How the EU Directive is guiding midwifery education in Europe today

Joeri Vermeulen
European Midwives Association
Belgian Midwives Association
Erasmus University College Brussels

European Midwives Association

European Midwifery Liaison Committee (1967) to ensure possibilities for midwives to work in other European Economy Community (EEC) countries

EMCL consisted of Belgium, France, Luxembourg, Germany, Italy and the Netherlands

EMLC focused on European midwifery education and common education standards

EMA was founded in 2003 as a continuity on EMLC and general health promotion for mothers and infants in whole Europe was added as an aim

European Midwives Association

EMA members are midwife associations from EU-countries, from EU-applicant countries and from EEA-countries (No, Sw)

35 full members from 31 countries and 1 supporting member

Board: UK, France, Belgium, Finland, Slovenia, Malta
European Midwives Association

Vision

Strengthen the profession and status of the European midwife in order to promote the reproductive and sexual health among European women

Aims

to advance the provision for midwifery care through establishing and maintaining a common minimum standard of midwifery education and practice
to disseminate up-to-date midwifery knowledge
to promote women’s general and reproductive health
to influence the development and the implementation of EU-wide legislation on midwifery education and practice to support national midwifery member associations

EUROPEAN MIDWIVES ASSOCIATION

DG SANCO (Directorate-General for Health and Consumer Protection)
EUHPF (EU Health Policy Forum)
EU Alcohol and Health Forum
DG MARKT (Directorate-General for Internal market and services)
EBCOG, EPHA, EHMA, EFN
Action for Global Health
European University Association

Future

Promote access to a midwife in all countries as low cost technology providing quality and safety in maternity services

Campaign for a humane and equitable childbirth

Work with the Commission in evaluating and strengthening the Directives 2013/55/EU and 2005/36/EC

Admission to training as a midwife
The evidence of formal qualifications as a midwife
Training as a midwife shall provide an assurance that the professional has acquired the following knowledge and skills
Professional activities of a midwife
Annex V
Theoretical and technical instruction
Practical and clinical training


Admission to training as a midwife shall be contingent upon one of the following conditions:

- completion of at least 12 years of general school education or possession of a certificate attesting success in an examination, of an equivalent level, for admission to a midwifery school for route I
- possession of evidence of formal qualifications as a nurse responsible for general care referred to in point 5.2.2 of Annex V for route II


The evidence of formal qualifications as a midwife:
- full-time training of at least three years as a midwife, which may in addition be expressed with the equivalent ECTS credits, consisting of at least 4 600 hours of theoretical and practical training, with at least one third of the minimum duration representing clinical training
- full-time training as a midwife of at least two years, which may in addition be expressed with the equivalent ECTS credits, consisting of at least 3 600 hours, contingent upon possession of evidence of formal qualifications as a nurse responsible for general care
- full-time training as a midwife of at least 18 months, which may in addition be expressed with the equivalent ECTS credits, consisting of at least 3 000 hours, contingent upon possession of evidence of formal qualifications as a nurse responsible for general care and followed by one year’s professional practice for which a certificate has been issued


Training as a midwife shall provide an assurance that the professional has acquired the following knowledge and skills:

- Detailed knowledge of the sciences on which the activities of midwives are based, particularly midwifery, obstetrics and gynecology
- Adequate knowledge of the ethics of the profession and the legislation relevant for the practice of the profession
- Adequate knowledge of general medical knowledge (biological functions, anatomy and physiology) and of pharmacology in the field of obstetrics and of the newly born, and also knowledge of the relationship between the state of health and the physical and social environment of the human being, and of her behavior
- Adequate clinical experience gained in approved institutions allowing the midwife to be able, independently and under her own responsibility, to the extent necessary and excluding pathological situations, to manage the antenatal care, to conduct the delivery and its consequences in approved institutions, and to supervise labor and birth, postnatal care and neonatal resuscitation while awaiting a medical practitioner
professional activities of a midwife

- provision of sound family planning information and advice
- diagnosis of pregnancies and monitoring normal pregnancies carrying out the examinations necessary for the monitoring of the development of normal pregnancies prescribing or advising on the examinations necessary for the earliest possible diagnosis of pregnancies at risk
- provision of programs of parenthood preparation and complete preparation for childbirth including advice on hygiene and nutrition
- caring for and assisting the mother during labor and monitoring the condition of the fetus by the appropriate clinical and technical means
- conducting spontaneous deliveries including where required episiotomies and in urgent cases breech deliveries
- recognizing the warning signs of abnormality in the mother or infant which necessitate referral to a doctor and assisting the latter where appropriate; taking the necessary emergency measures in the doctor's absence, in particular the manual removal of the placenta, possibly followed by manual examination of the uterus
- examining and caring for the new-born infant; taking all initiatives which are necessary in case of need and carrying out where necessary immediate resuscitation
- caring for and monitoring the progress of the mother in the post-natal period and giving all necessary advice to the mother on infant care to enable her to ensure the optimum progress of the new-born infant
- carrying out treatment prescribed by doctors
- drawing up the necessary written reports

Annex V

Theoretical and technical instruction

General subjects:
- basic anatomy and physiology
- basic pathology
- basic bacteriology, virology and parasitology
- basic biophysics, biochemistry and radiology
- paediatrics, with particular reference to new-born infants
- hygiene, health education, preventive medicine, early diagnosis of diseases
- nutrition and dietetics, with particular reference to women, new-born and young babies
- basic sociology and socio-medical questions
- basic pharmacology
- psychology
- principles and methods of teaching
- health and social legislation and health organisation
- professional ethics and professional legislation
- sex education and family planning
- legal protection of mother and infant

Subjects specific to the activities of midwives:
- anatomy and physiology
- embryology and development of the foetus
- pregnancy, childbirth and puerperium
- gynaecological and obstetrical pathology
- preparation for childbirth and parenthood, including psychological aspects
- preparation for delivery (including knowledge and use of technical equipment in obstetrics)
- anaesthesia, anaesthesia and resuscitation
- physiology and pathology of the new-born infant
- care and supervision of the new-born infant
- psychological and social factors

Practical and clinical training

This training is to be dispensed under appropriate supervision:

- advising of pregnant women, involving at least 100 prenatal examinations
- supervision and care of at least 40 pregnant women
- conduct by the student of at least 40 deliveries; where this number cannot be reached owing to the lack of available women in labour, it may be reduced to a minimum of 30, provided that the student assists with 20 further deliveries
- active participation with breech deliveries. Where this is not possible because of lack of breech deliveries, practice may be in a simulated situation
- performance of episiotomy and initiation into suturing. Initiation shall include theoretical instruction and clinical practice. The practice of suturing includes suturing of the wound following an episiotomy and a simple perineal laceration. This may be in a simulated situation if absolutely necessary

- supervision and care of 40 women at risk in pregnancy, or in labour or in post-natal period
- supervision and care (including examination) of at least 100 post-natal women and healthy newborn infants
- observation and care of the newborn requiring special care, including those born pre-term, post-term, underweight or ill
- care of women with pathological conditions in the fields of gynaecology and obstetrics
- initiation into care in the field of medicine and surgery. Initiation shall include theoretical instruction and clinical practice

The education of midwives in Europe today

- Survey at EMA GM, Tallinn, 2014
- Self constructed quest.
- Delegates were invited to complete the quest during GM
- Responses from 27 countries (26 EU/EEA countries, 1 European Council)

Direct entry?

- Yes
- After nursing only
- Both DE and after nursing

n=27 countries, 31 answers
Length of midwifery education

n=29

Some countries: double
1.5-2 y: After nursing education (1 DE Georgia-1,5 y)

3.5-5 y: 46%
3.5-5 y or after nursing: 65%

1 Country with DE with 2 different lengths (1)

Qualification
BA/MA
Diploma/certificate

Organisation

3 Countries: 2 systems
(1 University and 1 Uni. en hospital)

Standards in midwifery education

In 10 countries >2 organisations
Mostly national
Conclusions of this survey

Most Countries
- DE
- 3-4y-compliant EU Directive
- BA/MA
- Organized by University(college) and set by national standards

Remaining questions
- BA/MA
- PhD
- Proportion of research in the curriculum and research competences in staff?

Midwifery education in Europe: will it step up to masters and PhD’s?
The post 2015 agenda, ...

ICM International Definition of the Midwife

A midwife is a person who has successfully completed a midwifery education programme that is duly recognized in the country where it is located and that is based on the ICM Essential Competencies for Basic Midwifery Practice and the framework of the ICM Global Standards for Midwifery Education; who has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery and use the title ‘midwife’; and who demonstrates competency in the practice of midwifery.

Revised and adopted by ICM Council June 15, 2011
Due for review 2017

How to prepare midwives for 2030?

- Academisation
  - What is it?
  - Scientific based education/research in education by students and lecturers

"Research knowledge is power" Begley, 2015

However:

- "Students midwifery, obstetricians and gynaecologists want the midwifery education less focused on research, and more focused on medical complications, intra-partum care and urgent situations" Schytt E., et al., 2013

- Midwifery education should be at Masters level?
- In some countries this implies it should be transferred to (academic) university?
- Theory-practice gap?
The theory-practice gap

• “The theory-practice gap is the ‘disconnect’ that some have noted as the mismatch between theory in the classroom and real-life (nursing) practice.” Green, 2009

• “... this gap in the transferring of knowledge from research findings onto the ward has been acknowledged by numerous authors, since the move to university-based training and education” Thomas, 2013

• “Some studies identified inconsistencies between what students were taught and what was taught in practice and this may have contributed to widening the theory-practice gap” Armstrong, 2009

• “Presently there is a strong consensus that the existence of this gap is not only pressing but increasing” Spouse 2001

References


Fleming, V. e. (2011). Developing and validating scenarios to compare midwives’ knowledge and skills with the International Confederation of Midwives’ essential competencies in four European countries. Midwifery (27), 854-860.


http://www.europeanmidwives.com