

Editorial

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Prof. (Dr.) Manju Chhugani

Dean, School of Nursing Sciences and Allied Health, Jamia Hamdard, New Delhi, India.

DOI: <https://doi.org/10.24321/2455.9318.202203>

I N F O

**E-mail Id:**

manjuchhugani@gmail.com

Orcid Id:

<https://orcid.org/0000-0002-0665-5265>

How to cite this article:

Chhugani M. Editorial. Int J Nurs Midwif Res. 2022;9(1&2):1-2.

MIDWIZE Conceptual Framework

MIDWIZE is a conceptual framework based on a multi-sectoral collaboration to enhance evidence-based practices through midwife-led care and interdisciplinary teamwork. The main goal of introducing the MIDWIZE conceptual framework is to further elaborate on the role of a midwife in the maternity healthcare system.

The term MIDWIZE is built from the words midwife and wise, illustrating the wisdom among midwives providing comprehensive care for women during their reproductive lifecycle. In labour and birth, this programme focuses on a healthy mother, a healthy child, and a positive birth experience with immediate and uninterrupted skin-to-skin contact between the mother and newborn. “Zero separation” is symbolised by the Z in the MIDWIZE framework.

The elements of this conceptual framework include:

- **Multisectoral Collaboration:** Building partnership and collaboration between education, regulation, association bodies, and civil society
- **Continuous quality improvements:** Creating a sustainable system with continuous quality improvements within each sector
- **Midwife-led Care:** Facilitating responsive, relational, cost-effective, and patient-centred care with midwives as the hub and primary care provider at all levels of the maternal and reproductive healthcare system
- **Interdisciplinary Teamwork:** Utilising different clinical professional competencies, clearly defining each team member’s responsibilities, and working towards shared goals=
- **Evidence-based Practices:** Following evidence-based practices and international guidelines for intrapartum care, focusing on a healthy mother, a healthy child, a positive birth experience, and respectful care

Enhancing “zero separation” between mother and child is one element of the model’s evidence-based practices.

Other examples of practices included in the MIDWIZE conceptual framework are firstly, the use of dynamic birth position which allows a woman to adopt a comfortable birthing position. The occurrence of perineal trauma is decreased in the dynamic birth position and quality maternity care is provided. Secondly, in accordance with

recent evidence, late cord clamping is a routine which is practised by midwives in all units.

The MIDWIZE conceptual framework might be particularly important for low and middle-income countries where large numbers of maternal and neonatal deaths occur in secondary-level health facilities.

Replication of the framework, contextualised and implemented in other settings, might improve poor maternal and newborn outcomes and ensure access to safe quality care. The MIDWIZE conceptual framework could advocate for midwives and act as a driving force for change in other settings.