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EDITORIAL ANALYSIS

The Missing Midwives — A Critical Gap in India's Maternal and Newborn Health

INDIAN EXPRESS

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The Missing Midwives — A Critical Gap in India's Maternal and Newborn Health

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CONTEXT

The **Indian Express editorial** makes the case that India's progress on maternal and newborn health — despite significant reductions in maternal mortality — is being held back by the **systematic marginalisation of midwives** in the public health system. The editorial calls for a formal, regulated midwifery cadre with meaningful clinical autonomy, drawing on WHO recommendations and international evidence, as a **cost-effective and scalable intervention** for improving birth outcomes, particularly in underserved rural and tribal areas.

THE EDITORIAL ARGUMENT

1. The Midwifery Gap — Why It Matters

India's **Maternal Mortality Ratio (MMR)** has improved from 254 per lakh live births (2004-06) to **97 per lakh (2018-20)** — a remarkable reduction. Yet India still accounts for **approximately 8-9% of global maternal deaths** given its population scale, and wide inter-state disparities persist:

- Assam: ~195 per lakh (among highest)
- Kerala: ~19 per lakh (among lowest)

The editorial argues this gap is not primarily about hospital infrastructure but about the **quality and continuity of care during childbirth** — which is where midwifery interventions are most evidence-backed.

2. What Midwives Do — and Why India Has Marginalised Them

Midwives are trained professionals who manage:

- **Normal vaginal deliveries** — the vast majority of births
- **Antenatal care** — identifying risk factors early
- **Postnatal care** — immediate newborn care and breastfeeding support

- **Emergency referrals** — recognising complications that require physician or surgical intervention

In India, the **medicalisation of childbirth** — driven by liability fears, hospital-centric training, and OBGYN professional dominance — has effectively de-skilled midwives. The **Auxiliary Nurse Midwife (ANM)** role was historically the primary community-level midwifery resource, but ANMs have been increasingly reduced to immunisation workers and health record keepers rather than birth attendants.

India's caesarean section rate has risen from 8.5% (2005-06) to **21.5% (2019-21)** — with private hospital rates exceeding 40-50% in some states. This reflects over-medicalisation of what are largely normal pregnancies.

3. The 2018 Policy Reform — Insufficient Implementation

The Ministry of Health and Family Welfare introduced a **Midwifery Cadre Policy (2018)**, creating a new category of **Nurse Practitioners in Midwifery (NPM)** with enhanced training (18-month advanced course) and defined clinical scope. The policy recognised midwives as autonomous birth attendants for normal deliveries.

The editorial notes this was a correct policy step but has had **minimal implementation**:

- Only a handful of states have started NPM training programmes
- Clinical autonomy remains contested in hospital settings
- Health facility protocols still require OBGYN countersignature for most delivery decisions

4. What Is Needed

The editorial calls for:

- **Formal recognition** of midwifery as an autonomous regulated health profession (alongside nursing)
- **Scale-up of Midwifery-Led Care Units (MLCUs)** — low-risk delivery units managed by midwives, with physician backup for complications
- **Rural posting incentives** — NPMs posted to high-MMR districts with financial and career advancement incentives
- **WHO Global Midwifery Report (2021)** implementation roadmap — India is a signatory to WHO targets

KEY DATA POINTS

INDICATOR	FIGURE
MMR (2018-20)	97 per lakh live births
SDG MMR target by 2030	<70 per lakh live births
India's share of global maternal deaths	~8-9%
C-section rate (2019-21)	21.5% nationally; 40-50% in private hospitals
WHO recommended C-section range	10-15% (rates above this suggest over-medicalisation)
Midwifery Cadre Policy	2018 (NPM — Nurse Practitioner in Midwifery)
ANM (Auxiliary Nurse Midwife)	Primary community birth attendant cadre
High MMR states	Assam (~195), MP (~163), UP (~137)
Low MMR states	Kerala (~19), Maharashtra (~33), TN (~58)

UPSC RELEVANCE

GS Paper 2 — Health, Governance

- **Maternal mortality** — India's MMR trends, SDG targets
- **Primary healthcare workforce** — ANMs, ASHAs, NPMs
- **Medicalisation of healthcare** — C-section rates, systemic incentives

GS Paper 3 — Economy

- **Healthcare as a public good** — cost-effective primary care vs. tertiary specialisation
- **Rural health infrastructure** — gaps in last-mile delivery

Mains Angle

"India's maternal health indicators show progress, but the over-medicalisation of childbirth and the marginalisation of midwives mask deep systemic inefficiencies. Critically analyse." (GS2 + GS3)

FACTS CORNER

ITEM	FACT
MMR (India, 2018-20)	97 per lakh live births
MMR decline	From 254 (2004-06) to 97 (2018-20)
SDG 3.1 target	<70 per lakh live births by 2030
India's global maternal death share	~8-9%
C-section rate (2019-21)	21.5% (national average)
WHO optimal C-section rate	10-15%
Midwifery Cadre Policy	2018 (MoHFW)
NPM training duration	18 months (advanced midwifery)
High MMR state	Assam (~195 per lakh)
Low MMR state	Kerala (~19 per lakh)

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