

Editorial Midwifery Special Issue on Education: A call to all the world's midwife educators!

Hundley V, Cadee F and Jokinen M.

<https://doi.org/10.1016/j.midw.2018.06.013>

With the demands and expectations on midwifery education, it is timely to have this special issue of *Midwifery* addressing a wide range of topics from across the globe. In this editorial we explore the challenges for educators from three different midwifery perspectives; political, academic and professional association. First we reflect on the vision of the International Confederation of Midwives (ICM) with a focus on political involvement of midwives at the decision table. Next the challenges for educators in developing practitioners who are resilient and able to continue to learn in the face of challenging health systems are discussed. Finally we explore the changes in the European Union (EU) and how these changes are likely to impact on the future of midwifery education.

We might not all be aware of it yet, but there are many signs worldwide that the buzz is coming back to birth. This optimism about our profession from the ICM is supported by evidence from quality research plus broad support for the rights of adolescent girls and women to access sexual and reproductive health care, in combination with the crucial role of midwives to attain this (Homer et al 2014, Lawn et al 2014, Renfrew et al 2014a, 2014b; ten Hoop-Bender et al 2014; UNFPA 2014, Van Lerberghe 2014, Mwaniki 2016).

This special issue in *Midwifery* is one of the many indicators of this inspiring change. As most midwives will know from hands-on experience while supporting women during the transition phase of labour, these are times when we need to be with the woman with alert and guiding patience. In this time of transition in maternity care the same principles apply. This is the time when midwives need to 'be there'; hand in hand with the women we serve. We need to 'be there' at every level: in the student union, in the hospital or community teams, in the hospital board, in our midwifery associations, at the regional and national decision-making tables, and in parliament. The "*Nothing about us, without us*" is for us! The ICM is changing into a movement where midwives support each other to take the lead to be at the decision table.

Education is a key mechanism for achieving these changes, developing midwives who are "skilled and safe, empathic and trustworthy with increased emphasis on the principles of autonomy and accountability within multidisciplinary and multi-agency teams" (CNOs of England, Northern Ireland, Scotland and Wales 2010), and providing an educated workforce that will help transform health systems (Frenk et al 2010; Renfrew et al 2014b). The question is whether these expectations are realistic.

This *Midwifery* issue is filled with enthusiasm and innovative educational programmes designed to inform and develop midwives who are compassionate and can deliver the best possible care for women and their families. New midwives enter the world of practice with passion and optimism; the challenge is how to retain these qualities when working in complex and demanding health settings. Continuing professional development is an important aspect of this, but maintaining that enthusiasm is challenging when faced with staff shortages, underfunded health services, and poor organisational systems of care. It is argued that educators have a key role in helping students develop resilience, providing them with the

skills to handle both workplace and personal stress. Although resilience has become a commonly discussed concept, some might say a buzzword in higher education, there has been limited exploration of how to make this a reality and most of the work to date has focused on Western settings. Hunter's influential work with practising midwives in the UK highlighted the importance of resilience learning partnered with a strong sense of professional identity (Hunter and Warren 2014). We have long known that midwifery, as a caring profession, carries with it the potential for burn-out if we do not support the carers; the question is whether we can build some of this support through education in order to empower our future midwives and help them develop professional resilience.

Expectations of midwifery education have never been higher. In an exemplary way, the EU has been a global trailblazer in setting a legislative framework for midwifery education requirements via Directive 80/154/EEC in 1980, across several member states. Since then more countries have joined the EU and each has had to ensure compliancy. The latest amendment in 2013 confirmed the future of midwifery education as a degree level qualification. The Directive also stated the required hours for theoretical and clinical education, this being a major focus when negotiating the changes. Meanwhile, new learning approaches in some European universities have challenged traditional understanding of midwifery education. The introduction of new technology in the last 10-15 years, for example self-directed distance learning, via internet platforms, and simulation technology pose questions about how midwives are educated. Simulation can be seen as being interchangeable with practice and as a valid option for clinical training in many EU countries. There has been some evaluation of the impact of these advances on learning and competencies, but this must be an area of future educational research in midwifery.

We have to thank those innovative midwifery educators and practising midwives, who have relentlessly driven forward those developments. So, is everything rosy in the garden of European midwifery education? Should we sit down on their laurels and continue enjoying the fruits of their labour? On a positive note there have been opportunities in many 'new' EU countries to establish higher education courses; a gradual increase in numbers of midwife educators delivering theory underpinned by evidence, midwifery science and shared philosophy of woman-centred care. Unfortunately, although the bright students enthusiastically embrace these taught competencies, there is a sobering lack of opportunities to gain clinical practice within health systems that have not evolved. On qualification it can be even more challenging as whole sectors of maternity care may be less accessible to midwives. Some may feel that we are setting them up to fail in their expectations; therefore we have to be committed to this new generation of midwives, supporting them in gaining their confidence and sharing our knowledge; history has shown united we can make the change happen. The time is now, and the great thing is that each and every one of us, wherever we work, can make a difference in our own way. Let us make it happen together.

References

- CNOs of England, Northern Ireland, Scotland and Wales (2010) *Midwifery 2020: Delivering expectations*. TSO: London.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/216029/dh_119470.pdf
- Frenk J, Chen L, Bhutta ZA, et al (2010) Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. *Lancet* 376: 1923-58 [https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(10\)61854-5.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(10)61854-5.pdf)
- Homer CSE, et al. (2014) The projected effect of scaling up midwifery. *Lancet* **384**(9948): 1146-1157.
- Hunter B and Warren L (2014) Midwives' experiences of workplace resilience. *Midwifery* 30 (8): 926-934
- Lawn JE, et al. (2014) Every Newborn: progress, priorities, and potential beyond survival. *Lancet* **384**(9938): p. 189-205.
- Mwaniki MK. (2016) Quality in provision of maternity services: the missing link in health-care investments in LMICs? *The Lancet Global Health*, **4**: e769-e770.
- Renfrew MJ, et al. (2014a) Midwifery: An executive summary for The Lancet's series. *Lancet*, **20**: 1-8.
- Renfrew MJ, et al. (2014b) Midwifery and quality care: findings from a new evidence-informed framework for maternal and newborn care. *Lancet* **384**(9948): 1129-1145.
- ten Hoop-Bender P, et al. (2014) Improvement of maternal and newborn health through midwifery. *Lancet* **384**(9949): 1226-1235.
- United Nations Population Fund (UNFPA) (2014). *The State Of the World's Midwifery, a universal pathway. A woman's right to health*. Available from: <http://www.unfpa.org/sowmy>.
- Van Lerberghe W, et al. (2014) Country experience with strengthening of health systems and deployment of midwives in countries with high maternal mortality. *Lancet* **384**(9949): p. 1215-1225