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Commentary

What is next? Midwifery education building partnerships for tomorrow's maternal and neonatal health care

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"If you plan for one year, plant rice,
If you plan for ten years, plant trees,
If you plan for one hundred years, educate children."

- Confucius-

In summer 2017 we decided to dedicate another special issue of Midwifery to midwifery education, following the success of the first issue published in February 2016. The 2016 call led to the publication of 11 papers from a range of countries. An editorial which referred to an 'agenda for the near future' (Bharj et al 2016) was soon afterwards identified as a resource to inform global efforts to strengthen high quality midwifery education (WHO 2016). Our goal was to replicate this success.

With the current issue, we were keen to attract papers focusing on models in basic education, clinical practice or professional development, although other relevant topics of interest were welcomed. We were very pleased when the first papers were submitted. However, the final number of submissions to this call amazed us, with over 40 papers from across the globe submitted. The peer reviewed papers selected for inclusion in this issue form the largest collection of papers on midwifery education published to date.

Connecting theory and practice is essential

So what do the submitted papers tell us about themes that keep midwifery educators busy today? A key message is that the connection between theory and practice is as important as ever. Underpinned by a dual education system, midwifery education is the bedrock to equip future midwives with relevant competencies to provide high quality care (Bharj et al 2016). The dual education system traditionally combined apprenticeships in organisations with school-based vocational training (Blossfeld 1992). In Europe, there was a long history of use of this approach, particularly in German speaking countries (Federal Ministry of Education and Research 2018). When midwifery education provision gradually moved into vocational schools, midwifery educators continued to provide clinical teaching in hospitals. The transfer to higher education marked a changing relationship between educators in their approaches to teaching theory and practice (Benoit et al 2001). As papers in this issue demonstrate, midwifery educators have been extremely creative in finding new ways to integrate the theory and practice which underpins midwifery.

The essence of connecting midwifery theory and practice was reinforced by the introduction of competency-based methodologies (Fullerton et al 2013; Thompson et al 2017). Competency-based education involves an approach to teaching and learning aimed at a student's acquisition of essential skills for practice which unfold in their relationship with the women they care for (Hunter et al 2008; Fullerton et al 2013; Gervais 2016). In this issue, Byrne et al (2018) and Nallen et al (2018) reflect on the introduction of Enquiry-Based Learning (EBL) in midwifery education in Ireland on the development of clinical competencies reported by their students. Nyoni and Botma (2018), however, raise concerns about the global dissemination of competency-based methodologies, noting that sustainability in South Africa is threatened due to a lack of appropriately trained midwifery educators. Several authors address competency acquisition through simulation to better prepare midwifery students for practice (Arias et al 2018; Maskalova et al 2018; Ruyak et al 2018), or track competency acquisition throughout the education programme (Woeber 2018). Others describe how conditions for clinical learning can be improved (Embo & Bharj 2018; Kemp et al 2018).

Maternity care practice informing midwifery education

Transforming content of midwifery education

The importance of practice informing education is highlighted through recent moves to transform curricular content and establish accreditation standards for midwifery education (Barger et al 2017; Luyben et al 2017a; Bogren et al 2018). The introduction of the Global Standards for Midwifery Education (ICM 2013) and publication of the Lancet series on midwifery (Renfrew et al 2014) have been instrumental. Against this background and the United Kingdom's (UK) decision to leave the European Union (EU), the UK Nursing and Midwifery Council (NMC 2017) launched a project to reshape the future of midwifery education across the UK. Hall and Way (2018) reflect on the consequences of this work and the increasing digital culture and personalised care agenda for midwifery education in the UK.

Quality midwifery education is expected to reflect the principles of evidence-based care in practice (ICM 2013). In collaboration with practice partners in Australia, Cummins et al

(2018) defined essential attributes to achieve evidence-based midwifery care in order to develop their midwifery curriculum. Fontein- Kuipers and Romeijn (2018) focused on continuity of care, integrating midwifery students' experiences of providing continuity in a pre-registration programme in the Netherlands.

The increasing burden of chronic maternal morbidity, the complexity of some women's lives, and resource poor health care systems are important drivers for future midwifery education. The knowledge base needed by midwives to practice safely has expanded. More women are commencing pregnancy with pre-existing physical and mental health problems, or develop new problems during or after pregnancy. Many midwives work with women and families from diverse cultural and socio-economic backgrounds, which pose challenges to maternity services to ensure all women's needs are met in a safe environment, with respectful and high quality care. In some regions, such as Australia and Africa, midwifery competencies have been expanded to reflect a greater public health role (Gamble et al 2005; Biro 2011; Everett et al 2011). Some papers in this issue describe the expansion of midwifery skills to include palliative care and respectful maternity care (LoGiudice & O'Shea 2018; Wilson- Mitchell et al 2018).

Our future midwifery workforce will require 'life-long learning' in order to address the changing health and social needs of women, families and the societies in which they live (Fleming & Luyben 2016). Michel- Schuldt et al (2018) report on the development of a comprehensive post-graduate concept for continuous professional development for midwives in Ghana to update, maintain and expand midwifery competencies. These changes not only affect the content of midwifery education, but the context and systems in which midwives work.

Transforming context of midwifery education

The increasing trend towards inter-professional education (IPE) is highlighted in several papers; IPE refers to a process in which students from different healthcare groups learn together, with benefits including prevention of professional 'silos', better teamwork, team-based practice and inter-professional communication (Barr et al 2005; Roodbol 2010, IPEC 2016). Maintaining a 'professional' identity among student midwives, however, is important for the future of the profession. With respect to this, Hastie (2018) describes the "TeamUP" model, in which teamwork skill development takes place throughout the whole midwifery curriculum. Other included papers show how IPE can be a useful tool to inform new teaching methods, including better use of resources to teach common content. Lawrence et al (2018) used drama to teach understanding of professional behaviours and values and both Ruyak et al (2018) and Urbanova et al (2018) emphasise the need for multi-professional collaboration in developing and using simulation training and virtual patient scenarios.

Some midwifery education programmes share inter-professional content with nursing colleagues, although this varies (Mander 2008; Saxell et al 2009). In this issue, LoGiudice et al (2018) describe the creation of a perinatal palliative programme, building on a knowledge base from the Center for Palliative Care Nursing Education, while Ruyak et al (2018) describe joint simulation training with nursing colleagues. In some countries, for example the USA, the inter-professional collaboration of midwifery education with nursing takes place as a matter of tradition (Ettinger 2006). In other countries however, the move into higher education initiated and strengthened collaboration with nursing colleagues (Mander 2008),

the academic development of midwives reflecting those of nurse educators in university settings.

More midwifery educators are developing collaborative, inter-professional, shared education with colleagues in medicine, with examples from Canada, the USA and France (Saxell et al 2009; Faucher et al 2016; Freytsis et al 2017; Avery 2018). That clinicians should learn together to better support working together is not a new initiative (WHO 1988). Increasing complexity in women's lives and health, and increased clinical specialisation needed to ensure women receive safe high quality care, reflect the importance of effective collaboration. IPE could change working practices and mind sets among those in the early stages of their clinical education (Roodbol 2010) and better link education and care delivery systems (Thibault 2013). Until recently, local professional culture or institutional characteristics of settings in which midwifery programmes were embedded either facilitated or blocked implementation of collaborative training programmes (Luyben et al 2013). An earlier study by Saxell et al (2009) described a successful example of such an initiative which included the faculties of nursing, midwifery and medicine at the University of British Columbia. As a Collaboration for Maternal and Newborn Health, they succeeded in creating three joint programmes of IPE in maternity care. Geographical closeness, in this case being part of the same university, facilitated the collaboration. An educational initiative which went beyond university 'boundaries' is described in this issue by Goncalves et al (2018).

Midwifery education informing maternity care practice: inter-professional collaboration

In Brazil, professional midwifery education was halted in 1972, when expansion of medical schools resulted in a significant reduction of education programmes for midwives and their formal merger into nursing (Carr & Gonzales Riesco 2007). Following public health concerns about maternity care and consumer calls for alternative childbirth models, midwifery education was re-introduced in 2005 (Carr & Gonzales Riesco 2007; Goncalves et al 2018). The project presented by Goncalves et al (2018) was undertaken in an environment of medicalised birth (Bétran et al 2014). Study circles of multi-professional groups were established in obstetric centres to improve collaboration and understanding between different clinical groups, to discuss evidence-based care, facilitate change and improvements in care for women and families. From an educational perspective, the project aimed to develop an IPE experience for midwifery students. It also reflected the need for a wider, sustainable improvement in outcomes of maternity care through inter-professional collaboration and evidence-based practice.

This, and other included papers, showcase the importance of high quality midwifery education. Well-educated midwives are valuable partners in maternity care practice as equal partners in decision-making and care planning (Avery et al 2012). Unfortunately, in some regions collaboration between midwives and obstetricians remains poor, often due to professional culture, lack of respect and poor promotion of women's rights (Filby et al 2016). Midwives and obstetricians may lack an understanding of each other's roles, with consequences for clinical outcomes and experiences of women and their families (Kirkup 2015). In many countries, midwives may develop their potential in academia, but their potential in practice to be equal contributing partners in debating, discussing and planning models of care with their obstetric colleagues remains underdeveloped and underused (Luyben et al 2013; Filby et al 2016; Brailey et al 2017; Luyben et al 2017b; Andreassen &

Christensen 2018). Re-establishing sustainable inter-professional partnerships is not just an education priority, but a necessity to address increasing demands on our maternity services.

What is next?

Two important themes emerge from this special issue. Firstly, the changing needs of maternity care practice can only influence midwifery education content through regular updating of midwifery clinical competencies. Secondly, midwife educators need to leverage their expertise and influence in the system to prioritise partnering with other healthcare colleagues to improve multi-disciplinary care and teamwork. While the first theme is self-evident, the second is challenged by a long history of power imbalance and poor inter-professional communication. Midwifery education and maternity care practice have reached a point where barriers have to be addressed, walls torn down and bridges built to support tomorrow's maternal and neonatal health needs.

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