Midwifery practice: Concept Paper

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Abstract

Objectives: Midwifery practice is often not well understood. Midwifery practice is dynamic and varies in many countries. It ranges from preconception care, care given to women during pregnancy, labour and delivery, and postpartum care to competencies expected of individual practice. The objective of this paper was to clarify, explain and describe the concept of Midwifery Practice.

Methods: The concept analysis of Midwifery Practice was done using the eight steps of Walker and Avant's strategic method. Initially twenty-five (25) articles from year 2000 to 2017 were reviewed. Six (6) articles were later dropped due to their irrelevant information, and nineteen (19) articles were finally reviewed to describe Midwifery Practice.

Results: The main antecedents of Midwifery Practice were a Diploma in General Nursing and enrolment into a post-basic Diploma in Midwifery for one year. On successful completion of the midwifery course, he/she registers with the nurse's council to practice as a midwife. The attributes identified in literature for Midwifery Practice include the requisite knowledge in midwifery, performance of the expected competencies, and having the authority to practice as a midwife. The resultant consequences of Midwifery Practice include support, care and advice given to women during pregnancy, labour and post-partum period, and the care of the newborn. They also include reduction in maternal and neonatal morbidity and mortality, and job satisfaction. The empirical referents fundamental to Midwifery Practice include ability to take complete history and perform a physical examination to diagnose risk factors, manage and refer appropriately. They also include conducting clean and safe deliveries, and management of obstetric emergencies.

Conclusion: Midwifery Practice may take several forms but should be in line with international standards as described by the International Confederation of Midwives. In view of the important role played by midwives in the health delivery system, it is crucial for each practitioner to understand the scope of their practice. The midwife is recognised as a responsible and accountable professional who works with and in partnership with women to give the necessary support, care and advice during pregnancy, labour and the post-partum period.

Key words: Midwife, Midwifery Practice, concept analysis, Walker & Avant.

1.0. Introduction and Background

Midwives play a very important role in reducing maternal and neonatal mortality by promoting good health and safe motherhood. According to ICM (2011), a midwife is a person who has successfully completed a midwifery education programme that is dully recognised in the country where it is located; 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. The International Day of Midwives is celebrated on 5 May annually throughout the world. The aim of this day is to inform the global community that adequately resourced and well educated midwives play a critical role in reducing maternal and neonatal mortality for child-bearing women before, during and after child birth. Evidence shows that when mothers die, the risk of dying among children is increased. This has a negative impact on the individuals, families and communities at large. Central to quality are the critical issues of midwifery training that has to be competency-based, midwifery practice that has to be monitored and evaluated, and application of scientific evidence that is known to support reproductive health interventions (Christina, 2012).

Midwives go through midwifery training based on art and science unique to midwifery as a profession. In Zimbabwe, midwives seek to inform the government that midwifery education, practice and regulation are the three pillars of sound midwifery care in addition to the value-added by creating an adequately resourced working environment. The child bearing women, based on their reproductive function, are an essential commodity which needs to be secured and protected. Zimbabwe needs competent, well-educated and regulated midwives who are recognised for the work they do to push the agenda for safe motherhood for improved maternal and neonatal care and midwifery services (Christina, 2012).

According to the Journal of Asian Midwives (JAM), factors affecting midwifery practice were categorised under 'Empowerment', 'Environment', and 'Encouragement'. Factors identified under Environment include autonomy, supervisor support and awards to work effectively. Factors under Empowerment were core competencies and attitudes. Factors under Encouragement were salary, opportunity for professional development, and availability of skilled birth attendants, equipment and essential drugs. The recommendations for effective midwifery practice include provision of autonomy in practice, higher education opportunities, professional development opportunities, better salary and incentives for midwives, the availability of equipment at health facilities, and the involvement of midwifery leaders in policy making (Shahnaz et al, 2015).

1.1.International Confederation of Midwives

The International Confederation of Midwives (ICM) has outlined some essential competencies for basic midwifery. The ICM works with the World Health Organisation (WHO), all United Nations agencies, and governments in support of safe motherhood. It takes greater part in development of the definition of the midwife and the delineation of the midwifery scope of practice (the essential competencies). ICM promotes standards and

guidelines that define the structure and context of midwifery pre-service education; it provides guidance for the development of regulations for midwifery practice; and assists countries to strengthen the capacity of midwifery associations and to develop leaders of the midwifery profession worldwide. The competencies of the midwife are evidence-based. They are considered to be basic or core, that is, should be an expected outcome of midwifery pre-service education. The essential competencies are guidelines for the mandatory content of midwifery pre-service education curricula, and information for governments and other policy bodies that need to understand the contribution that midwives can make to the health care system. The competency statements change continually and need evaluation and amendment as the evidence concerning health care and health practices emerges and evolves, and as the health care needs of childbearing women and families change (ICM, 2013).

The scope of midwifery practice recognises the midwife as a responsible and accountable professional who works in partnership with women to give the necessary support, care and advice during pregnancy, labour and the postpartum period, and to provide care for the newborn. This care includes preventive measures, the promotion of normal physiologic labour and birth, the detection of complications, and the carrying out of emergency measures. The midwife has an important task in health counselling and education, not only for the woman, but family and community as well. The work involves antenatal education and preparation for parenthood and may extend to women's health, sexual or reproductive health and child care. A midwife is an advocate for evidence-based midwifery practices that can advance public health policy regarding women's health and maternal and child health care. A midwife may practice in any setting including the home, community, hospitals, clinics or health units (ICM, 2013).

ICM recognises seven essential competencies for basic midwifery practice. These include:

1. Midwives have the requisite knowledge and skills from obstetrics, neonatology, the social sciences, public health and ethics that form the basis of high quality, culturally relevant, appropriate care for women, newborn, and childbearing families.
2. Midwives provide high quality, culturally sensitive health education and services to all in the community in order to promote healthy family life, planned pregnancies and positive parenting.
3. Midwives provide high quality antenatal care to maximise health during pregnancy and that includes early detection and treatment or referral of selected complications.
4. Midwives provide high quality, culturally sensitive care during labour, conduct a clean and safe birth and handle selected emergency situations to maximise the health of women and their newborn.
5. Midwives provide comprehensive, high quality, culturally sensitive postpartum care for women.
6. Midwives provide high quality, comprehensive care for the essentially healthy infant from birth to two months of age.
7. Midwives provide a range of individualised, culturally sensitive abortion-related care services for women requiring or experiencing pregnancy termination or loss that are

congruent with applicable laws and regulations and in accord with national protocols (ICM, 2013).

In Zimbabwe the midwives are under the association called Zimbabwe Confederation of Midwives (ZICOM). It was launched in 1995 in Zimbabwe, Harare and is a member of the ICM. ZICOM guides the practice of midwifery in Zimbabwe. The main objective of ZICOM is to reduce child mortality and improve maternal health. This will be achieved through advocating and lobbying for all women and families to access evidence-based Sexual and Reproductive Health and Rights (SRHR) care; developing midwifery capacity for the provision of quality, evidence-based, cost effective SRHR interventions and services to women and children; and promoting evidence-based midwifery practice at all levels (ZICOM, 2017). The scope of midwifery practice is the expected range of roles, functions, responsibilities and activities that a registered midwife is educated for and is competent and authorised to perform. According to Nursing and Midwifery Board of Ireland (NMBI), a midwife must be able to perform the following activities:

a) Provide sound family planning information and advice.
b) Diagnose and monitor normal pregnancies, carrying out the examinations necessary to do this.
c) Prescribe or advise on necessary examinations for the earliest possible diagnosis of pregnancies at risk.
d) Provide parenthood preparation programmes and provide preparation for child birth advice, including advice on hygiene and nutrition.
e) Care for and help the mother during labour and monitor the condition of the fetus in utero using appropriate clinical and technical means.
f) Conduct spontaneous deliveries; including where required episiotomies and in urgent cases breech deliveries; recognise the warning signs of abnormality in the mother or baby's condition which need to be referred to a doctor. The midwife should also take the necessary emergency measures in the doctor's absence, in particular the manual removal of the placenta.
g) Examine and care for the newborn infant and take all initiatives that are needed, including resuscitation.
h) Care for and monitor the progress of the mother in the post-natal period and advise her on infant care so that the baby makes the best possible progress.
i) Carry out the treatment prescribed by doctors.
j) Draw up the necessary written reports.

An individual midwife's scope of practice is dynamic, that is, it will change ad grow as they progress in their career. The scope of practice of the individual midwife is influenced by a number of factors including the practice setting; local guidelines, policies and evidence base; the midwife's educational preparation; experience and competence; and collaborative practice (NMBI, 2014).

1.2.Nurses Council of Zimbabwe

The Midwifery Practice Regulations in Zimbabwe are passed by the Nurses Council of Zimbabwe (NCZ) after being legislated by parliament. The aims of these regulations are to safeguard the wellbeing of patients and clients; to protect the profession of midwifery; to help in the decrease of maternal mortality and morbidity; and to maintain a high standard of care. The regulations include:

1. Notification of intention to practice.
   A midwife is expected to register with the NCZ after qualifying whether employed by the government or private practice.
2. Patient care.
   On attending to a patient, the midwife shall take a full history from the patient relating to previous pregnancies and deliveries and postpartum period. The midwife should inquire about the current pregnancy and advise patient as required. He/she should keep record of all antenatal visits relating to the progress of the client. The midwife should advise the patient if there is need for assessment by an obstetrician.
3. Personal cleanliness of the midwife.
   The midwife should observe scrupulous cleanliness at all times.
4. Prevention of infection by midwife.
   The midwife must not transmit infection to the client.
5. Laying out of bodies for burial.
   The midwife shall lay out the body of a patient or still born baby only if the midwife was in attendance at the time of death or birth.
6. Things to have when laying out a corpse.
   The midwife must put on protective clothing that is washable. He/she should have disinfectants to disinfect area and self after the procedure.
7. Duty to remain with the patient in labour.
   Before leaving a client in labour, the midwife should inform the client of her whereabouts and how the client can summon her in case of need without delay. The midwife shall not leave the client in labour unattended after the beginning of the second stage of labour. The midwife shall remain with the patient until after the expulsion of the placenta and membranes and for as long as necessary thereafter.
8. When to call for medical advice.
   The midwife should summon for medical advice whenever there is deviation from normal in the progress of the client's pregnancy during labour or postpartum period.
9. Administration of drugs.
   If the midwife has been taught on the action and use of oxytocic, he/she should administer these within one minute of delivery of the baby.
10. Administration of inhalation analgesia.
    If the midwife has been trained in the use of the apparatus for administering inhalation, the midwife can administer the analgesia if the patient has had her chest examined within a period of 4 weeks and the chest has been found to be clear.

11. Intubation of the neonate.
    If the midwife has been properly trained in the technique of intubation, she may after approval by a senior midwife; she may intubate a neonate during resuscitation.
12. General duties and responsibilities.
    The midwife is responsible for the welfare of the patient during the period of admission in the maternity unit.
13. Record keeping.
    The midwife should maintain a record of all the clients attended. She should produce a register or record of the patient attended to if required by the supervising authority (NCZ, 2001).

Since 1 April 2016, UK nurses and midwives have been required to undertake revalidation to maintain their registration with the Nursing and Midwifery Council. Revalidation process supports staff to seek opportunities continually for practice feedback, reflect on their everyday experiences and link their learning to ongoing profession development (Finch, 2016). Inconsistent clinical practice amongst midwifery educators in their clinical teaching and assessment were found to be the major factors resulting from limited standardisation. The inconsistent clinical practice and assessments of midwifery educators was found to lead to loss of the necessary skills required by the students which led them to perform poorly in their final clinical assessments (Vuso, 2015).

1.3.Problem statement

In the Zimbabwe practice setting, most midwives are allocated wards which are not maternal child related. Most of them are in male ward and out-patient departments. The non-midwife nurses are put in maternity units with the aim of getting exposure and experience before they go for one year midwifery training. This compromises midwifery practice and it lowers the standards of midwifery contributing to higher maternal and neonatal morbidity and mortality. The less qualified nurses are also located in clinics which are the first place of contact with the clients where higher levels of knowledge and competence are required for proper midwifery practice.

1.4.Significance and uses of the concept

Midwives play a critical role in maternal and child health. It is therefore important for midwives to understand Midwifery Practice to empower them and enable them to practice to their full potential. The individual midwifes' understanding of Midwifery Practice fosters accountability and autonomy which positively impacts on patient care outcomes and leading to a positive migration towards clinical competence continuum.

1.5.Purposes of analysis

The purpose of this concept analysis is to explore and develop a better understanding of the concept of Midwifery Practice through examination and analysis of previous research, defining attributes and case studies. Secondly the purpose is to investigate the key components of Midwifery Practice, distinguish similarities and differences among Midwifery

practice, and to identify the inner structure of Midwifery Practice (Walker & Avant, 2011). Thirdly, the purpose is to distinguish between the defining attributes of Midwifery Practice and its relevant structure.

1.6.METHOD

Walker and Avant's strategic eight step method of concept analysis was used in analysing the concept of Midwifery Practice. The steps include selection of a concept, determining the purpose of analysis, identifying all uses of the concept, determining the defining attributes of the concept, identifying antecedents of the concept, identifying the consequences of the concept, constructing a model case, and identifying the empirical referents of the concept (Walker & Avant, 2011). Different definitions of Midwifery Practice were extracted from literature. Literature was sought from dictionaries, Google Scholar, textbooks, and from Reference Manager. The terms midwife, midwifery practice, Walker and Avant, and concept analysis were used in search for relevant literature. Articles from year 2000 to 2017 were reviewed. Papers as far back as 2000 were reviewed so as to capture the meaning of Midwifery Practice in the past nearly two decades. Initially twenty-five articles were systematically reviewed. Finally only nineteen articles were seen as relevant to the concept of analysis and were reviewed to deduce the meaning of Midwifery Practice.

2.0. RESULTS

2.1. Definitions

The Oxford dictionary defines Practice as the actual application or use of an idea, belief, or method, as opposed to theories relating to it. It also defines it as the customary, habitual, or expected procedure or way of doing something. The other dictionary definition of practice is the carrying out or exercise of a profession.

According to ICM (2011), a midwife is a person who has successfully completed a midwifery education programme that is dully recognised in the country where it is located; 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.

Midwifery practice is defined as the roles, functions, responsibilities and activities which a registered midwife is educated, competent and has the authority to perform (ICM, 2011).

According to Homer (2007), midwifery practice is the extent or limits of interventions that a registered midwife can perform.

The apparent weakness with these definitions of midwifery practice is that education, competence and authority are dynamic variables which are not constant. The dynamic needs of the community influences midwifery practice.

2.2. Working definition

The working definition concurs with the ICM (2011) definition of midwifery practice which states that 'Midwifery practice are the roles, functions, responsibilities and activities which a registered midwife is educated, competent and has the authority to perform'.

3.0. DEFINING ATTRIBUTES

3.1. Education

To practice midwifery the person must have requisite knowledge on midwifery. The midwife should have successfully completed a recognised and approved midwifery education programme in the country.

3.2. Competence

The midwife should demonstrate and maintain competency in the practice of midwifery to use the title 'registered midwife'. Core competences for midwifery practices define the essential knowledge, skills and behaviours that all midwives must possess as stipulated in their midwifery definition. It is the midwifes' sole responsibility to maintain and acquire additional competencies as mandated by their regulatory authorities hence it becomes critical for them to be capable of assessing their own competence levels (Fealy, 2015).

3.3. Authority and autonomy

Authority to practice is mandated by the individual society hence the primary motivation for practice should focus on patient's needs, safety and respect for their dignity. Autonomy is a concept central to the definition of midwife which means freedom to make choices of care (Lubbe, 2014). This remains complex and the degree of autonomy demonstrated by midwives is variable and is dependent on the authority they are given in their workplace (Starr, 2012). Midwives who are autonomous in thought are mostly likely to be capable of finding their way to provide women centred care regardless of the system or the working environment. Autonomous thinking may be influenced by training and supportive supervision (WHO, 2010). Midwifery autonomy means having the ability to make some decisions within their profession and the right and the responsibility to act according to shared standards (Varjus, 2010). This implies having the competences to make the informed decision and the capacity to accept responsibility and be accountable for the outcomes of the decisions made (ICM, 2011). Professional autonomy then refers to when there is ability to use various competences in a critical manner for safe quality health care to the patient (Skar, 2009).

4.0. ANTECEDENTS

These are evens that must occur prior to Midwifery Practice. There are many pathways to midwifery. Midwifery education can be a stand-alone direct entry curriculum, post-registration (nursing), or threaded within a nursing curriculum (ICM, 2013). In Zimbabwe, to practise midwifery one must be a registered midwife. With a diploma in general nursing and

registered with the Nurses' Council on Zimbabwe (NCZ), a person is enrolled to midwifery education as a post-basic course for one year. Upon successful completion of the midwifery course, the person registers again with the NCZ to practise as a midwife. The person is then awarded the practising certificate that is renewed annually. The practising certificate gives authority to practise midwifery and is evidence that one has completed all the expected competences for Midwifery Practice.

5.0. CONSEQUENCES

These are events that occur as a result of Midwifery Practice. They include support, care and advice given to women during pregnancy, labour and delivery, and postpartum period, and care for the newborn. Midwifery Practice also results in the reduction in maternal and neonatal morbidity and mortality. It also results in job satisfaction to the midwife.

6.0. EMPIRICAL REFERENTS

These are classes or categories of actual phenomenon that by their existence or presence demonstrated Midwifery Practice. They include producing a practising certificate which is proof of qualification to practice midwifery. Records of client care including documentation by the midwife can be an indicator of good midwifery practice. The midwife can demonstrate how he/she conducts midwifery procedures like admission, delivery, care of the newborn under supervision by the senior personnel to show competence in midwifery practice. Good outcomes from pregnant women can be a good measure of proper midwifery practice. Poor outcomes also reflect inadequacy in midwifery practice.

7.0.CASES

Both Chinn & Kramer (2011) and walker & Avant (2011) emphasise the importance of identifying critical attributes for synthesis of a concept analysis. Incorporating diverse cases allows for pertinent validation of the analysed concept.

7.1.Model Case

A 30 year old woman attended a district hospital maternity unit complaining of lower abdominal pains. The midwife, qualified and registered, attended to the woman. She greeted the woman and was comfortably seated in the consultation room. The midwife asked for the woman's maternity book and checked the records of maternal visits. The woman was booked at 16 weeks. All tests were done according to the protocol and the results were within normal ranges. She had 4 visits. The woman reported that she was given health education including labour signs, danger signs, hygiene, nutrition, and birth preparedness. The midwife asked about the previous pregnancy which was normal, and the current pregnancy. She examined the woman who was 39^{+5} weeks gestation. The woman had one child and this was her second pregnancy. She did abdominal examination and the findings were normal including the fetal lie which was longitudinal with cephalic presentation, and the fetal heart was heard and regular. She went on to do a vaginal examination which had normal findings and a cervical dilatation of 6cm. the midwife informed the woman of the findings and she documented everything. She admitted the woman in labour ward and monitored the labour progress on a

partogram. In 4 hours' time, the woman had a strong urge to push and the midwife assisted the woman to deliver. She observed all the infection control strategies and conducted a safe and clean delivery. She managed the third stage of labour very well to prevent bleeding. The newborn was managed well. She checked vital observations on both mother and newborn every 15 minutes. Breastfeeding was initiated within 30 minutes. After 1 hour of monitoring in the labour ward, the mother and the newborn were escorted to postnatal ward and handed over to the other midwives in that department for further monitoring till discharge. In the postnatal ward, the mother was taught by midwives on care of the newborn at home including bathing, cord care, dangers signs and postnatal visits for immunisations. The mother and baby were discharged home after 3 days, she was happy and the midwives were satisfied about their interventions.

7.2.Analysis

The above case shows good midwifery practice. From booking the woman was given review dates. All tests that were supposed to be done were done and documented and the results given. In labour ward the midwife took history and conducted a physical examination. The woman was admitted for close monitoring using a partogram, and a clean and safe delivery was conducted. The mother and the newborn were monitored post-delivery till discharge with health education as part of the interventions by the midwife. Midwifery practice requires a skilled and competent midwife to take care of pregnant women during pregnancy, labour and delivery, and in the postpartum period.

7.3.Borderline case

Mrs Shumba comes to the maternity department complaining of lower abdominal pain and she is draining clear liquor. This is her third pregnancy. Mrs Shumba was booked at 20 weeks and she had 3 visits. On arrival at the unit she finds a non-midwife nurse (registered general nurse) who has just been allocated in labour ward to familiarise with the department to get exposure and experience as a requirement for entry into the midwifery program. She panics at seeing the woman draining and does not know what to do next. She tells the mother to wait for the doctor. While waiting, the mother feels the urge to push. The nurse attends the mother to assist with the delivery. The mother continued to push until deliver of the baby. The managed to conduct the delivery and assisted the delivery of the placenta. Upon examination of the perineum the mother had a second degree tear which was later sutured by the doctor.

7.4.Analysis

This is a borderline case containing some of the attributes but not all of them. The mother came to the institution for delivery which was a good move. The nurse at the unit was not confident enough but she managed to conduct the delivery. This is not the proper midwifery practice that is expected. History should have been collected, physical examination done and maternal and fetal observations monitored.

7.5.Contrary case

Mrs Gumbo is a mother of one and this is her second pregnancy. She didn't book because she believed her last pregnancy went well so she won't have problems. She was due for delivery but still at home with the husband. When contractions were severe, she reported the urge to push to the husband who had no clue on what to do. He decided to take her to a remote clinic on a scotch cart. On their way the mother delivered without assistance and it was a fresh still-birth due to a true knot around the neck.

7.6.Analysis

This is a contrary case which is not midwifery practice. There is no midwife in the picture which resulted in a sad neonatal death.

8.0. DISCUSSION

The definition of a midwife varies according to the understanding of people. Those in the health sector might understand what a midwife is and their definition concurs with the ICM definition. The community views the midwife as anyone who can assist with the delivery. These might include non-midwife nurses and traditional birth attendants. This concept paper defined who a midwife is so as to fill those gaps. This paper aimed to inform hospital managers to allocate qualified midwives in maternal child related units so as to improve the standards of midwifery practice. Midwives also need to understand that they are autonomous; they are a stand-alone profession, who can make their own decisions concerning patient care. The challenge in our practice settings is the lack of understanding of autonomy by midwives and they lack confidence. Their practice is dependent on doctors for most of the decisions which they can make themselves. Waiting for the doctor for a decision consumes a lot of precious time to save the life of the mother and the child. This paper aimed at empowering midwives to practice independently in collaboration with other departments. This paper identified the attributes of a midwife which included education, competence, authority and autonomy.

9.0. CONCLUSION

Midwifery Practice may take several forms but should be in line with international standards as described by the International Confederation of Midwives. In view of the important role played by midwives in the health delivery system, it is crucial for each practitioner to understand the scope of their practice. The midwife is recognised as a responsible and accountable professional who works with and in partnership with women to give the necessary support, care and advice during pregnancy, labour and the post-partum period.

ICM promotes standards and guidelines that define the structure and context of midwifery pre-service education; it provides guidance for the development of regulations for midwifery practice; and assists countries to strengthen the capacity of midwifery associations and to develop leaders of the midwifery profession worldwide. The competencies of the midwife are evidence-based. They are considered to be basic or core, that is, should be an expected outcome of midwifery pre-service education. The essential competencies are guidelines for

the mandatory content of midwifery pre-service education curricula, and information for governments and other policy bodies that need to understand the contribution that midwives can make to the health care system.

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