**The role changes of midwives over the past 20 years**

**New Models of Care**

The researcher found significant role changes of midwives over the past 20 years. Foremost is the establishment of a women-centered model of care for women before and after birth. Previously, midwives had absolute control over the birthing process, they felt that it was their responsibility to help patients with safe delivery. According to the participants, there was little or no partnership between pregnant women and their midwives. Midwives took an authoritative approach in their work, they dictated the terms and conditions of the care process and expected absolute obedience from the women. For example, midwives often told women how to conduct themselves during labor without allowing them to have a personal input. For the midwives, enforcing their regulations was critical in the delivery of quality care, and there was little opposition to this type of care.

Gradual adoption of women-centered care significantly alters the role of midwives. According to the respondents, women are taking a more active role during birth, and their relationship with the midwives is collaborative. There are constant consultations between women and their midwives, and the responsibility of a safe birth process falls on both parties. Midwives are required to divulge critical information to women relating to their progress in the understandable language. A participant stated that constant open communication between the patients and themselves was instrumental in addressing any form of fears and facilitating fast decision making. For example, if a woman feels too tired and lacks the strength to go on, the midwives inform them of the available choices and their risks. Participants indicated that the women involved them in the final decision-making process by asking for their opinion regarding different medical options, experience with previous patients, and professional advice. One of the respondents felt that midwifery is no longer about taking control of the situation but working together with women to ensure a successful delivery. Moreover, the participants perceived the women-centered model to be superior to earlier methods of care delivery as it leads to the early resolution of labor-related program.

However, some participants felt that the medical care model had not undergone major changes. Shortage of midwives makes it difficult for the uniform implementation of women-centered care in the country. Due to too much work pressure, midwives have little time to spare to converse with patients or listen to their opinions. Besides, these midwives are quite authoritative and desperate women have to bear with this form of treatment to have safe deliveries. Majority of the respondents expected the role of women to change more over the next 20 years due to increased patients’ empowerment and technological development. As patients’ empowerment in various medical fields continues to increase, there is no doubt that women will also develop a high awareness about their rights, and obligations of midwives.

**Emphasis on teamwork**

The researcher found an evolution in the use of teamwork in midwifery. According to participants that have been in the midwifery profession for more than 20 years stated, the inclusion of more medical personnel to assist women during labor has continuously grown over the years. Midwives have to work together with professional nurses and obstetrics and their assistants in assisting women to give birth (AHRQ, 2014). The participants felt that the involvement of other medics in their work amounted to a loss of control, and was no longer regarded as experts. Of course, these changes are unavoidable because they are part of the government’s policy to reduce maternal and child mortality rates in the country. The inclusion of evidence-based care in midwifery is critical for the delivery of quality medical services to the population.

However, different medical practices between midwives and professional nurses and doctors have been a constant cause of friction in teams (Adinolfi, Borgonovi, & Mintzberg, 2017). The midwifery model of care advocate for normal births, and advocates for alternative delivery methods when there is an absolute need. Moreover, midwives take a more hands-on approach to monitor women during birth; they are keen on the provision of physical and psychological support for women (Chan, 2017). On the other hand, the nurses use technology and professional knowledge to decide the best treatment method for women in labor. As a result, nurses and midwives often disagree on the best management practices for women (Zaccagnini & White, 2017). Some of the common sources of altercations between nurses and midwives revolve around pain management, normal versus cesarean births, and communication. Midwives feel betrayed when nurses administer painkillers if they have advised against such an action (Courtney, Shabestari, & Kuo, 2013).  Constant work tensions between midwives, nurses, and obstetrics place the patients in the middle of the battles; hence women experience a lot of indecisiveness with respect to their care.

There is an expectation of the development of more collaborative teams in midwifery in hospitals. Hospitals are increasingly stressing the importance of communication between all the professionals involved in the management of women in labor (D'Antonio, 2017). The researcher found that the participants were developing a positive attitude towards nurses and physicians, they appreciated having the professionals’ assistance close-by for women with complicated labor. They also learned how to identify the signs of trouble in labor from their counterparts involved in the care process. There will be a clarification of the role of midwives in childbirth in the future, and the development will positively influence the level of teamwork.

**Continuity of care**

Continuity of care is another dominant aspect of midwifery role that has developed over the last twenty years. The term continuity of care refers to the provision of midwifery services to women throughout their pregnancy, during childbirth, and after childbirth (DeNisco & Barker, 2015). Usually, pregnant women have the freedom to select their preferred care model from the following three alternatives namely community-based care, obstetrics-led care, and continuity care. Women selecting continuity care are assigned to a midwife responsible for overseeing their childbirth journey (Holly, Salmond, & Saimbert, 2012). The midwives and women develop a partnership relationship based on trust and mutual respect for each other.

The researcher discovered that continuity care gives midwife high job satisfaction than their traditional jobs in the hospitals. Before the emergence of continuity care, many midwives were confined to availing their services in hospitals under the constant monitoring of their supervisors (Huston, 2017). Although some midwives were involved in home deliveries, they were also limited by other family members. Contrastingly, continuity of care increases the autonomy of midwives’ over their job, they can schedule their engagement with women and communicate with them to determine their progress (Kalisch, 2015). The midwives are also present during birth, and their continuous contact with the women gives them an upper hand in the process. Consequently, they can advise the medical team through the provision of critical medical information about their patients. Maintaining contact with post-natal women provides midwives with a rare opportunity to support mothers and their families, and ensure proper child development in the early stages (Liebowitz & Dawson, 2017). The midwives are generally happier with the continuing care program that has been associated with higher employee commitment and productivity.

However, continuity of care program suffers from several drawbacks. Since women using this care service have minimal contact with nurses and obstetricians, the midwives can only manage low-risk pregnancies (Menvielle, Audrain, & Menvielle, 2017). A midwife’s absence during one of the patient’s childbirth is a significant cause of psychological distress for a woman and a challenge for medical professionals. The midwives also face a plethora of difficulties in the delivery of continuous care including high transportation costs, heavy caseloads, and unexpected family difficulties among other problems (Qudrat-Ullah & Tsasis, 2017). In spite of these problems, the participants maintained a positive outlook on continuity care gained through personal experiences, or from colleagues’ accounts.

**Fathers’ engagement**

Additionally, the role of midwives’ has expanded to the inclusion of fathers in childbirth. For years, fathers were excluded in matters relating to pregnancy, maternal health, and childbirth in the home environment or hospitals settings. Although some fathers experience a high sense of excitement at the news of the pregnancy and try to support their wives through pregnancy, they are almost never present at childbirth (Schober, 2017). Many fathers have been left to prepare for their new role without the assistance of professionals, they tend to rely on books and advice from friends and families to learn how to become good fathers. There has been an ongoing campaign to engage fathers in maternal health programs, and midwives are at the center of this big transition in the society.

The researcher found that midwives experience a lot of pressure handling the needs of pregnant women and their spouses simultaneously. Most men have special needs that can only be met by midwives when it comes to their participation in a pregnancy and preparing for childbirth. Midwives’ engagement with fathers should begin early to give the professionals to teach them about what to expect during labor, monitoring spouses’ health, and supporting their wives in attending prenatal clinics (Kim & Mallory, 2017). Moreover, they are also taught to recognize pregnancy danger signs, and how to react to such problems. Fathers experience high degrees of uncertainty and worry during childbirth, and it is critical for the midwives to give them the reassurance that everything will be okay. The fathers take their responsibilities very seriously, they help by encouraging their partners, offering them strength, and praising them for their perseverance. The problem arises when fathers contradict the midwives’ practices because they feel they are unsafe or require further clarification on particular issues. Moreover, women are affected by their partners’ anxiety, hence the need for the midwives to adequately prepare the fathers to avoid such problems.

A scan of existing literature on fathers’ engagement in maternal health reveals the importance of the practice. Fathers have the power of positively changing the face of maternal health in the world by providing psychological and economic support to their partners for uncomplicated pregnancies. Besides, the statistics of women who smoke, drink, or use other types of drugs, they also receive prenatal care quicker compared to individuals going through pregnancy alone. Involving the fathers in pregnancy helps them to easily embrace their parenting roles easily from childhood to adulthood. For midwives, fathers’ engagement is here to stay, and learning how to deal with this new dimension is a critical aspect of their professional development.

**Technology and midwifery**

Arguably, the incorporation of technology into midwifery is the most significant change to one of the oldest professionals in the world. For centuries, women have delivered healthy babies with the assistance of midwives, who rely on their experience and natural instinct to do right by their patients’. Midwives value normal birth processes, they are wary of the effects of technological care on the wellbeing of the fetus. Research participants with over 10 years of experience in midwifery have mixed feelings in using modern technology to help aid women in childbirth, while their younger counterparts have a positive attitude towards the technology.

Several technological innovations have proved critical in reducing infant and maternal rates in the health system. For example, obstetric ultrasonography is used to see real-time visual images of women during the pre-natal pregnancy stage to identify any abnormalities in the foetus. Cardiotocography (CTG) is another commonly used equipment in labor in recording the fetal heartbeat and uterine contractions (Kim & Mallory, 2017). Even midwifery centers established in different parts of the country have the two equipment on hand to assist with any arises challenges. Participants stated they were concerned that the technology was not safe for the unborn babies, but would be willing to use it to save the life of a mother and unborn child. With technology, midwives have become decision-makers, they advise women going through the home delivery process when to go to hospitals depending on their health status and that of the baby. For midwives in the hospital setting, the decision to use technology is not on their hands but the hospital management.

**Midwives are not professionals**

The researcher sought to explore if midwives feel they are seen and treated as professionals or not. Over the years, the role of midwives has been taken over by nurses and obstetricians, who provide evidence-based medical care for pregnant women. Although midwives area big part of the childbirth process, their presence is often overlooked by the other professionals. Besides, technological innovation seems to increase the relevance of midwives among women, it is easy for patients to get the same level of care from community health centers. The current situation raises one major question, are midwives professionals.

Research evidence suggests that midwives are not regarded as experts particularly among young parents. The Internet has become a major source of information for young patients, they use Google to find answers to all their questions. For example, young mothers to be can find out what will happen in labor, how to breastfeed a newborn, wean a baby, or take care of their young ones with a single click on their phone. Due to their high awareness of various aspects of midwifery learned through the web, they feel that they do not need to spend money to hire professional midwives (Umbach, 2017). The situation is no better in hospitals as midwives are subjected to manual work like cleaning beds and pushing patients’ cabinets instead of delivering personalized care for patients’. Although midwives bear with the treatment and are willing to go out of their way to help women, this form of treatment leads to lower motivation in their work. As a result, there is a high midwives turnover in hospitals, they exit the profession to search for better employment opportunities in other sectors of the economy.

**Future of Midwifery**

What next for midwifery? Over 80% of the study participants indicated that they expect the role of midwifery will change even more in the next 20 years, while less than 10% of the respondents held a contrary opinion. Given the huge magnitude of changes that took place over the last two decades, it is to be expected that the trend will continue in future.

Participants perceived that huge changes would take place in a number of areas. The first aspect is technological innovations in midwifery that will gradually replace midwives in the industry.  Already, technology is taking over critical roles performed by midwives like monitoring the fetus heartbeat, and labor contractions (Waddill-Goad, 2017). Since technological development is taking place day and night, there is little doubt that new machines and computer systems will be developed in the near future.

Additionally, there will be a 100% paternal engagement in maternal care. So far, some countries have recorded a 90% turn-up of fathers in childbirth, and there is a move to increase this rate to 100% (Kim & Mallory, 2017). Although this practice is currently in the developed nations, it is widely spreading to third world countries. Within no time, men will be a big component of maternal and infant health practices in the globe.

However, some participants felt that midwifery would remain an important profession in the future. The situation is attributable to the increasing preference for home births in developed countries. Due to the high rates of caesarian births in hospitals, women are looking for alternatives that will enable them to deliver normally a service that is provided by midwives. Unlike physicians and nurses that view childbirth as a normal part of their work, the midwives treat childbirth as an important occasion for mothers and their precious babies.

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