To the Editor:

We applaud the efforts by Floyd and Brunk in their article on using task shifting in Haiti to find a creative, cost-effective, temporary solution to providing needed care in an area with poor maternal health outcomes. Although the authors provide the agreed upon definition of a skilled birth attendant (ie, physician or midwife as defined by the International Confederation of Midwives [ICM]), they appear to incorrectly refer to their graduates as meeting that definition (Table 1 in Floyd and Brunk article\textsuperscript{1}). The graduates of the described education program meet a list of competencies (Table 2 in the Floyd and Brunk article\textsuperscript{1}). These are not consistent with the ICM \textit{Essential Competencies for Basic Midwifery Practice},\textsuperscript{2} and the education program does not meet the ICM \textit{Global Standards for Midwifery Education}.

We believe that the graduates should be considered providers with important midwifery skills that are meeting a need in hard-to-reach communities in Haiti. However, they should not be seen as a permanent solution in lieu of developing a fully qualified midwifery workforce comprised of fully qualified midwives as defined by ICM, and other fully qualified health professionals providing midwifery care. We recognize the challenges to establishing quality midwifery education programs, including the need to develop collaborations with regulators and governments that can be difficult to forge. \textsuperscript{4} Midwifery education programs consistent with ICM standards should be our ultimate goal in order to improve the health of women and their infants and families.

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REFERENCES

1. Floyd BO, Brunk N. Utilizing task shifting to increase access to maternal and infant health interventions: a case study of Midwives for Haiti. \textit{J Midwifery Womens Health}. 2016; 61(1): 103-111.


In Reply:

We agree that “midwifery education programs consistent with ICM standards should be our ultimate goal in order to improve the health of women and their infants and families.” We have not proposed the Midwives for Haiti model as a total solution. The Midwives for Haiti program described in our article addresses part of an acute current need and should exist along with a vigorous national effort to educate midwives in more comprehensive education programs.

Regulation of auxiliary nurse-midwives is in process in Haiti. Until regulation is achieved, the lack of it should not impede access to care for those who need it most. We invite ICM to visit Haiti and the Midwives for Haiti projects to learn about the impact and reach of the programs and skilled graduates.

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