilities and economic recovery.

13.7.2 Interagency Field Manual for Reproductive Health in Humanitarian Settings (IAWG 2018a, b)

In 1991, UNHCR published the first guidelines for the protection of refugee women written from within a human rights context and taking note of women’s and girl’s gender-specific needs. In 1995, many different humanitarian and other organisations formed an Interagency Working Group which published the first field manual for reproductive health in emergency situations. This group has continued to grow and with a current membership of over 450 agencies and has authored the ‘Interagency field manual for reproductive health in humanitarian settings’, last issued in 2018. This manual acknowledges that the provision of comprehensive and high-quality Sexual and Reproductive Health (SRH) services requires a multisectoral, integrated approach and that affected communities should be involved in every phase of action from needs assessment, programme planning, programme implementation and evaluation (IAWG 2018a, b). The inter-agency manual sets out the Minimum Initial Service Package (MISP) for SRH in crises situations. The MISP itself is a health standard within the Sphere Minimum Standards in Humanitarian Response (Sphere 2018). Box 13.1 summarises the key actions considered relevant in crisis situations.

Box 13.1. Key actions in sexual and reproductive health in crises situations

- Clean and safe delivery, essential newborn care and emergency obstetric and newborn care services to be available at all times.
- Establish a 24/7 referral system with effective communication and transportation.
- Provision of clean delivery packages to all visibly pregnant women.
- Consult the community to understand local preferences, practices and attitudes towards contraception.
- Involve men and women, and adolescent boys and girls privately and separately.
- Long-acting reversible and short-acting contraceptive methods available on demand.
To prevent avoidable maternal and newborn mortality and morbidity in humanitarian settings the MISP calls for Basic Emergency Obstetric and Newborn Care (BEmONC) and Comprehensive Emergency Obstetric and Newborn Care (CEmONC) (see Box 13.2) to be available at all times in humanitarian settings. These two levels of care include seven (BEmONC) and nine (CEmONC) ‘signal functions’; these are the key medical interventions that are used to manage the direct obstetric complications that cause the vast majority of maternal deaths around the globe and also include newborn resuscitation. Signal functions for inpatient care of small and sick newborns are also currently under development (Moxon et al. 2019). Globally, WHO (2009) suggests that approximately 5–15% of births will require surgical intervention such as caesarean section and 9–15% of newborns will require life-saving emergency care. Therefore, an effective referral system with functional communication and transportation between basic and comprehensive care facilities is also essential to enable access to these life-saving services (Sphere 2018). In addition to the signal functions, the MISP also includes the prevention of sexual violence and assistance to survivors, the provision of sexual and reproductive health services such as family planning and access to safe abortion and post-abortion care, and reduction in the transmission of HIV.

Another document, Newborn Health in Humanitarian Settings: A Field Guide (UNICEF and Save the Children 2018) is a companion to the interagency manual, providing information related specifically to newborn care during the neonatal period. This guide is supported by the multi-agency Roadmap to Accelerate Progress for Every Newborn in Humanitarian Settings 2020–2023 (Save the Children et al. 2019) and promotes the provision of skilled care at birth, preferably in a healthcare facility, for all newborns. The field guide details clinical and technical guidance for providing newborn care in humanitarian settings, centred on preventing and treating the three main causes of newborn mortality: direct preterm complications, severe infection and intrapartum-related complications. It also presents strategic considerations for broader programme development, service integration and coordination within humanitarian settings. These strategic considerations include the appointment of a lead agency for the SRH response in an emergency, the implementation of a situation analysis with use of the findings to implement the SRH response plan and the development of monitoring and evaluation plans with relevant experts and stakeholders. It is essential that programming interventions are based on keeping

| Box 13.2. Signal functions of emergency obstetric and newborn care (WHO 2009) |
|---------------------------------------------------------------|
| **Basic emergency obstetric and neonatal care** (minimum five facilities per 500,000 people) | **Comprehensive emergency obstetric and neonatal care** (minimum one facility per 500,000 people) |
| 1. Administer parenteral antibiotics | Perform signal functions 1–7, plus: |
| 2. Administer uterotonic drugs | 8. Perform surgery (e.g. caesarean section) |
| 3. Administer parenteral anticonvulsants for pre eclampsia and eclampsia | 9. Perform blood transfusion |
| 4. Manually remove the placenta | |
| 5. Remove retained products | |
| 6. Perform assisted vaginal delivery | |
| 7. Perform basic neonatal resuscitation | |

A basic emergency obstetric care facility is one in which all functions 1–7 are performed. A comprehensive emergency obstetric care facility is one in which all functions 1–9 are performed.
a mother and her baby together and that the principles of quality, equity and dignity apply to both (White Ribbon Alliance 2019).

**Box 13.3. Essential Newborn Care in all Settings**

- Thermal care (delay bathing, keep the baby dry and warm, skin-to-skin contact).
- Infection prevention (clean birth practices, handwashing, cord care, skin and eye care).
- Feeding support (immediate and exclusive breastfeeding).
- Monitoring (for infection or other conditions necessitating referral).
- Postnatal care (first 24 h most critical; aim for three home visits in the first week)

Derived from: Inter-agency Working Group on Reproductive Health in Crises 2018a, b; WHO 2014.

### 13.8 The Role of the Midwife in Disasters and Emergencies

Skilled midwives could avert a total of 83% of all maternal deaths, stillbirths and neonatal deaths (Homer et al... 2014). However, as discussed in Chapters 1–3 of this book, the unique contribution of midwives has only recently been internationally acknowledged as focus was previously on skilled birth attendants and competence in the ‘signal functions’. Hobbs et al.’s (2019) scoping review of in 36 low and middle income countries found 102 unique cadre names identified for those providing ‘skilled attendance’ at birth with large variations in competency. In all settings, including humanitarian crises, the midwife is the most appropriate healthcare professional with defined competencies in delivering skilled care to women during pregnancy, childbirth and the postnatal period; midwives should be considered as essential health workers providing a critical service to childbearing women and their babies (WHO 2019c; ICM 2020), not only competent in the emergency signal functions but able to provide the full range of maternal, newborn, adolescent, sexual and reproductive health services. Midwives are key to supporting the goals of Universal Health Coverage in emergencies as they often live close to affected communities and are the first point of contact, especially in remote or isolated areas (WHO 2019c). Midwifery competencies (ICM 2018) include being able to accompany women through pregnancy, childbirth and the postnatal period, no matter what the circumstances (WHO 2019c). A recent systematic review of the role and scope of midwives in humanitarian settings (Beek et al. 2019) found that midwives, as frontline health workers with geographic and social proximity to the communities they serve, are uniquely positioned during a crisis. However, the same study reported gaps in international guidance for midwives in humanitarian settings, especially in the mitigation and preparedness, and recovery phases of a response. Miyake et al. (2017) found that community midwifery programmes in fragile and conflict-affected countries were weakened by inappropriate recruitment and training, lack of support and general insecurity. The World Health Organization (2019c) states that there is an urgent need to examine and develop the role of midwives in humanitarian settings.

#### 13.8.1 Coordination of Midwifery in Crises

Leadership and coordination are vital in a humanitarian health response (Sphere 2018). WHO (2019c) has called for midwifery leadership to be included within the national emergency cluster and other key coordination mechanisms appropriate to the context. At the onset of a humanitarian situation, there will usually be a lead organisation for the sexual and reproductive response (UNICEF and Save the Children 2018). The number and profile of available health workers, including midwives, should match the population and service needs (Sphere 2018). Midwives should engage in partnership with communities, especially women’s groups, community leaders,
community health workers and young people to identify needs, barriers to care and context-specific solutions (Sphere 2018).

People should have access to free priority health care (Sphere 2018), and maternity services should be prioritised as an essential core health service (ICM 2020). However, during the 2020 COVID-19 pandemic, it was reported that restrictive practices were introduced in maternal and newborn care, limiting women’s decisions and rights of women and newborn infants, including restrictions on the place of birth, continuity of care and mother–baby contact (Renfrew et al. 2020). Protocols for pregnancy and childbirth during emergencies must be evidence-based and uphold the human rights of all women and their newborns (ICM 2020). Sexual and reproductive health care such as family planning, emergency contraception and abortion services should also remain available as core health services (Sphere 2018). Abortion is needed even in settings where it is restricted (Guttermacher 2020) but safe abortion services are rarely addressed in humanitarian settings (IPPF 2015). Where possible, continuity of midwifery care should be encouraged and provided; in a pandemic, this will reduce the number of caregivers in contact with the woman and her birth partner and decrease the chances of disease spreading in hospitals (ICM 2020).

Midwives work best within an enabling environment (WHO 2019c). In settings with a functional supply chain midwives and other maternity care providers may be able to access special supplies to support their role, such as the Inter-Agency Emergency Reproductive Health kits (IARH). These kits are globally standardised, pre-packed, and available for immediate dispatch in event of an emergency. The kits, usually managed and distributed by UNFPA (2019a, b), contain all of the life-saving medicines, devices and commodities/supplies necessary to implement the MISP. Direct Relief, a non-governmental organisation, is working with the ICM to supply ‘Midwife Kits’ which contain the 59 essential items a midwife needs to perform 50 facility-based safe births in almost any environment (Direct Relief 2020). Newborn Supply Kits are also available to complement the reproductive health kits (IAWG 2018c).

Humanitarian settings are not immune from accountability and international standards and norms (Schaaf et al. 2020). Therefore midwives and other health workers in crisis situations must present themselves as neutral and impartial. They should support existing health systems and use national standards and protocols where possible. Midwives should contribute to health management information systems (HMIS) and other routine health surveillance systems, taking appropriate data protection measures (Sphere 2018). During disease outbreaks such as Ebola or COVID-19, midwives should follow international guidance from organisations such as WHO and engage with their own professional association and the ICM for support. International midwives who volunteer in humanitarian settings require comprehensive preparation and support, in addition to skilled translators where required (O’Mally Floyd 2013). More information on international volunteering can be found in Chapters 14 and 15 of this book.

13.8.2 The Role of Professional Midwives’ Associations in Crisis Situations

Professional midwives’ associations are not humanitarian organisations. However, they often have branches or networks of midwives across a country or region and are well connected with national and local health systems and communities. Moreover, they have working knowledge of local culture and language, unlike many foreign humanitarian organisations. In fragile situations, such as Afghanistan and Yemen, even nascent midwives’ associations have proven to be important advocates and sources of information for members. Therefore, with the right support, midwifery associations can play an important role during crises situations, and they must be fully involved in disaster preparedness, harm reduction and rapid response to disasters/emergencies. However, midwives are often not included in emergency preparedness and response planning at local, national and international level (ICM 2014a). ICM (2014a) advises its member midwife associations to ensure that midwives...
participate and take up their role in disasters and emergencies and to systematically train midwives to be effective in crisis/emergency situations. Beek et al. (2019) call upon the international agencies to play their part in ensuring that midwives and national midwives’ associations can take their place in high-level disaster preparedness, response planning and coordination activities, and to provide technical guidance.

Unfortunately crises can leave professional associations struggling to respond, especially if they have experienced damage to offices and staff or had officers made homeless, injured or sick, or have been forced to migrate (Kemp et al. 2017; Health Cluster/UNFPA 2018). During the COVID-19 pandemic, most midwives’ associations, like many other organisations, had to adopt social distancing measures, becoming almost fully virtual. Communication systems can be fractured in emergencies, with disruptions to power supplies and networks. Despite these difficulties, many midwives’ associations have stepped up to respond with a speed and efficiency suggestive of much larger and well-resourced organisations. Two such case studies are shared at the end of this chapter.

### 13.8.3 Educating and Preparing Midwives for Their Role in Emergencies

This chapter has demonstrated how midwives can provide an essential role in meeting the care needs of women, adolescents and newborns during humanitarian crises. However, despite the growth in such crises globally, midwives are neither sufficiently prepared nor educated for this role (Beek et al. 2019). WHO (2019c) has called for emergency preparedness and response to be embedded in midwifery curricula. Global competencies for midwives (ICM 2018) include all seven signal functions of basic emergency obstetric, essential newborn care and care for small and sick newborns, underpinned by respectful maternity care. However, IAWG (2019) recommends further building the capacity of midwives through training and mentoring approaches to ensure they are equipped for their role in humanitarian emergencies. In addition to competence in signal functions, midwives require resilience to work in challenging settings; however, Williams (2020) questions whether resilience can be taught in midwifery education. Fred and Kernohan (2015) found that preparedness of midwives for their role in humanitarian response depended on both intrinsic factors such as flexibility and humility, and external factors such as education, acquisition of local language skills and understanding of infrastructural challenges. These issues need to be embedded within the midwifery curriculum. Midwifery education may take place in the context of a crisis; Renfrew et al. (2020) noted that during the 2020 COVID-19 pandemic, student midwives were learning in a context of altered priorities; this could influence the care they provide for women and their families in the long-term. Therefore, it is imperative for educators and professional associations to take particular care of students who are working in frontline care, to be alert for moral distress and to support their mental health needs.

Humanitarian crises, though extremely challenging, can provide opportunity for midwifery education to flourish. Prior to the war in Syria, the Syrian health system did not support autonomous normal midwifery, and many midwives themselves were unaware of the core competencies of midwifery practice. UNFPA, galvanised by national and local level support, are working with Syrian colleagues and other strategic partners to implement a programme to build a new cadre of healthcare providers, with the aim that they will eventually become fully trained midwives as defined by the ICM standards (Health Cluster/UNFPA 2018).

### 13.8.4 Impact of Emergencies on Midwives

The ICM has recognised the courage of midwives who in the most difficult of circumstances continue to provide care for women and their newborn (ICM 2014a, b). However, in crises situations midwives may themselves become the victims of war, civil unrest, natural disasters or infectious diseases. They may be killed, raped,
maimed and suffer the loss of family members (ICM 2014a, b); they may lose their homes or family members from storms or earthquakes (Cuesta et al. 2018; Kemp et al. 2017). Stress, burnout and post-traumatic stress disorder are commonly reported in studies of healthcare workers in pandemics and major national/global emergencies; fear, uncertainty and moral distress are common (Hunter et al. 2020). Midwives are better able to provide quality midwifery care and to have a sense of personal well-being, if they feel well supported (Hunter et al. 2020). Midwives have the right to a safe and respectful working environment, including sanitation and access to necessary personal protective equipment (International Confederation of Midwives 2020). Midwives also have the right to freedom from all kinds of discrimination, coercion and violence (WHO 2016). Renfrew et al. (2020) state that in a crisis situation there must be no trade-off between protecting the health and well-being of midwives and other health workers, and the rights of women and babies. Box 13.4 provides suggestions for supporting midwives’ well-being in emergency situations.

### Box 13.4. Suggestions for supporting midwives’ wellbeing in emergency situations

- Take midwives’ individual circumstances into consideration, especially those with additional support needs.
- Allow staff to raise concerns and find effective solutions.
- Ensure midwives have access to food and drink.
- Encourage midwives to take regular breaks.
- Give fair duty rosters.
- Provide psychological support.
- Give opportunity for peer support through video calls.
- Consider provision of temporary accommodation near health facilities (Hunter et al. 2020; Cuesta et al. 2018).

### 13.9 Disaster Mitigation and Preparedness

The impact of disasters on women and newborns can be reduced by preparedness and resilience-building efforts; this includes ensuring that laws, policies, protocols, coordination mechanisms and communication channels are in place prior to a disaster, and pre-positioning live-saving to support the implementation of the MISP and priority maternal and newborn health interventions (IAWG 2019). Midwives have unique skills and knowledge and are often geographically and socially close to communities (Beek et al. 2019), so it is vital that midwives are included in emergency preparedness and response planning (ICM 2014a, b). Professional midwives’ associations can play an important part in lobbying for and contributing to national disaster planning and legislation, preparing midwives for their role in crisis situations and supporting those providing services (ICM 2014a, b). At programme level, it is also essential that communities themselves are directly involved in every stage of the disaster risk cycle (Sphere 2018).

### 13.10 Rehabilitation and Recovery

After the immediate response to a crisis comes the rehabilitation phase, where basic services and life-lines are restored, even if on a temporary basis. The recovery phase is where reconstruction of infrastructure is carried out, along with restoration of livelihoods in affected populations (UNOOSA 2020). For maternal, newborn, adolescent, sexual and reproductive health, this means transition from the MISP to provision of comprehensive SRH services for the recovery phase or during chronic or protracted crisis situations (IAWG 2018a, b). Beek et al. (2019) report that the contribution of midwives to the rehabilitation and recovery after crises is largely missing from the literature. However, some encouraging papers do highlight the extraordinary work of midwives in post-conflict and crisis situations such as Afghanistan, Syria and Sierra Leone (Currie et al. 2007; Health Cluster/UNFPA 2018; O’Mally Floyd 2013).
13.11 Case Studies

Case Study 1: Rohingya Refugee Crisis, Bangladesh
In 2017, ethnic violence in Myanmar caused 742,000 Rohingya Muslims to flee to Cox’s Bazar, Bangladesh, an already densely populated area. By 2020, this constituted the largest refugee site in the world (CRED 2020). Half of the refugees (51%) were women and girls of which 318,500 were of reproductive age and 31,200 were pregnant (UNFPA 2020). The Rohingya population have low levels of illiteracy and gender differences and traditional beliefs play important roles in their culture. Contraception is not widely accepted (CRED 2020).

The first direct-entry midwives in Bangladesh qualified in 2016, just before the Rohingya refugee crisis. Many of these midwives were deployed by UNFPA, or by non-governmental organisations such as Médecins Sans Frontières (MSF), to Cox’s Bazaar; international midwives have also been deployed from within the region and further afield (UNFPA 2018a; UNV 2020; MSF 2020). Both local and international midwives faced many challenges: speaking a different language with their clients, caring for women who had faced trauma, assault and food shortages, working in muddy and overcrowded environments. Despite these difficulties, midwives have been providing comprehensive sexual and reproductive health services including antenatal care, 24/7 intrapartum care, postnatal and newborn care, counselling and health promotion, family planning services, menstrual regulation, post-abortion care and adolescent sexual and reproductive health services. In the camps, UNFPA set up women-friendly spaces, gender-based violence services and dignity kits for women including hygiene, sanitary and clothing items (UNFPA 2018b).

Case Study 2: Earthquake, Nepal
In April 2015, a huge earthquake (magnitude 7.8) shook Nepal. The epicentre of the earthquake was near the densely populated capital city, Kathmandu, causing enormous loss of life, injury and homelessness. UNFPA (2015) estimated that 126,000 pregnant women were affected by the earthquake. Despite structural damage to its office, the Midwifery Society of Nepal (MIDSON) launched an immediate response to the crisis, setting up a helpdesk for women at the national maternity hospital and conducting maternal, newborn, adolescent, sexual and reproductive health outreach clinics in earthquake-affected areas.

At the time, MIDSON was twinned with the Royal College of Midwives (RCM) in the UK. Through this partnership, funds were raised to deploy local nurse-midwives to work alongside remaining staff in badly affected rural sites, role-modelling high-quality maternity care and providing training in essential skills. MIDSON provided coaching, mentoring and support to health facility staff and, through partnerships with other organisations strengthened through the twinning project, were able to supply health centres and clinics with necessary equipment and supplies (Kemp et al. 2017). MIDSON’s response during the crisis ensured that midwives had a seat at the policymaking table and gave them a higher profile with stakeholders for the future development of midwifery in Nepal going forward. In 2017, the Government of Nepal launched the first Bachelor in Midwifery programme.

13.12 Conclusion

Conflict and crises are increasing around the world. Women, newborns and adolescent girls are especially vulnerable in emergencies and midwives have a key role in protecting and pro-
motoring health at all stages of the disaster risk cycle. Women and their families have the right to quality midwifery care, even in crises; midwives also have rights to a safe working environment and protection from harm. Midwives may be affected by emergencies in many ways and need support for their own physical and emotional well-being during crises. Midwives and midwives’ associations should familiarise themselves with the core documents for reproductive and sexual health in humanitarian situations and should position themselves at the decision-making table for disaster preparedness and mitigation, actively training midwives for emergency response. Pre-service and in-service midwifery curricula should prepare midwives for their role in humanitarian settings. Further research is needed to build an evidence-base for effective community-based approaches to maternal and newborn health in humanitarian settings and for the role of midwives during crises (IWAG 2019; Beek et al. 2019).

Key Messages

Principles
Women and newborns are especially vulnerable in crises. Midwives and midwives’ associations have a key role in humanitarian emergencies and must be ready to respond.

Policy
Countries, donors, implementing organisations and global policymakers must ensure participation of midwives in all stages of crisis preparedness and response. Midwifery education must include the preparation of midwives to work in humanitarian crises. Policy makers must mobilise around three key actions: greater emphasis on maternal and newborn health in vulnerable communities including preparedness, the MISP, maternal and newborn life-saving interventions in crisis settings, and strengthening the role of communities in delivering maternal and newborn health interventions (IAWG 2019; UNFPA 2019a).

Practice

Midwives must ensure they have the competence to perform all signal functions of BEmONC and to provide respectful maternity care in all situations, including in crises when regular health systems may be fractured. To perform these competencies, midwives must work in an enabling environment and should engage with women and local communities in planning care and establishing a systematic feedback mechanism on their experience of care and recommendations for improvement (IAWG 2019).

Questions for Reflection or Review

1. Watch the short film ‘War and Grace’ (International Medical Corps 2020). What challenges does the film highlight for women giving birth in conflict settings? What is the difference that midwives can make in such situations? What barriers can you identify for midwifery education and practice in war-torn areas, especially with regard to the provision of respectful maternity care? https://www.youtube.com/watch?v=qr23J2M0WEM&feature=youtu.be&fbclid=IwAR2zAd e5n6MRxQqKsGePWoHfHZDNYthjJ_iZjOwwLTzDmEKiVAfHaadFNxw

2. Familiarise yourself with the Minimum Initial Service Package (MISP) for Sexual and Reproductive Health (SRH) in crises situations. Reflect on how you would perform the signal BEmONC functions and provide respectful maternity care to women and their families were a crisis to occur in your locality.

3. Reflect on your education as a midwife, both pre-service and in-service, and whether it has (or has not) prepared you for working in emergencies. How can education for midwives be developed to reflect the growing number of global humanitarian crises?
Recommended Further Reading

Interagency working group (IAWG) on Reproductive Health in Crises (2018) Interagency field manual on reproductive health in humanitarian settings. https://resourcecentre.savethechildren.net/node/11145/pdf/iafm_on_reproductive_health_in_hs_2018.pdf. Accessed 6 May 2020

London School of Hygiene and Tropical Medicine (LSHTM) (2020) Health in humanitarian crises: a free Massive Open Online Course (MOOC). https://www.lshtm.ac.uk/study/courses/short-courses/free-online-courses/health-in-humanitarian-crisis. Accessed 24 May 2020

Sphere (2018) Humanitarian standards. https://spheres-standards.org/humanitarian-standards/. Accessed 6 May 2020

United Nations Office for Disaster Risk Reduction (2015) Sendai framework for disaster risk reduction. https://www.undrr.org/implementing-sendai-framework/what-sf. Accessed 17 May 2020

United Nations Children’s Fund (UNICEF) (2018) Newborn health in humanitarian settings: a field guide. https://www.unicef.org/media/61561/file. Accessed 6 May 2020

References

Beek K, McFadden A, Dawson A (2019) The role and scope of practice of midwives in humanitarian settings: a systematic review and content analysis. Hum Resour Health 17(5). https://doi.org/10.1186/s12960-018-0341-5

Centre for Research on the Epidemiology of Disasters (CRED) (2019) Natural disasters 2018. https://www.cred.be/natural-disasters-2018. Accessed 23 Jul 2019

Centre for Research on the Epidemiology of Disasters (CRED) (2020) Refugee crisis in Bangladesh: a view from the field. CRED Crunch 57. https://www.emdat.be/publications. Accessed 18 May 2020

Cuesta J, van Loenhout J, de Lara-Banquesio M et al (2018) The impact of Typhoon Haiyan on health Staff: a qualitative study in two hospitals in Eastern Visayas, The Philippines. Front Public Health 6:208. https://doi.org/10.3389/fpubh.2018.00208

Currie S, Azfar A, Fowler R (2007) A bold new beginning for midwifery in Afghanistan. Midwifery 23:226–234

Direct Relief (2020) Direct Relief midwife kits: made for new life. https://www.directrelief.org/product/midwife-kit/. Accessed 29 May 2020

Enhancing Learning and Research for Humanitarian Assistance (ELRHA) (2014) Global survey on humanitarian professionalisation. https://www.humanitarianlibrary.org/sites/default/files/2014/02/global_humanitarian_professionalisation_survey.pdf. Accessed 31 May 2020

Flahault A, Wernli D, Zilberman P et al (2016) From global health security to global health solidarity, security and sustainability. Bull World Health Organ 94:863. https://doi.org/10.2471/BLT.16.171488. Accessed 17 May 2020

Fred M, Kernohan W (2015) Development of a framework to prepare midwives for relief work in West Africa. Afr J Midwif Womens Health 9(2):72–76

Guttermacher Institute (2020) Factsheet: Unintended Pregnancy and Abortion Worldwide. https://www.guttmacher.org/fact-sheet/induced-abortion-worldwide. Accessed 15 Nov 2020

Health Cluster/United Nations Population Fund (2018) Quality midwifery care in the midst of crisis: midwifery capacity building strategy for Northern Syria 2017–2021. https://reliefweb.int/report/syrian-arab-republic/quality-midwifery-care-midst-crisis-midwifery-capacity-building-strategy. Accessed 30 May 2020

Hobbs A, Moller AB, Kashikis A et al (2019) Scoping review to identify and map the health personnel considered skilled birth attendants in low-and-middle income countries from 2000–2015. PLoS One, 14(2): e0211576

Homer C, Friberg I, Dias M et al (2014) The projected scaling up of midwifery. Lancet 384(9948):1146–1157

Hunter B, Renfrew M, Downe S (2020) Supporting the emotional wellbeing of midwives in a pandemic: guidance for the Royal College of Midwives. https://www.rcm.org.uk/media/4095/rcm-supporting-the-emotional-wellbeing-of-midwives-during-a-pandemic-v1-submitted-to-rcm_nrd.pdf. Accessed 25 May 2020

INFORM (2020) Global risk index 2020. https://data.humdata.org/organization/inform. Accessed 22 May 2020

Inter-Agency Standing Committee (2015) Introduction to humanitarian action. https://interagencystandingcommittee.org/system/files/rc_g... Accessed 23 Jul 2019

Interagency Working Group (IAWG) on Reproductive Health in Crises (2018a) Interagency field manual on reproductive health in humanitarian settings. https://resourcecentre.savethechildren.net/node/11145/pdf/iafm_on_reproductive_health_in_hs_2018.pdf. Accessed 6 May 2020

Interagency Working Group (IAWG) on Reproductive Health in Crises (2018b) Newborn health in humanitarian settings. https://www.unicef.org/media/61561/file. Accessed 20 Aug 2020

Interagency Working Group (IAWG) on Reproductive Health in Crises (2018c) Manual: Newborn care supply kits for humanitarian settings. New York: UNICEF

Interagency Working Group (IAWG) on Reproductive Health in Crises (2019) Surviving day one: caring for newborns and mothers in humanitarian emergencies on the day of childbirth. https://www.healthynewborn-network.org/hnn-content/uploads/SavetheChildren-NBH-16Pager-ProductionV4.pdf. Accessed 27 May 2020

International Confederation of Midwives (2014a) Position statement: role of the midwife in disaster/emergency preparedness. https://www.nurse.or.jp/nursing/international/icm/basicatement/pdf/Role_of_the_Midwife_in_DisasterEmergency_Preparedness_en.pdf. Accessed 23 Jul 2019
International Confederation of Midwives (2014b) Position statement: women, children and midwives in situations of war and civil unrest. https://www.internationalmidwives.org/assets/files/statement-files/2019/07/women-children-and-midwives-in-situations-of-war-and-civil-unrest-eng-july-1.pdf. Accessed 27 May 2020

International Confederation of Midwives (2017) Position statement: migrant and refugee women and their families. https://www.internationalmidwives.org/assets/files/statement-files/2019/06/eng-migrant_refugee_women-letterhead.pdf. Accessed 27 May 2020

International Confederation of Midwives (2018) Essential competencies for midwifery practice. https://www.internationalmidwives.org/assets/files/2020/03/icm-statement_upholding-womens-rights-during-covid19-5e83ae2ebfe59.pdf. Accessed 25 May 2020

International Federation of the Red Cross and Red Crescent Societies (2018) Information sheet: disaster risk reduction. https://media.ifrc.org/ifrc/document/disaster-risk-reduction-drr-information-sheet/. Accessed 31 May 2020

International Medical Corps (2020) War and Grace (short film). https://www.youtube.com/watch?v=qr23J2M0WEM&feature=youtu.be&fbclid=IwAR2zAde5n6MRxQqKsGePWofHZDNYthvJ_i2nOwwLTzDnE-KiVAFHaadFNe. Accessed 20 May 2020

International Organization for Migration (2020) Who is a migrant? https://www.iom.int/who-is-a-migrant. Accessed 20 May 2020

IPPF (2015) How to talk about abortion: a rights-based messaging guide. https://www.ippf.org/sites/default/files/2018-08/ippf_abortion_messaging_guide_web_0.pdf. Accessed 15 Nov 2020

Kemp J, Shaw E, Bajracharya K (2017) Shaken into action. RCM midwives. Autumn 2017. https://www.rcm.org.uk/media/2690/midwives-magazine-autumn-2017.pdf. Accessed 18 May 2020

Kohr B, Mistry A, Anand L et al (2019) Health research in humanitarian crises: an urgent global imperative. BMJ Glob Health 4:e001870. https://doi.org/10.1136/bmjgh-2019-001870

Manning A, Schaaf M (2018) Disrespect and abuse in childbirth and respectful maternity care. https://www.whiteribbonalliance.org/wp-content/uploads/2018/04/6422_RMC-Maternity-Care-Resources-PPG_English.pdf. Accessed 12 May 2020

Médecins Sans Frontières (2020) Midwife with MSF: care at every step. https://msf.org.au/article/stories-patients-staff/midwife-msf-care-every-step. Accessed 18 May 2020

Miyake S, Spekman E, Currie S et al (2017) Community midwifery initiatives in fragile and conflict-affected countries: a scoping review of approaches from recruitment to retention. Health Policy Plan 32:21–33. https://doi.org/10.1093/heapol/czw093

Mizutori M (2020) COVID-19 puts human rights of millions at risk: statement by the UN Special Representative for disaster risk reduction on the human rights dimensions of the COVID-19 pandemic. https://www.unrdr.org/news/covid-19-puts-human-rights-millions-risk. Accessed 17 May 2020

Moxon S, Blencow H, Bailey P et al (2019) Categorising interventions to levels of inpatient care for small and sick newborns: Findings from a global survey. PLoS One, 14(7): e0218748

O’Mally Floyd B (2013) Lesson learned preparing volunteer midwives for service in Haiti: after the earthquake. J Midwifery Womens Health 58: 558–568

Office of the United Nations High Commissioner for Refugees (1991) Guidelines on the protection of refugee women. UNHCR, Geneva

OXFAM (2019) The Humanitarian-Development-Peace Nexus: what does it mean for multi-mandated organizations? https://reliefweb.int/report/world/humanitarian-development-peace-nexus-what-does-it-mean-multi-mandatedorganizations. Accessed 22 May 2020

Partnership for Maternal, Newborn and Child Health (2019) Health and well-being of women. Children and adolescents on the move: knowledge Brief Series 1. https://www.who.int/inf/maternity-gender-and-humanitarian-settings/2019-update_final-web_v1.0.pdf. Accessed 28 May 2020

Renfrew M, McFadden A, Bastos M et al (2014) Midwifery and quality care: findings from a new evidence-informed framework for maternal and newborn care. Lancet 384(9948):1129–1145

Renfrew M, Cheyne H, Craig J et al (2020) Sustaining quality midwifery care in a pandemic and beyond. Midwifery, Accessed 29 May 2020. https://doi.org/10.1016/j.midw.2020.102759

Safeguarding Health in Conflict Coalition (2020) Health and well-being of women. Children and adolescents at risk: violence against health care. Available at https://www.safeguardinghealth.org/sites/shcc/files/statement-files/2019/07/ICM-statement_upholding-womens-rights-during-covid19-5e83ae2ebfe59.pdf. Accessed 27 May 2020

Save the Children, UNICEF, WHO and UNHCR (2019) Roadmap to Accelerate Progress for Every Newborn in Humanitarian Settings 2020 – 2025. Available at https://www.healthynewbornnetwork.org/hmn-content/uploads/Roadmap-to-Accelerate-Progress-for-Every-Newborn-in-Humanitarian-Settings-1-1.pdf. Accessed 15 Nov 2020

Schaaf M, Boydell V, Sheff MC, Kay C, Torabi F, Khosla R (2020) Accountability strategies for sexual and reproductive health and reproductive rights in humanitarian settings: a scoping review. Conflict and Health 14(1)
Sphere (2018) Sphere handbook: the humanitarian charter and minimum standards in humanitarian response. https://handbook.spherestandards.org/en/sphere/#ch001. Accessed 05 May 2020

Steffens G (2018) Changing climate forces desperate Guatemalans to migrate. National Geographic. Available at https://www.nationalgeographic.com/environment/2018/10/drought-climate-change-force-guatemalans-migrate-to-us/. Accessed 10 Nov 2020

United Nations Children’s Fund and Save the Children (2018) Newborn health in humanitarian settings: a field guide. https://www.healthynewbornnetwork.org/resource/newborn-health-humanitarian-settings-field-guide/. Accessed 26 May 2020

United Nations Office for the Coordination of Humanitarian Affairs (2017) A new way of working. https://www.unocha.org/es/themes/humanitarian-development-nexus. Accessed 22 May 2020

United Nations Office for the Coordination of Humanitarian Affairs (2020) Global humanitarian overview 2020. https://www.unocha.org/sites/unocha/files/GHO-2020_v9.1.pdf. Accessed 16 Nov 2020

United Nations Office for the Coordination of Humanitarian Affairs (2020a) How the private sector helps in emergencies. https://www.unocha.org/es/themes/engagement-private-sector/how-private-sector-helps-emergencies. Accessed 22 May 2020

United Nations Office for the Coordination of Humanitarian Affairs (2020b) Before and after: how COVID-19 is changing humanitarian operations. https://unocha.exposure.co/before-and-after. Accessed 22 May 2020

United Nations Office of Human Rights Office of the High Commissioner (2019) Protecting rights in humanitarian crises. https://www.ohchr.org/EN/Issues/HumanitarianAction/Pages/Crises.aspx. Accessed 23 Jul 2019

United Nations Officer for Outer Space Affairs (2020) UN-Spider knowledge portal: disaster risk management. http://www.un-spider.org/risks-and-disasters/UN-Spider_knowledge_portal_disaster_risk_management. Accessed 31 May 2020

United Nations Population Fund (2015) News on the earthquake in Nepal. https://www.unfpa.org/emergencies/earthquake-nepal. Accessed 18 May 2020

United Nations Population Fund (2018a) Sexual and reproductive health needs immense amongst Rohingya refugees. https://www.unfpa.org/news/sexual-and-reproductive-health-needs-immense-among-rohingya-refugees. Accessed 18 May 2020

United Nations Population Fund (2018b) Annual report 2018: progress and highlights. https://bangladesh.unfpa.org/sites/default/files/pub-pdf/UNFPA_Bangladesh_2018_annual_report-HR-MAY%202020.pdf. Accessed 18 May 2020

United Nations Population Fund (2019a) Humanitarian action 2019 overview. https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA_HumanitarianAction_2019_PDF_Online_Version_16_Jan_2019.pdf. Accessed 5 May 2020

United Nations Population Fund (2019b) State of the world population report 2019: unfinished business, the pursuit of rights and choice for all. https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA_PUB_2019_EN_State_of_World_Population.pdf. Accessed 20 May 2020

United Nations Population Fund (2020) UNFPA Bangladesh situation report: Rohingya humanitarian response programme, Cox’s Bazaar Jan-Feb 2020. https://bangladesh.unfpa.org/sites/default/files/pub-pdf/External%20Sitrep_Jan-Feb_21Apr20.pdf. Accessed 18 May 2020

United Nations Refugee Agency (UNHCR) (2020) Refugee facts: what is a refugee? https://www.unrefugees.org/refugee-facts/what-is-a-refugee/. Accessed 20 May 2020

United Nations Volunteers (2020) UN Volunteer strengthens midwifery care in Bangladesh. https://www.unv.org/Success-stories/UN-Volunteer-strengthens-midwifery-care-Bangladesh. Accessed 18 May 2020

White Ribbon Alliance (2019) Respectful maternity care: the universal rights of women and newborns. https://www.whiteribbonalliance.org/wp-content/uploads/2019/10/WRA_RMC_Charter_FINAL.pdf. Accessed 15 Nov 2020

Williams J (2020) Can resilience be taught in midwifery education? https://www.rcm.org.uk/news-views/rcm-opinion/2020/can-resilience-be-taught-in-midwifery-education/. Accessed 15 Nov 2020

World Health Organization (2009) Monitoring emergency obstetric care: a handbook. https://apps.who.int/iris/bitstream/handle/10665/44121/9789241547734_eng.pdf?sequence=1. Accessed 28 May 2020

World Health Organization (2010) What is a pandemic? https://www.who.int/csr/disease/swineflu/frequentlyAsked_questions/pandemic/en/. Accessed 20 May 2020

World Health Organization (2014) Early essential newborn care: clinical pocket book guide. WHO Western Pacific Region. WHO/9789290616856_eng%20(3).pdf. Accessed 20 Aug 2020

World Health Organization (2016) Global strategy on human resources for health: workforce 2030. https://www.who.int/hrh/resources/pub_globstrathrh-2030/en/. Accessed 16 Nov 2020

World Health Organization (2019a) Ten threats to global health. https://www.who.int/news-room/spotlight/ten-threats-to-global-health-in-2019. Accessed 16 Nov 2020

World Health Organization (2019b) Draft global action plan: promoting the health of refugees and migrants (2019–2023). https://www.who.int/migrants/GlobalActionPlan.pdf?ua=1. Accessed 23 Jul 2019

World Health Organization (2019c) Framework for action: strengthening quality midwifery education for universal health coverage 2030. https://www.who.int/maternal_child_adolescent/topics/quality-of-care/midwifery/strengthening-midwifery-education/en/. Accessed 28 May 2020

World Health Organization (2020) Humanitarian health action definitions: emergencies. https://www.who.int/hac/about/definitions/en/. Accessed 20 May 2020