

Editorial July 2025- Midwifery models and more

Welcome to the first issue of *Journal of Asian Midwives (JAM)* in 2025. We would like to start by highlighting a recent editorial in *The Lancet* published in June of this year¹. This editorial ‘Empowering women during childbirth’ is in reaction to the national investigation into the running of UK maternity services¹. The editors highlight two competing ideologies about pregnancy and childbirth, neither based on best evidence, and both negatively affecting women’s experience of labour. Seven years ago, we dedicated an editorial to the so-called social/medical model of pregnancy and childbirth². The medical/social model has, of course, been widely applied, not just in the field of childbirth and maternity care.

Often it is about the way we conceptualize pregnancy and childbirth in our daily lives and in the wider society. In this light we found the editorial in *The Lancet* interesting as it put “the over medicalisation of birth, based on a power imbalance favouring physicians over women’s autonomy—the paternalistic use of procedures, such as excessive monitoring or unnecessary episiotomies or caesareans to deliver the baby quickly” against “the excessive emphasis on so-called natural birth, which assumes that the female body is prepared to give birth vaginally without an obstetrician’s intervention and little pain management”¹. What is most intriguing to us is the specific reference to the word ‘obstetrician’, not ‘maternity care provider’ or ‘midwife’, no, the medical profession specifically. Midwives are mentioned once in the editorial as flanked by obstetricians and anaesthetists as part of “the well-trained multidisciplinary team that includes obstetricians, midwives, and anaesthetists who can partner with women and help them make the choice that is safest for them and their baby.” To us as editors of the *Journal of Asian Midwives* this suggests that the editors of *The Lancet* themselves are tending towards a more medical model of pregnancy and childbirth.

This brings us another hot topic in western Asia where earlier this year Turkish politicians thought they had an answer to the rising Caesarean Section rates in the country. In April Turkey banned elective CSs at private healthcare facilities under new regulations published in the government’s Official Gazette. An online media report noted that President Erdoğan has long promoted “natural birth” and criticized high rates of CSs.³ It is an interesting initiative, very much to promote what *The Lancet* would label “excessive emphasis on so-called natural birth”.¹

Last, but not least, we are sorry to see a drought of papers submitted to *JAM* on midwifery and maternity care in Afghanistan. Although we were pleased to see the recent publication in *SSM - Qualitative Research in Health*.⁴ This qualitative study was planned to be conducted in Afghanistan, a country women face horrendous restrictions and barriers, including high rates of unassisted homebirths and maternal mortality. After the Taliban came to power the study was relocated to Canada and participants were selected from among Afghan refugees who had arrived in Canada within the past 12 months. The study focuses on the influence of gender norms on

unassisted homebirths as conservative societal norms often dictate women's roles and access to healthcare.⁴

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The first issue of 2025 of *JAM* features 12 interesting articles covering work from countries such as Bangladesh, Iran, India, Indonesia, Nigeria, Pakistan, and Uganda.

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