EDITORIAL

Competencies of Midwives: Growing Requirements in Modern and Changing Health Care

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With the first volume of *Nursing Education*, *Research*, & *Practice* (*NERP*) in 2011, the second issue of the journal was dedicated to midwifery in recognition of the development of this profession in our country. For that time, the results of almost the first studies conducted by Lithuanian midwifery researchers were published. What has happened since then? How far have we come by developing midwifery as an education and research discipline?

In Lithuania, the university education for midwives was initiated in 2010 when the bachelor program was opened at the Lithuanian University of Health Sciences. Midwifery education at college and university level is harmonised with European Union standards. Up to date, 105 midwives with a university bachelor's degree graduated the program (in addition to 36 midwives who graduated the bridging program), and more and more of them are choosing to study for a master's degree.

Midwifes do not just attend births. According to the WHO (2021), they also provide antenatal and postnatal care and a range of sexual and reproductive health services, including family planning, detecting and treating sexually transmitted infections, and sexual and reproductive health services for adolescents, all while ensuring respectful care and upholding women's rights. As numbers of midwives increase, and they can provide care in an enabling environment, women's and newborns' health improves, benefitting all society (1). The study program is constantly changing and updated, and the new topics and subjects are continually integrated in the program with an increasing number of qualified midwives being involved to teach the team. New teaching and assessment methods have also been introduced such as HybLab, an Objective Structured Clinical Examination (OSCE). OSCE is designed to test clinical skill performance and competence in a range of skills; it is a practical, real-world approach to learning and assessment.

ity at different levels. In the midwifery education, at college and university level, students complete a research project on a profession-related topic. They are focusing on different research problems of a pregnant woman (quality of life, the spiritual wellbeing and life satisfaction, sleep, sexual life, emotional status of pregnant women), woman's health (knowledge of the importance of lifestyle for reproductive health, contraception, knowledge of sexual life after childbirth, knowledge of cervical cancer risk factors and prevention), midwives at work (the emotional experiences of midwives, their views on birth pain control methods, mentoring of students at clinical placement), quality of midwifery care (maternal health care expectations, expectations in the postpartum period in the obstetric ward), men experiences of participating in childbirth, nursing and midwife student's knowledge about birth-related trauma and women's mental health, adolescents' knowledge and use of contraceptives, etc. This year, the first midwife with a PhD degree in Health Sciences has defended her doctoral dissertation (she has contributed to the current issue of NERP with a Guest Editorial). Other dissertations in midwifery that are under preparation relate to the quality indicators of midwifery care and spiritual relationship of pregnant women.

Midwives are engaged in research-based activ-

The relevant research about midwifery practice and outcomes is crucial for knowledge development in the discipline (2) and for good practice. Recently, Lithuanian midwives from the university and the perinatology centre have become involved into national and international projects in pursuit of a progress in the field. Along with the activities of the COST (European Cooperation in Science and Technology) Action CA 18211 on women mental health and perinatal or birth-related trauma (3), the researchers from Lithuania conduct two studies. The first one aims to assess the prevalence and symptoms of a birth-related trauma, and knowledge of students and health professionals about this issue. The second study aims to identify associated risks and protective factors for a birth-related trauma. It is important that evidence from those studies is reported in scientific publications, midwifery students'

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final theses at bachelor's and master's level and further will complement international comparisons.

Another project 'Development of a Model for Family Visits for Early Intervention Services' is implemented under the Health Economic Program of the European Economic Area 2014-2021 and coordinated by the Nursing Clinic of the Lithuanian University of Health Sciences with the involvement of the Clinic of Obstetrics and Gynecology, and the Clinic of Family Medicine. At present, although nurses and midwives are trained to provide care for women and children according to specific clinical guidelines, they are not ready to provide primary care to families by identifying potential risk factors and taking measures to mitigate the potential physical and mental consequences and protect child health. It is expected that the project results, based on theoretical knowledge, evidence, good practices and expertise, would assist nurses and midwives in providing patient-centred care and making joint decisions with families in accordance with the needs and expectations of the woman and the family. That gives hope that the new generation of professionals (midwife/nurse) will rely on the best practices of foreign countries (United States, Canada, Australia, Scotland, Norway, and others) in the implementa-

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tion of the Nurse-Family Partnership Programme.

In addition to the research activities, international cooperation creates the possibilities for Lithuanian midwives – practitioners, and young researchers – to widen the professional network by participating in summer schools, training events, and conferences. The growing numbers of scholarships, oral and poster presentations, professional and scientific reports demonstrate the advances in the profession of midwifery and the increasing competences of midwives in our country.

Despite the high clinical competence, there is still a challenge for midwives to apply research findings skilfully using the best evidence to support clinical practice (2). To drive these changes, the leaders and greater leadership within midwifery are important. Midwifery leadership matters and can be enacted irrespective of the position or seniority (4). The strong and collective midwifery leadership in education, research and practice is of fundamental importance to deliver the high quality and safe maternity care in positive work environment for midwives (5). That is the main future direction for the development of the midwifery profession and the academic discipline in Lithuania.

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