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Midwifery Reform in Germany: the implementation of academic studies for midwifery.

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Thank you for your invitation to give evidence on midwifery education. Midwifery is of vital importance to the start to life, and the health, wellbeing and future, of women their babies, partners and families. Midwifery, and knowledgeable skilled compassionate midwives, save lives, improve the safety and quality of care and give a positive experience. There is the potential for midwifery to make care more cost effective.

The reform of midwifery in Germany, to further develop an academic base, is timely. We all face profound problems in maternity care, including the parallel and extreme problems, care that is 'too little too late' and 'too much too soon', that is, restricted access to quality care at the same time as over intervention. Humanisation of childbirth is critical, and strengthening midwifery is fundamental to humanisation. Strengthening midwifery includes developing academic and autonomous midwifery, while enabling interdisciplinary work, research and teaching. The maternal and newborn quality framework gives a comprehensive evidence based review of the needs of women and their babies and families, and the vital part midwives play in meeting those needs.

It is a good time then, to build on the change that has already started in Germany, to use the evidence that exists and to consider experience in developing academic midwifery in other parts of the world. Many countries have developed undergraduate and graduate studies in midwifery to master's , doctoral and post-doctoral level. Improved quality of care and new knowledge have evolved from this academic development. I have worked in two of these countries, the UK and Canada, and worked closely with many others including New Zealand, Iceland and Australia in developing academic midwifery.

We can see the difference that graduate level midwifery has made to maternity care. There is an increase in the use of evidence, as well as an intense growth of evidence, women have been given a voice, leadership has developed, and staff have benefited from further education. Quality of care and quality of the workforce is improved. The analytical, critical thinking and problem-solving skills developed through higher education enable an important contribution to practice, policy, and health services; these are critical to a sustainable future.

The current evidence base and experience suggest the following issues are some of the most important in developing midwifery as an academic discipline, and setting entry to practice at graduate level:

1. Recognition that midwifery is an autonomous profession with a distinct field of study and theoretical base should be reflected in the programmes of study and curricula, and place of midwifery in the university. Midwifery should not be subordinate to any other field of health care sciences. Infrastructure should allow for autonomous practice and education. Education should be based on principles, theories and values of midwifery. This will enable midwives to serve women and their babies in a multidisciplinary, collaborative way. A midwife educational leader (in the UK this is the lead midwife for education), working at an appropriate level within the university, may provide links with health services, external validating and statutory bodies and with users of the services.
2. Integration of learning from theory and from practice is critical. To some extent this should be accomplished through formal contracts between universities and their linked health services, setting standards for practice and education, and coordinated ways of supervising teaching and learning and assessing competencies in practice. The importance of a shared culture of learning and commitment to the ethos of midwifery, giving woman centred care, should not be overlooked. A culture of learning and passion for midwifery will be developed in part as a result of working together to move midwifery forward, as well as sharing programme, practice and curriculum development. Working together should include users of the services. Continuing professional development is vital to effective learning in practice

and learning for practice. Joint posts for lecturers and clinical professors (who may be situated in midwifery led services) may help practice for education and education for practice, as well as framing research questions from practice.

3. Alongside undergraduate programmes there should be a pipeline to master's level doctoral and post-doctoral programmes, as well as a clear pathway to clinical academic careers (for example through doctor of midwifery programmes), and academic careers to professorial level including tertiary universities. Those midwifery students with the inclination and aptitude for academic or clinical academic work should be identified and supported at an early stage to take these pathways.
4. The importance of the experience and knowledge of midwives in practice who have not earned an academic degree, should be acknowledged. These midwives should be respected and involved in teaching and supervision of learning. There should be the opportunity to top up to a degree through a system of appraising prior learning, and access to modules to earn a first degree with the possibility of progressing to postgraduate degrees. Given the potential of web based and distance learning this should be relatively easy to achieve. Likewise, midwife lecturers may need to upgrade their education and qualifications to teach students at undergraduate level. Joint modules and shared learning with unregistered students of midwifery and qualified midwives in undergraduate studies may be beneficial.
5. The reform of maternity services, through the Gesundheitsziel Gesundheit rund um die Geburt , will be fundamental. Internationally the development of Midwifery Led care through relationship based continuity of carer, and midwifery led units in and out of the hospital, have provided places for intense learning about midwifery and meeting women's needs. The development of midwifery led care is an important priority (Gross MM et al. 2018). In the UK the concurrent development of midwifery education and National Policy from Changing Childbirth in 1993 to Better Births and Best Start have provided simultaneous development.

In conclusion: The role of the midwife is to provide skilled, knowledgeable respectful and compassionate care to women, their babies and families across the continuum, before birth, during labour and birth, and in the early period after birth. This care should enable human rights and should be safe and empowering (NMC 2019). The draft new standards for midwifery practice and education in the future midwife project are available and may be a useful resource. Around the world midwifery has suffered from a restriction in autonomy that has limited the potential to improve care. There is now a rethinking of maternity care and midwifery has had a resurgence and is being strengthened through education. Midwives ask different questions and academic development has created an important body of knowledge, different to but complementing other fields of study. Quantitative and qualitative methods are used and integrated. But above all, the shift has been to give power to women using services, woman centred care. The crux of our achievement will be to meet the needs of every woman and her baby and family in an extremely complex world. This can only be achieved if midwives are prepared through higher education and can develop midwifery science and to put science into practice.

Hyperlinks accessed 19/06/2019

Ref: Gross MM, Michelsen C, Vaske B, Helbig S. Intrapartum Care Working Patterns of Midwives: The Long Road to Models of Care in Germany. Z Geburtshilfe Neonatol. 2018 Apr;222(2):72-81. doi: 10.1055/s-0043-122888.

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