

Experienced Midwife Concept Paper

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Abstract: *Experienced midwife is a term not well defined in midwifery practice. The term is often used in nursing and midwifery practice. The concept analysis was done to describe and clarify the concept of experienced midwife. The concept of experienced midwife was done using the eight steps of Walker and Avant's strategic method. Initially nineteen articles were reviewed in the month of July 2018. Ten articles were dropped due to failure to get relevant information. Nine articles were finally reviewed for analysis of the concept. The researcher did not come across journal articles describing the concept of experienced midwife. The main antecedents of experienced midwife were a diploma in general nursing, enrolment into a post basic midwifery course for one year, and registration with the nursing council to practise as a midwife. The attributes identified in literature for a midwife were knowledge, competency, proficiency, skills and a practising certificate in midwifery. The resultant consequences of an experienced midwife were quality care given to the pregnant women and their families antenatally, intrapartum and post-natally and reduction of maternal and neonatal morbidity and mortality. The empirical referents important to experienced midwife include the ability to support the woman before, during and after delivery and documentation of clients delivered with positive outcomes.*

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I. Introduction & Background

Experienced midwives act as a role models or mentors to student midwives and newly qualified midwives. This enables socialization in the field and to expand their practice. The need for highly experienced nurses has been necessitated by the increased acuity levels of patients, decreased length of hospitalization, and proliferation of health care technology and specialization health (Benner, 1982). This statement also points to the need for experienced midwives. Experience, as it is understood and used in the acquisition of expertise, has a particular definition that should be clarified. Recognition, reward and retention of the experienced nurses and midwives in positions of direct clinical practice and adequate documentation of their practice are the first steps in improving quality of patient care (Benner, 1982). (Gilkison, McAra-Couper, Fielder, Hunter, & Austin, 2017), pointed out that, there is a national shortage of midwives in a number of countries across the world and many countries face problems relating to attrition of the midwifery workforce (Hunter & Warren, 2014; Pugh, Twigg, Martin, & Rai, 2013; United Nations Population Fund, International Confederation of Midwives, & World Health Organization, 2014).

In United Kingdom, while student numbers have been gradually increasing it is not enough to close the shortage of midwives, existing midwives need to be retained and midwives who have left need to be encouraged back to midwifery (Royal college of Midwifery, 2016). This is the same situation which Zimbabwe is grappling with of continuously training midwives. The impact of shortages of midwives can lead to suboptimal staffing standards, potentially affecting the quality and safety of maternity services for women. According to Midwifery Employee Representation and Advisory services (MERAS, 2014) there is need to develop contingency plans to mitigate the risk to services and implement action plans towards meeting the staffing standards which would also assist in recruitment and retention of midwives. The United Nations Population Fund (2014), indicated that midwives who are well educated, trained, licensed and regulated are capable of providing 87% of the essential sexual, reproductive, maternal and newborn health services that improve the outcomes, and increase access to universal health coverage. This support the need for experienced midwives who then act as educators, clinical managers, coordinators of quality care and mentors of newly qualified midwives and students of nursing and midwifery.

Zimbabwe, after year 2000, has had a problem of qualified personnel who left the country to go and get jobs which were giving them adequate remuneration for their skills. The midwives were among the personnel who also left the country. This created a gap in manpower in all sectors of service delivery where midwives were needed. As a result of this gap, any qualified registered nurse was required to work in maternity wards

without experience necessary to provide quality care services. This is supported by evidence of poor quality of services reported by both patients and service providers in the media as highlighted in 2016 by two meetings held of Maternal Deaths Audits where various observations were made relating to the poor quality of care that pregnant women experienced at the health facilities and institutions (Ministry of health and child care, 2017). The midwife is central to high quality maternity care as observed by the Royal College of Midwifery (2016). In Zimbabwe, apart from exodus of midwives to the so called greener pastures abroad, some midwives have embraced professions that have shifted them from being hands-on in the maternity unit thus, creating a gap of experienced midwives in maternal child health service delivery. The shift has led to disproportion between hands-on midwives and those in the National register for midwives.

Problem statement

There has been a number of General nursing training schools converted to midwifery schools in a bid to increase number of trained midwives and to boost the midwifery density in Zimbabwe. Despite this initiative, there is still a shortage of experienced midwives leading to an increase of maternal-neonatal morbidity and mortality at 651 per 100000 live births (Zimbabwe Demographic Health Survey (ZDHS 2015). It is in the light of this practice gap that the researcher attempted to answer the question who an experienced midwife is? Is it the nurse who is not qualified in midwifery but working in the maternity departments or one who is midwifery qualified but working in other departments of the hospital or in policy making units of the government?

Purpose

There are varying perceptions of the concept of interest. In practice, people cannot distinguish the true attributes of an experienced midwife. The aim of the concept paper was to describe and clarify the concept experienced midwife in order to rightfully assign midwives based on their competence and experience.

Significance of Concept

The researcher’s observation of the situation on the ground is that, the experience of the midwife has been based on the number of years of completion from midwifery training with less consideration on the aspect of hands-on which is the psycho motor domain. Faced with challenging obstetric complications, such midwives have failed to display the expected competency leading to preventable maternal-neonatal morbidity and mortality. Clarifying the term experienced midwife will help availing the competent practicing midwives versus the newly trained midwives. The analysis might also help in actually availing the midwife-client ratio and not just the density based on numbers. This will assist policy makers to formulate strategies to improve midwifery care realizing the density of midwives registered does not translate to actual midwives who are hands-on working in maternity units. Once the number of experienced midwives is availed, it will assist in the allocation of such midwives so that there is adequate mentorship and preceptorship of the aspiring midwives. “With virtually all the senior midwives having left it is fantasy to think newly qualified midwives can really shoulder the workload” (Royal college of midwives, 2016). This was a comment from one midwife who was leaving the employment citing poor working conditions implying that senior or experienced midwives are necessary in the workforce. Midwives whose experience is based on number of training years without being hands on would need a form of up skilling before they could run maternity homes or mentor student midwives.

II. Methods

The researcher used (Walker & Avant, 2011) method of analysis to analyze the concept of Experienced Midwife. The model describes the steps that were taken to analyse this concept starting with identification of a concept, determining aims or purpose of analysis. This is followed by identifying uses of the concept discovered, and determining model case, related, contrary, and borderline case. The last step is to identify antecedents and consequences then define empirical referents. Literature search was done from 3rd July to 2nd August 2018, using the internet google scholar, PubMed, and library books. This concept has not been described in any articles the researcher looked at so terms midwife, experienced, good midwife, competence, were used to search for relevant literature. Useful features like attributes, antecedents and related concepts were extracted and reviewed. Walker and Avant, (2011) stresses the importance of antecedents and critical attributes in describing a concept of interest. Definitions of experienced midwife were sought from the literature. Initially nineteen articles were reviewed. Ten articles were dropped due to failure to get relevant information. Nine articles were finally chosen for analysis of the concept.

Literature Search

Author/Year	Source	Definition	Antecedents	Attributes	Comments
(Nicholls and Webb, 2007)	journal	Not defined	nil	Good communication skills knowledgeable	Discussed midwife

(Eraut, 2001)	5 th international conference	Not defined	Not defined	Competence as a complex multidimensional phenomenon. The ability of the registered nurse to practice safely and effectively, fulfilling his/her professional responsibility within his/her scope of practice	Defined the midwife not the experienced
(Fealy et al, 2015)	journal	Minimum 5years post registration experience including 2 years in the chosen area of specialist practice	Not defined	Not defined	Defined the years of experience as a nurse or midwife
(Fullerton, Ghérissi, Johnson, & Thompson, 2011)	International conference	A midwife is a person who has successfully completed a midwifery education programme that is based on the ICM Essential Competencies or Basic Midwifery Practice and the framework of the ICM Global Standards for Midwifery	Successfully completed a midwifery education programme	Registered to practice midwifery Registered to use the title midwife Demonstrate competency in the practice of midwifery	Defined midwife not experience midwife
(Ménage, Bailey, Lees, & Coad, 2017)	journal	Not defined	Not defined	caring	
(AGCAS, 2018)	Graduate prospects	Not defined	Not defined	Calm, Caring nature, ability to communicate well and put others at ease	Defined role of midwife
(NMBI, 2014)	framework	no	no	no	Defined competence, midwife
(Myles, 2010)	Text book	A highly competent professional woman, Legally licensed as practitioner of normal obstetrics	Qualified and certified, Comprehensive professional education, Deep knowledge of physiological processes, Adequate clinical experience	Member of obstetric team, teacher, counselor. demonstrate a caring attitude, Assuring, Comforting, Competent practitioner, Provides companionship, Clinical expertise, proficiency	nil
(Shaw, 2013)	journal	Can be ward staff clinical support, staff educator, quality and safety coordinators	Not defined	Role model, support other midwives and nurses, Provide on job training or mentoring	Defined expert midwife

III. Definitions

Definition of Midwife

The midwife has been defined by the International Confederation of Midwives (ICM) as “a person who, having been regularly admitted to a midwifery education programme, duly recognized in the country in which it is located, has successfully completed the prescribed course of studies in midwifery and has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery” (ICM, 1992 cited by Myles, 2010). A midwife is defined also as “ a person who has successfully completed a midwifery education programme that is based on the ICM Essential Competencies for Basic Midwifery Practice and the framework of the ICM Global Standards for Midwifery Education; ; and who demonstrates competency in the practice of midwifery” (ICM, 2005).According to Myles (2010), the key role of the midwife is promoting the health and

wellbeing of childbearing women and their families before conception, antenatally and postnatally, including family planning.

Midwives Alliance North America (2017), indicate that Midwives are the traditional care providers for mothers and infants. They are trained professionals with expertise and skills in supporting women to maintain healthy pregnancies and have optimal births and recoveries during the post-partum period. These definitions are describing a midwife. There is need to define experienced.

Experienced

According to Oxford School Dictionary & Thesaurus (2012), experienced is an “expert, skilled, skillful, qualified, trained, practiced, knowledgeable, professional, specialized, and well versed”. Merriam Webster (2018), has defined it as “having the skill and knowledge to do something especially because of having done it for a long time”. Both definitions do not specify period of experience. This may mean, the nurse working in maternity ward /department could claim to be experienced as long as they have acquired the skill and knowledge to perform duties in the department whichever way they have acquired the knowledge.

The North American Registry of midwives (NARM) (2012), states that “an experienced midwife must have been in practice for a minimum of five years and have a minimum of 75 out of hospital births within the last ten years (at least ten births must have been within the last two years). These births must have occurred in the United States of America or Canada”. This statement excludes other countries. Experience and proficiency is necessary for nursing practices. Experience would result in intuition, moral reasoning, and personal knowledge. Benner (1984), as a nursing theorist, emphasized on experience and the knowledge gained through experience.

Experienced Midwife

According to Shaw & Blewett, (2015) an experienced midwife must be able to do the following in addition to the capabilities of newly registered midwives and nurses;

- use professional standards to promote best practice within the health care team and act as a role model for other nurses, midwives and members of the health care team
- act to eliminate negative behaviour in the work place
- support other nurses, midwives or health care providers who report unsafe or unprofessional practice and negative workplace behaviour
- identify and address barriers that impede their own or their immediate colleague’s workplace performance
- provide on the job training or mentoring to meet any skills gaps causing unsafe or unprofessional practice
- provide constructive feedback to nurses and midwives in their work group about their clinical practice.

I. Working Definition

The researchers defined an experienced midwife as someone who has undergone midwifery qualification at diploma or degree level either from direct entry or from a State Registered Nurse(SRN) qualification. The candidate could be an educator of midwifery, a sister in charge or a senior midwife. To be experienced one has to be currently and competently hands on in a maternity unit for a minimum of five years doing antenatal care, deliveries, post-natal care including family planning and neonatal care independently or within a hospital setting. This entails that any midwife possessing the above mentioned qualifications but has not been competently hands on in the past five years cannot qualify to hold the status of being experienced regardless the number of years post qualification. According to Shaw & Blewett (2015) an experienced midwife should be able to use intuition and possesses all the competencies stipulated by the ICM.

II. Defining antecedents

Antecedents are preliminary events that should be present before occurrence of the concept of interest (Walker and Avant, 2011). There are many ways to become a midwife. It can be direct entry from high school, post registration as a nurse or threaded within a nursing curriculum (ICM, 2013). In Zimbabwe there are two main pathways to midwifery, direct entry and post nursing registration. According to Nursing and Midwifery Council (NMC) 2004, professional practice is considered as one of the antecedents.

Registration as a nurse

In Zimbabwe when a student nurses have passed the State Final examination set by the Zimbabwe Nurses Council (ZNC) they are registered as State Registered Nurses(SRN). They are licensed to practice as general nurses by the same Council.

Midwifery training

One is admitted to undergo midwifery training after working as an SRN for at least one or two years and having shown interest in the field. Upon completion of the midwifery course, one registers again with the

ZNC to practice as a midwife. The practicing certificate gives evidence that one has completed all the expected competences to be called a midwife and is renewed every year.

III. Defining Attributes

According to Walker and Avant (2011), attributes are observable characteristics that describe the concept.

Evidence based Knowledge

To be an experienced midwife, one has to have the requisite knowledge on midwifery which is observed by the clients and other service providers during work performance. One should have successfully completed a recognized and approved midwifery education according to the ICM standards (ICM, 2013). The midwife has to continually update self with new knowledge as the patients and clients keep advancing in acuity as indicated by Benner (2012).

Hands on and Competence

“Competence is the attainment of knowledge, intellectual capacities, practice skills, integrity and professional and ethical values required for safe, accountable and effective practice as a registered nurse or registered midwife” (NMBI, 2015). According to Fullerton et al., (2010) competence is a complex combination of knowledge, performance, skills and attitudes. Core competencies for midwifery practice define essential knowledge, skills and behaviours that a midwife must possess as stipulated in the midwifery definition or regulations. It is the sole responsibility of the midwife to maintain and acquire additional competences mandated by their regulatory authorities hence, it becomes critical for them to be capable of assessing their own competence levels (Fealy, 2015). The competent nurse generally develops within 2-3 years of experience on the same job, in the same area, or in similar day to day situations (Benner, 1982).

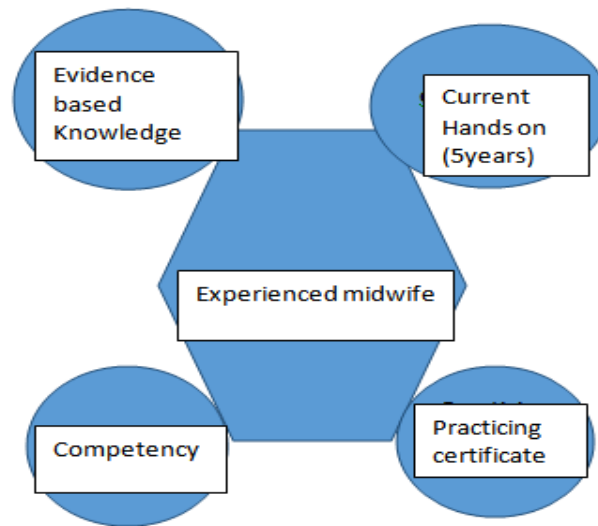
Expertise

Expertise is integration of theoretical knowledge and practice experience according to Goemaes (2016). The midwife has to continuously practice to gain the expertise necessary to become experienced. The American College of Nurse Midwives (2012), view expertise as practice experience or as integration of theoretical knowledge and practice experience. The expert nurse recognizes demands and resources in situations and is able to achieve goals. This nurse knows what needs to be done and no longer relies exclusively on rules to guide actions under certain situations. There is an intuitive grasp of the situation based on deep knowledge and experience (Benner, 1982). “Expert nurses are able to provide accurate and precise rationales for their practice; they knew more than other nurses when to perform an activity; they also knew why it needed to be done and what would be the consequences of their actions. (Aqtash et al., 2017). By having extensive domain of knowledge, the relative level of skillfulness of expert nurses was different from that of other nurses. Expert nurses’ level of performance was noticeably more autonomous and self-directed. In addition, the knowledge of expert nurses was greatly proceduralised and, hence, mostly automatic, allowing them to divert their attention beyond the task at hand. The focus of the expert nurse was habitually on the patient. This displays the expert is patient centered and does more than just a procedure. The experienced midwife would provide holistic care to a pregnant woman and her family.

Practicing certificate

A license to practice a profession is given and renewed every year by the government body which has the mandate from the parliament or a statutory instrument of a country in which midwifery activities are being carried out. This is in order to regulate midwifery practice for example, the Midwifery Practice Regulations (1979) of Zimbabwe and is recognized in the country where it is located; (ICM 2005) support this when it states that a midwife has to acquire the requisite qualifications to be registered and/or legally licensed to practice midwifery and use the title ‘midwife’.

Figure 1



IV. Discussion

According to Benner (2012), increased acuity levels of patients, decreased length of hospitalization and proliferation of health care technology and specialization have increased the need for highly experienced nurses. There is no definition of experienced midwife in the literature reviewed. Whilst it has been shown through research that expertise come from practice and experience, the attributes of an experienced midwife are not explicit. The roles of an experienced midwife were highlighted by Shaw and Blewett (2015.) The researcher could refer to the capabilities mentioned and assume the attributes of a midwife which could mean different things to different providers. The researcher would like to equate the expert with an experienced midwife. This, then will be supported by a study done by Salonen et al., (2007) which stated, “years of experience was significant in enabling to recognize colleague’s need for support and help” (over 15 years in a network). Shaw & Blewett, (2015) did not specify the number of years of experience required but only the capabilities. According to NARM (2012), all experienced midwife candidates must document:

- 75 out-of-hospital births within the last ten years including:
 - At least ten (10) births in the last two (2) years
 - Five (5) births with continuity of care which includes five (5) prenatal exams spanning two trimesters, the birth, newborn exam and two (2) postpartum exams.
- 300 prenatal visits (at least 50 different women);
- 50 newborn exams;
- 75 postpartum visits.
- Charts or written documentation of all care must be available.

The researcher noted that these requirements seem to be necessary for one to be registered as a midwife. The researcher was looking for duration of practice after registration as a midwife and not period before registration.

Eraut, (2001) has described competence as being able to practice safely and effectively fulfilling the professional role. The same is echoed by the ICM when they indicate the midwife should be able to demonstrate competency in midwifery practice. According to Benner, (1984) to acquire and develop clinical skills and competence, nurses have to pass through five levels of proficiency; novice, advanced beginner, competent, proficient and expert. Competence is a prerequisite of the midwife role. While competence is a requisite for an experienced midwife, according to Benner (2012), competency is typified by the nurse who has been on the job for two to three years. Suggesting competence is a lower level of practice which is usually observed after 3 years of being in practice. Proficiency is the period when the nurse completes the competence stage which is anything between four and five years and expertise comes after. While newly qualified midwives may not necessarily be competent in the management of the care for the pregnant women, ongoing support provided (called ‘Preceptorship’) will help to ensure that they receive guidance and support, so that they are able to gain experience which will help develop their confidence and competence in the aspects of care. This implies that to be experienced one has to be continuously supported or guided to perfect the skills in order to become an expert. This supports the ideas brought forth by the Royal college of Midwives, (2016) when they indicated that “one of the advantages of retaining existing midwives and encouraging midwives back to midwifery is that the National Health Service (NHS) keeps experienced midwives in maternity units while students and newly qualified

midwives are gaining experience". Expert nurses, Benner {1984/2000} claimed, used intuition. Intuition involves an automated quick classification, where the expert nurse intuitively screens available options and eliminates options not perceived as relevant. Intuition tells the nurse when something 'feels' right or different, without the nurse necessarily being able to articulate what it is {Benner, 1984/2000}. As a result of these intuitive feelings, the nurse then reaches a judgement and/or decision {Benner, 1984/2000}. The researcher's, attributes of a midwife could be an RGN who has passed the State Final Midwifery Examination, registered as State Certified Midwife (SCM) and must possess a practicing certificate in midwifery, displays knowledge about midwifery to pregnant women and their families, competent in performing midwifery procedures and shows expertise in dealing with complications of birth and neonates and also must be practicing midwifery for the past 5 or more years. Fahy (2012), included Registered nurse or midwife, post registration educational qualification, minimum 5 years post registration experience including 2 years in the chosen area of specialist practice.

V. Cases

Model case

Violet is 35-year-old midwife. She is hands-on midwife and works in the labour ward as a sister-in-charge. She has been working in the maternity for the past 10 years. Her experience covers the delivery, post-natal neonatal wards. She rotates in these units ever since she qualified as a midwife. Violet delivers an average of five women per week. She coordinates the maternal morbidity and mortality Audits at the hospital. She attends the bi-monthly continued professional development programme where she is also a facilitator. As a mentor she is in charge of the multidisciplinary students who come for attachment or secondment. She is recognized as the expert midwife and is called for demonstrations of midwifery procedures for newly qualified midwives and other professionals. Violet is a trainer of trainers in midwifery skills and attends seminars and workshops to keep enhancing her skills. She shares articles which she periodically reads with her staff every Wednesday and introduced a schedule where all professionals share articles on Maternal and Child health issues. Her practicing certificate is up to date and is renewed every year.

Analysis: Violet is a midwife who is hands-on as she looks after pregnant women before labour, during labour and after delivery. She is a hands-on midwife as she constantly attends to women in labour and their babies. She attends to about 120 deliveries per year. She is licensed to practice midwifery. She keeps a record of her sessions with students attached to her.

Borderline case: Shelly is a forty-year-old midwife who has been working at the hospital for fifteen years. She has a practicing certificate in midwifery. She rotates between the surgical wards and the maternity wards since she is a qualified midwife and an orthopedic nurse. She has been working in the surgical wards for the past seven years. Shelly is registered as a midwife and was promoted to be a senior nurse in the new maternity wing last year in recognition of her excellent work performance.

Analysis: Whilst Shelly is a qualified and registered midwife she is not experienced in midwifery. She has a lot of experience as a surgical nurse.

Contrary case: Nurse Patricia is a qualified midwife who completed midwifery training 10 years ago. After completion she registered as a midwife and has a practicing certificate which she renews every year. Due to freezing of the nurses posts she was not able to secure employment as a midwife. She got employment with a non-governmental organization where she is working as project officer. She is not practicing as a midwife nor as a nurse but she maintains her practicing certificate in case she would get a job as a midwife in years to come.

Analysis: Patricia is a qualified midwife who never got a chance to work as midwife. She is not hands-on and not an experienced midwife though she is registered as a midwife and has a current practicing certificate.

VI. Empirical referents

Empirical referents are classes or categories of actual phenomenon that by their existence or presence demonstrate services of an experienced midwife. Walker and Avant (2011) described the concept analysis as a ("rigorous and precise though the final end product is always tentative because of possible differences of opinion between persons conducting a concept analysis on the same concept, the rapid expansion of knowledge, in general: and other factors which impact language use and understanding...") They include documentation by the midwife of clients delivered and their positive outcomes and demonstrations of how she conducts procedures and records of mentorship/ preceptorship programme. Empirical studies will further the process of researching on this concept.

VII. Consequences

The experienced midwife provides quality individualized care during the course of pregnancy, labour, birth and postnatal period. The midwife becomes responsible and accountable for all the decisions she makes in the provision of care. Once the experienced midwife concept is clarified it will assist those in authority to place the right people in the proper maternity departments for quality of care to improve.

VIII. Recommendations

The midwifery profession has trained many midwives but it is seen as a stepping stone to higher qualifications and better career opportunities. The profession has to guard and protect its people so that they remain motivated and at the same time not remaining stagnant. Innovative career paths like specialist midwife who is recognized for her experience and not academic qualifications only need to be taken aboard. 'Recognition, reward and retention of the experienced nurse in positions of direct clinical practice along with documentation and adequate description of their practice are the first steps in improving the quality of patient care' (P. Benner, 2001). This point to the importance of career ladders within clinical midwifery practice and acceptance of the emergence of clinicians and clinical specialists in patient –care nursing and midwifery. "I have been disappointed in the support to progress in my career and all enthusiasm has been eroded over the past 13 years working as a midwife in the NHS. I left for the main reason that my line manager did not support or appreciate the experienced team she had". These are some of the comments raised in a study by The Royal College of Midwives(2016) indicating the experienced midwife feel that they are not appreciated or recognized for their experience.

IX. Conclusion

The meaning of experience varies from person to person. The challenge is in defining the adequate number of years and the number of procedures an experienced midwife should perform after reaching the expert stage according to Benner's 1984 levels of proficiency. The attributes of an experienced midwife were discussed. It remains to be seen if experienced midwives can be placed in their rightful place, recognized and motivated.

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