

*Review article*

## **Inequalities in the Education of Midwives in Europe**

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### **SUMMARY**

Although midwifery in Serbia has a long tradition, in the last decades, and especially in the last years since the Republic of Serbia is in the process of joining the European Union, this profession faces numerous challenges both in the context of formal education and the role that in the 21<sup>st</sup> century midwife has in practice. The midwife profession is faced with numerous challenges related to demographic trends and demands and expectations of a contemporary woman. The aim of the paper was to examine the difference in standards in the education of midwives in Serbia, and the neighbouring countries and Europe. Professional publications related to education and practice of midwives, published in Serbia, the neighbouring countries and Europe have been used. According to the presentation of standards and competencies of midwives in Serbia and education standards under Directive 2005/36/EZ and 2013/55/EU as well as the role and tasks midwives have in our country and European countries, there is a need for harmonization of standards in the education of midwife nurses and accreditation of joint study programs of professional master studies for nurses and midwives within the educational system of Serbia, all in the context of new paradigm of health care, which implies a holistic approach to women's health, a personalized approach and a self-protection concept. It is necessary to reform the education system of midwives in Serbia in accordance with the requirements of Directive 2005/36/EZ, 2013/55 / EU.

**Key words:** midwives, competencies, formal education, legal regulations, holistic concept

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## INTRODUCTION

Profession of midwifery in Serbia as a necessary qualification requires a completed four-year gynecological-obstetric program in nursing school or higher medical school or study section of professional nurse and midwife in higher vocational school, with a license for practice. In the countries of the European Union/EU/, a midwife is a person who has successfully completed a program of education for midwives, which is based on ICM Essence competencies and framework ICM's global standards of education for midwives, which is pre-university or higher vocational education. The approach to the reform of higher education in Serbia is a segment of the overall efforts to bring the country closer to the European Union (1). This was reflected in the segment of education of nurses and midwives. Although midwife's practice is applied since the creation of mankind, midwife training programs were informal and unregulated until the eighteenth century. The traditional practice was gradually replaced by a formal program regulated by the curriculum, and teacher training for educated midwives was established only in the twentieth century (2). Quality education of midwives is vital for establishing the competent workforce on the one hand and improving the health of mothers and infants, on the other hand. Midwifery, like other professions in our country, is faced with many challenges related to demographic trends but also the demands and expectations of modern women. Although midwifery in Serbia has a long tradition in recent decades, and especially in recent years since the Republic of Serbia in the process of joining the European Union, this profession has faced a number of challenges, both in the context of formal education and the roles that the midwife in the 21st century has in practice (3, 4). At the level of secondary education, a midwife does not have the right to work independently. In order to independently guide to pregnancy and childbirth and recognize pathological pregnancy, the profession of the midwife requires education at the higher level, as is the case in European countries. The highly educated midwife is trained to provide adequate supervision to women during pregnancy, childbirth and the postpartum period, conducting the birth and care of the newborn. She plays an important role in promoting the health of women and their families and communities, including preparation for parenthood. The basic pillars on which the competence and

quality of work of the midwife profession is based are: education, professional regulation and professional associations (International Confederation of Midwives) (5). Higher education is the basis for midwives competencies enabling them to achieve high standards of health care and care for women and newborns, based on evidence. Global competencies and standards for education of midwives are defined as guidelines for the establishment of quality education of midwives worldwide. There are large variations in the type and nature of education programs in the world, but also in the European education system, which Serbia joined in 2005. Basic requirements for the education of nurses and midwives in the European Union are defined in the part of Directive 2013/55/EU on the basis of Directive 2005/36/EC. This requires 10 years of general education (a new proposal of directives includes 12 years of general education), and three years of vocational education and training (VET) or 4,600 hours of theoretical and clinical courses, wherein the duration of theoretical classes comprises at least one third, and the duration of the clinical courses at least one-half of the minimum duration of training (6). Education of nurses and midwives in Europe Member States is in accordance with Directive 2005/36/EU, but still vary depending on national specificities. General Nurses from member countries of Europe are educated in vocational schools, faculties or universities. There are three levels of qualifications: senior nurse, graduate and master. General nurses and midwives in some countries (Bulgaria, Portugal, Ireland and Hungary) have the high level of education (faculties and universities.)

Vocational schools of health orientation should be more flexible in terms of availability to students, more competent and capable to respond to the needs of the health care system, both in Serbia and in Europe (7). A prerequisite for this is the quality assurance and harmonization of higher education in the Republic of Serbia (RS), which should be harmonized with the European system of education of these professionals. This refers to changes in the standards for accreditation of vocational schools that educate health professionals, then changes in legal regulations related to the education of nurses and midwives and the recognition of professional qualifications. On September 23, 2019, the Law on Regulated Professions and Recognition of Professional Qualifications was adopted in Serbia,

which gave midwives and nurses the status of regulated professions. The education of nurses and midwives should be improved by introducing new knowledge and skills into the context of formal education. The future in the education of highly educated health professionals lies in online education for the segment of theoretical teaching, the concept of exercises through simulation centers and clinical practical training in highly specialized units in the teaching bases of higher education institutions (8). According to the Law on Higher Education and Industry of jobs and professions in the public sector, education of midwives in the Republic of Serbia (RS) is carried out within the basic vocational program of study and specialist professional studies, which, according to the Law on Higher Education from 2017, belong to the first level of higher education. Midwives are not expected to be educated on the second level of higher vocational education, i.e. at the level of Master of Professional Studies, which trains midwives only to apply the knowledge and skills necessary for inclusion in the working process. There is a possibility that the midwives in this level of studies in the field of reproductive health are educated within multidisciplinary program for nurses (9).

The new Law on Higher Education provides education alongside work; however, the educational institutions are left to regulate the field by their Rules of Procedure. Also, lifelong education and short programs of study with 30 to 60 ECTS credits are provided by the new Act, which is regulated by special acts, within which it is possible to organize different educational profiles for midwives.

### AIMS

The aim of the paper was to present the differences in standards in the education of midwives in Serbia, neighbouring countries and Europe as well.

### METHODS

In the paper were used various professional publications related to the education and practice of midwives published in Serbia, neighbouring countries and Europe.

## RESULTS

The standards and competencies of midwives in Serbia and the standards in midwifery education under Directive 2013/55/EU are presented, as well as the roles and tasks of nurses in our country and countries of Europe. Competencies represent a combination of knowledge, professional behavior and specific skills that are demonstrated at a certain level of knowledge in the context of the practice of midwives. In the Republic of Serbia, professional midwives are only educated in two state vocational schools, in the College of Applied Health Sciences Čuprija and the College of Health Studies in Belgrade, and after graduation they get the same title, the professional nurse midwife, and there are no significant differences in the curricula. Unlike midwives, in the education of nurses there are significant differences in curriculum at higher education institutions and universities in Belgrade, Niš, Novi Sad and Kragujevac. The differences are present in: the total number of hours, the number of hours of theoretical and practical instruction, the number of hours of clinical practice and the titles received after graduation (7).

Establishing the process of global recognition of diplomas can help promote the quality of midwives education programs in the world, which is vital for establishing a competent workforce and improving the health of mothers and newborns (10). In 82% of countries, the minimum level of education before the beginning of education for the midwife was 12 years or more. The average number of supervised deliveries that the midwife had to perform during the course of the study was 33 (from 0 to 240). Professional associations were widely available to midwives in all the investigated regions of the world, although they were not exclusively for midwives, but also for nurses. Less than half of the countries had legislation that recognized the midwife's profession as an independent profession (11).

The average length of education for midwives in European countries was 3.1 years, and for post-education programs for nurses 1.9 years. In the EU countries, it is insisted on the development of interprofessional cooperation between health professionals, both in the course of the studies itself and after the completed studies, in practice (12).

The length of midwifery studies in all these educational institutions was three years. Compliance with Directive 2013/55/EU implies the allocation of 180 ESPB points as well as a load of at least 4,600 hours of theoretical and practical training, whereby the duration of clinical training must represent at least one third. The Faculty of Health Studies of the University of Rijeka has another model of the so-called "Bridging program" for 18 months, as a model of retraining, i.e. retraining of professional nurses into vocational midwives working on midwifery jobs after completing high school education and having the necessary work experience as midwives (13).

Except in Serbia, midwives are also studying as full-time and part-time students, while the Higher Education Act of 2017, for the first time allows faculties and vocational schools to organize studies at work. In 2000, the College of Applied Health Sciences in Čuprija was the first in Serbia to educate senior gynaecological-obstetrician nurses.

By the transformation of schools into vocational colleges in 2007, the first generation of professional midwives was educated at the College of Applied Health Studies in Belgrade, and three years later, in 2010, in Čuprija as well, but none of these two schools had 4,600 hours of active teaching, neither did the school in Bitola. Unlike them, the studies for midwives in Rijeka, Mostar and Ljubljana had active teaching programs of 4,600 hours (Table 1).

In Bosnia and Herzegovina, midwives higher

education can only be obtained at the Faculty of Health Studies, University of Mostar, while the study program in Croatia is conducted at two universities, since 2008 at the University of Rijeka, first at the Faculty of Medicine, and later at the newly founded Faculty of Health Studies, and from 2011 at the University of Split. Taking into account that the last generation of senior nurses of the gynecological and obstetric course were enrolled in 1981, midwives in Croatia for many years did not have the possibility of education at a higher level. There was only a high school, which still exists today, and it educates the future assistant-midwives (13).

Croatian Parliament in 2008 adopted a law on midwifery which determines the scope of activity of midwives, and a midwife for the first time in recent history becomes a recognized profession (14). In Macedonia, midwives are educated at the St. Clement of Ohrid High Medical School Bitola, and in Slovenia at the Faculty of Medicine in Ljubljana.

In recent decades, the health system of Serbia is facing two major problems related to the demographic and epidemiological transition. Epidemiologic transition is characterized by increasing rates of morbidity and mortality from chronic non-communicable diseases, whereas the final stage of demographic transition is characterized by depopulation. Nowadays, Serbia is among the ten countries with the oldest population. For years, since 1992, Serbia has a negative natural growth, and professional activities of midwives are predominantly associated

**Table 1.** Education of midwives in Serbia and neighbouring countries

	Hours of practical training	Hours of theoretical training	Hours of complete training	N <sup>o</sup> of students who study midwifery (years)
College of Applied Health Sciences in Čuprija	2,505	1,265	3,570	30
College of Applied Health Studies in Belgrade	2,040	1,005	3,045	85
St. Clement of Ohrid High Medical School Bitola	2,095	1,675	3,770	45
Faculty of Medicine in Ljubljana	3,235	1,365	4,600	40
Faculty of Health Studies of the University of Rijeka	3,485	1,250	4,600	30
Faculty of Health Studies, University of Mostar	2,620	1,940	4,600	40

with childbirth and labour which ends per vias vaginalis. In Serbia, in the 90's there was a trend that deliveries are conducted by obstetricians and gynaecologists and the roles and tasks of midwives were changed. Because of transition in obstetric practice, the midwife is no longer independent in the management of labour. The midwife becomes just the gynaecologist assistant and the law on health care did not envisage home birth, which differs from the practice in European countries. In Slovenia, there are three certified midwives who perform deliveries at home now. In recent years in Serbia, there has been an increasing demand for maternity care in outpatient settings. On the other hand, good reproductive health of women is significant at all ages and does not only refer to the period of pregnancy, birth and puerperium. Activities related to the health care of reproductive health of women in most health care institutions are carried out by nurses, mostly with secondary education.

In Germany, since 1985, the law protects the profession of midwives. According to this law, the midwife is the only qualified person, apart from the doctor, who is legally authorized to provide medical assistance on their own (without a nurse or a doctor). For enrolment in a midwife training course, the student must be at least 17 years old. In 57 schools in Germany, 600 students enrol each year. The training lasts for three years and the minimum requirements before the final exam are 1,600 hours of theoretical

instruction and 3,000 hours of practical training. Practical training consists of work in the maternity ward, the paediatric unit, clinical and non-clinical care, work in operating rooms and independent practice. The midwife job in Greece was protected by the law of 1953, as well as their duties and responsibilities. For the education of 300 midwives annually, it takes eight semesters, with a total of 4,282 hours, of which 1,470 hours are theoretical education. The midwife education course is independent of any medical course. The student must complete 20 weeks of practical training, 30 weeks of natal and 20 weeks of post-natal practical training (12) (Table 2).

In northwestern Europe, a significant family delivery practice is preserved under the supervision of a midwife: this is the first primary treatment of pregnant women in the Dutch health care system (30% in 2002). After promoting pain control techniques (Soviet psychoprophylaxis, introduced in France by Fernand Lamaze in 1952 under the name "No Pain Delivery"), midwives became responsible for preparation of delivery in most European countries (France, Belgium, Italy, United Kingdom). The two major changes marked the late nineties and the beginning of the twenty-first century: the gradual opening up of the profession for men, representing a minority (France, 1982, Switzerland, 2004, Ireland, 2013) and another aspect is the spread of gynaecological expertise (15).

**Table 2.** *Midwifery education in Europe (taken from J.K. Emons, M.I.J. Luiten. Midwifery in Europe. An inventory in fifteen EU-member states)*

	Classes practical classes	Theoretical classes teaching	In total teaching hours	Students (total by school year)
Austria	3,250	1,530	4,780	156
Belgium	2,760	1,025	3,785	500
France	4,370	1,820	6,190	760
Germany	1,600	3,000	4,600	600
Greece	2,812	1,470	4,282	300
Ireland	2,574	1,014	3,588	140
Italy	3,800	1,600	5,400	700
Luxembourg	2,300	700	3,000	10
Portugal	1,350	1,050	2,400	100
Spain	2,500	1,100	3,600	150
The United	2,500	2,500	5,000	4,500

In Norway, nurses and public health midwives are expected to co-operate in providing integrated antenatal and postnatal care. In order to enhance cooperation between the two professions, it is essential that this program emphasizes management and integrates into the curriculum for both educational programs (16). A clinical nurse/midwife is recognized today as an important factor in nursing (17). According to the data of the Chamber of Nurses and Health Technicians of Serbia, in 2014 there were 5,043 midwives in Serbia with higher education. This is a period of redefining the professional role of midwives, both from the aspect of practice, which requires the need for a new, different approach to the health of the woman, and the aspect of the education system. The education of students of health professions based on experience in a real working environment, in the literature most often referred to as "experiential learning" or "clinical student practice", represents the reality of contemporary European and world programs of academic education in medicine, dentistry, pharmacy and nursing" (18).

In accordance with the Directive 2013/55/EU, the teaching process is focused on the modernization of curricula at faculties of medical and health sciences both in the domain of knowledge and skills, improving the level of professional competencies of students, improving the teaching competencies of university teachers, improvement of employability of graduated students, harmonization with the European practice and regulation and improvement of patient health care based on interprofessional collaborative practice. The directive emphasizes the importance of the European Qualifications Framework which aims at promoting transparency and comparability of professional qualifications (19).

Traditionally, medical and other health programs train students to acquire knowledge and skills within their discipline, but in the real world it is necessary to cooperate with other health professionals in order to effectively treat patients and solve their health problems. Women's health, in the context of the new public health, promotes a holistic approach, which implies physical, mental, social and economic well-being through all phases of a woman's life. In developed societies, the model of health care is shifting from a disease-oriented approach to a holistic approach, i.e. health care aimed at understanding the specifics of the personality of each individual patient (20). Bearing in mind that

traditional or complementary medicine has the potential to improve an individual's health, its integration into the national health care system is significant, and Dr. Margaret Chan, WHO Director-General, stressed that the two systems, traditional and Western medicine, should not clash. (21). This initiates the development of a model of interprofessional cooperation of health professionals, both during studies and after completed studies. It is necessary to accredit joint study programs of professional master studies for nurses and midwives within the educational system of Serbia, and in the context of a new paradigm in the health care system that implies individual responsibility towards one's own health and the concept of self-protection. It would be productive to accredit programs with foreign profile-related higher education institutions, which already have implemented e-education programs in the field of women's reproductive health (22).

It is considered that the profession of midwives, recognized in the community and with the introduction of European methods and standards in everyday practice, organizational action at local, regional and state level, will have a growing impact on the overall health care of women. Future research should explore mechanisms to allow midwives working in institutions at the secondary and tertiary level of health care, affirmation of their contribution to public health and translating knowledge into practice. The contribution of midwives in public health is relatively underestimated, and as efforts are intensified to achieve goals that focus on improving public health and reducing inequalities (especially for newborns), it is expected that the goal is maximizing the potential contribution of midwives to achieving the short-term and long-term goals of the public population health and improvement of the health of women and children (23).

## CONCLUSION

Although midwifery in Serbia has a long tradition, the profession has been undervalued and professionally marginalized for years. The profession which its educational and practical potentials aims at the improvement and preservation of women's health at all ages is the profession of midwives. There is a need for harmonization and alignment of standards in the education of midwives and accreditation of joint programs of professional mas-

ter studies for midwives within the educational system of Serbia. Great advancement of health care in recent years, due to the development of modern medical technology and the introduction of more complex therapies has led to the need to improve the

profession of midwifery. It is necessary to reform the system of education of midwives in Serbia in accordance with the requirements of Directive 2013/55/EU.

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## Nejednakosti u obrazovanju babica u zemljama Evrope

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### SAŽETAK

Iako babištvo u Srbiji ima dugu tradiciju, poslednjih decenija, a posebno poslednjih godina od kada je Republika Srbija u procesu pridruživanja Evropskoj Uniji, ova profesija se suočava sa brojnim izazovima, kako u kontekstu formalnog obrazovanja, tako i uloge koju babica u 21. veku ima u praksi. Babička profesija suočena je sa izazovima vezanim za demografska kretanja i zahtevima i očekivanjima savremene žene. Cilj rada bio je ispitati razliku u standardima u obrazovanju medicinskih sestara babica u Srbiji i zemljama u okruženju, kao i zemljama EU. U izradi su korišćene stručne publikacije, objavljene u Srbiji i zemljama u okruženju, kao i zemljama EU, koje se odnose na obrazovanje i praksu babica. Prikazani su standardi i kompetencije medicinskih sestara babica u Srbiji i standardi u obrazovanju babica po Direktivi 2005/36/EZ i 2013/55/EU, uloge i zadaci koje medicinske sestre babice imaju u našoj zemlji i zemljama Evrope. Postoji potreba za harmonizacijom i usklađivanjem standarda u obrazovanju medicinskih sestara babica kao i akreditacijom zajedničkih studijskih programa strukovnih master studija za sestre i babice unutar obrazovnog sistema Srbije, a u kontekstu nove paradigme zdravstvene zaštite koja podrazumeva holistički pristup zdravlju žene, personalizovan pristup i koncept samozaštite. Neophodno je reformisati sistem obrazovanja medicinskih sestara babica u Srbiji u skladu sa zahtevima Direktive 2005/36/EZ i 2013/55/EU.

*Ključne reči:* medicinske sestre babice, kompetencije, formalno obrazovanje, zakonske regulative, holistički koncept