Original Article

Exploring the role of midwives in health care system in Iran and the world

Parvin Bahadoran*, Shiva Alizadeh**, Mahboubeh Valiani*

Abstract

BACKGROUND: This research aimed to identify midwifery roles in Iran and the world to offer suggestions about desired roles of a midwife in health care service delivery system, considering the goals of national plan for maternal health.

METHODS: This study was conducted using a mixed (triangulation) methodology in 3 steps. First, the roles of a midwife were extracted using documents existed in libraries, on the internet, announcement of ministries, and related organizational resources. Then, with Delphi method, the ideas of authorities were collected using a semi-open questionnaire. Finally, a questionnaire, according to last steps, was sent to 65 qualified individuals across the country to nationally measure the ideas, 53 of which were answered. The obtained results were finally analyzed.

RESULTS: Midwifery roles were divided into 2 categories: general and professional. General roles include: supervision, management, consultation, research, teaching, legal and judicial, social work, participation in team work and reference, and participation in different managerial positions; professional roles include: care during pre-pregnancy, pregnancy, delivering time, post partum, neonatal care, maternal examination and family planning and the role of the midwife in offering services in the absence of a gynecologist. Third step showed that all roles are highly desirable (> 70%).

CONCLUSION: All of the roles, except supervision and social work, are in position in Iran and are faced with barriers in Iran because of not having adequate information about these roles and also some problems in proper execution of rules. It is needed a well-organized plan and human resources standardization to perform them better.

KEY WORDS: Midwife, Nurse-midwife's role, Health care systems, Health Care Delivery.

IJNMR 2009; 14(3): 117-122

Not only rapid developments in medical science and appearance of modern technology, providing better health care facilities and changes in diseases and their treatments, but also enhanced level of individual's knowledge and information and improvement in economical and social conditions along with other conditions of life have caused a change and enhancement in people's expectations of health care services in comparisons to past.¹ In different societies, high-risk groups such as mothers and neonates need more rescue of health care services.² Today the health of mothers and neonates is a national priority in many countries.³ Maternal mortality caused by pregnancy and delivery complications, is one of

the most important indicators showing life quality of women in childbearing age.⁴ 515000 women die during their pregnancy and delivery all around the world per year. In our country the rate of maternal death has reached from 140 in 1984 to 34.49 per 100000 births in 2003. One of the important factors in reducing this indicator is delivery under the care of experts and professionals.^{4, 5} Midwives have a potential impact on maternal health condition and thus affect family health condition.6 Midwifery is a job with a key-role in normal process of pregnancy and delivery. Different universal studies show that the continuous presence of midwife in process of pregnancy and delivery has both improved maternal and neonatal health and

* MSc, Department of Midwifery, School of Nursing and Midwifery, Isfahan University of Medical Sciences, Isfahan, Iran.

** MSc in Midwifery, Islamic Azad University of Rasht, Rasht, Iran.

Correspondence to: Parvin Bahadoran, MSc

E-mail: bahadoran@nm.mui.ac.ir

Research Article of Isfahan University of Medical Sciences, No: 387034

enhanced maternal satisfaction level. Iran is one of pioneering countries in the world regarding educating midwives and has a outstanding record of providing midwifery services. In our country the number of graduated midwifes has been about 47000 up to 2006. While, according to world standards, 30-50 midwives are needed for every 1000 births, it reaches 12 midwives in Iran.7 The interference of other occupations in medical group, usually gynecologists, in the system of providing health care services has caused the main role of midwifery not to be identified well. Some factors such as not using graduated midwives in their professional roles and not identifying and assigning the role of midwives in society cause the ones who need assistance, healthy pregnant mothers who can ask the midwife for health care with less cost but more services, to pay much more the gynecologist. This can lead to deprive a large number of low-income women of health care services and a healthy system.

Considering the goals of maternal health national plan, the researchers are pleased to take a step towards the development and enhancement of maternal and neonatal health condition and finally health condition of society by identifying the exact role of midwives in Iran and the world offering some necessary suggestions related to desired roles of midwife.

Method

This mixed (triangulation)-method study was conducted in 2008 in Isfahan University of Medical Sciences in three steps. In the first step, the existing roles of the midwife in Iran and around the world were extracted using the resources such as library, internet, existing announcements in Ministry of Education, Ministry of Health and Medical Education, Ministry of Justice and medical associations. In the second step, Delphi method was used. According to research plan, sample should be at least 10-15 individuals⁸ and sampling should be based on goals.9 The sample contained heads of midwifery departments and members of school of nursing and midwifery, midwifery faculties, directors of midwifery association, midwifery

members of Medical Association Board of Directors and midwifery managers in Tehran and Isfahan health service institutions. The ideas and suggestions were collected using a semiopen questionnaire according to the roles of midwives attained from the first step. The individuals had consent, over the telephone or in their presence, to participate in the study before circulating the questionnaires. As in Delphi method, the suggested ideas and propositions are collected from sum of 50-70%,¹⁰ the suggestions of participants were investigated and with a sum more than 70% this step was stopped.

In third step, according to the results of last steps, a questionnaire on midwife desired roles was designed for national measurement of suggestions. For the effectiveness of samples size on results of the study and to provide adequate information from midwives to be the representatives of all midwives in the country, at least 50 individuals were selected¹¹ so that 65 qualified people received the questionnaire across the country (Isfahan, Ahvaz, Tabriz, Tehran, Shiraz, Mashhad, Rasht, Sari, Gorgan, Kermanshah and Yazd cities). Consent of participants in the study was gained as did in last step as well as explaining goals of the research. Of the questionnaires delivered to participants, via mail, email or interview, 53 were answered. The suggestions and ideas mentioned in the responses in relation to desirable role and practice of midwifery were studied. Considering a sum of more than 70%, the investigation was carried out and analyzed using descriptive statistics.

Results

Findings of the first step of investigation on midwifery roles in Iran are as follows: The role of midwife as a care giver for the periods before childbearing, during childbearing, in childbirth, postpartum period, neonatal care,^{12,13} consultation and training, women examination, management of family planning services,^{12,13} research,^{14,15} teaching, ¹⁵⁻¹⁷ in family physician and referral protocol,¹⁸ legal and judicial role in medical association¹⁹ and justice²⁰ and also explaining the duties of midwives in offices and work places.¹² The roles of midwife worldwide (USA, Canada, Britain, Scotland, Sweden, Australia, Newzeland, Japan, Moghulestan, South Africa) are: management, supervision, research, consultation, training and teaching, social worker, practicing team work and practice in different positions, care before and after childbearing, care during childbirth and postpartum care, neonatal care, family planning services, examining women and care in the conditions that there is no access to a specialist in emergency conditions.²¹⁻⁵⁵

In the second step, the ideas of authorities participated in the study, about optimal roles of midwife in 2 general and professional categories in the system of providing health care services with the sum of 70% were collected. The professional midwives' roles: supervision (100%), management (100%), consultation (100%), research (96.2%), teaching (96.2%), legal and judicial (98.1%), social worker and social midwife (98.1%), practice in team work and referral (100%) and practice in different positions (100%). The professional midwifery roles include: The role in pre-partum period (98.1%), during childbearing (100%), during childbirth (100%), post partum (100%), neonatal care (98.1%), women examination (100%), family planning services (100%), and the role and practice of midwife in the absence of the gynecologist (96.2%).

In the third step, the ideas of participants in national survey about desirability of midwives' role with a sum of 70% were collected and analyzed. In addition to ideas of respondents in the questionnaires, they made some suggestions to access the optimal roles of midwifery which namely come below: 1. Training the methods of family planning to 1st year high school girls. 2. Team work which consists of the midwife, psychologist, sociologist, social worker and consultant recommended by the midwifery and fertility health services. 3. Midwifery training to new married women about genitals and healthy sex practices. 4. It should be planned that health insurance centers make a contract with midwives for necessary tests,d ultra-violet, mammography, request for RhoGAM®, and securing joint when it is necessary so that midwives can practice their roles as much as better. 5. Establishing classes for painless childbirth preparation and teaching the techniques of painless non-medication childbirth by the midwife for all pregnant women.

Discussion

The results of third step in national survey show that all of the roles are highly desirable (> 70%). The roles of supervision, management, consultation, practice in team- work, and roles during childbearing, during childbirth, postpartum care, examination of women, family planning services, had 100% desirability, that in accordance with the high desirability of the roles, the best practice of them needs a detailed and responsible planning. Shahshahan, also, concluded in his study in 2007 that the nursing position in 4 groups of general, professional clinical, professional non-clinical and advanced roles and 2 sets of hospital and social positions were assigned. Most of the roles, practices and positions of nursing have a low rate of availability (< 50%) and high desirability (> 70%).56 In Iran, all roles exist, exclusive of supervision and social work. The supervisory role is about improvement and promotion of practical and care standards of midwifery services and supervisor midwives should perfectly well know the rules of policies and plans of the field in which they are practicing and do their job as a guide and consul tutor of midwives.42,46 According to the desirability of this role and its practices, the supervisory role is necessary for improvement of practice work of midwives in Iran and is beyond the supervisory meaning in different shifts in Iranian hospitals.

Today, in some cities of Iran, this role is undertaken by midwives in Treatment Supervision Office of universities, but in all cities this role and practice of midwives is not observed. The performance of this role is necessary and for better performance, it should be practiced adequate experience and knowledge, and exactly investigating this role in advanced countries about midwifery is necessary.

The role of a social worker and a midwife in advanced countries, Sweden for example, regarding decrease in rate of maternal mortality is very significant.³⁴ The promotion of society health with the preventive three-level care is possible and following it the role of social midwifery is created.² Following the childbearing in early and late ages of fertility, the existence of moral problems of sex and pregnancy in teenager girls and women, neonatal mortality, neonatal disorders, unwanted pregnancies (which lead to unsafe abortions and because such women and girls are more exposed to social damages), post-partum depression, abortion, infertility and, rejection by family and society, these mothers need more and special mental, psychological and material supports.⁵⁷ To prevent the creation of more problems in society by such people, the society needs special social worker groups that midwives are the members of them. In addition to sympathy with these people, the midwives can solve their problem by scoping of their work with the authorities given by government. In Iran the explanation of duties and practices for each role is mentioned in announcements, but most of them are limited to announcements and are not allowed to be performed, for there is no organizational post for some of them, like consultation.^{12,15} Nevertheless prevention is better than cure in principle and costs of training and consulting is much less than remedy costs for clients, and also many problems of women and girls in the scope of midwifery can be solved by midwifery professional consultation and thus no need for a referral to other medical professions, neither professional consultation centers in Iran, specially in large cities, are adequate, nor, in the absence of a specified position of this role in organizational posts of ministry of health, as consultation post for a midwife, enough attention is paid to this role.

Midwife as an important circle of communication and integration between family members and the members of health care team has a significant role in providing health for women.

In our country, there are numerous problems on the way of performing available roles of midwifery. Some of existing problems can be: the absence of independency in midwifery in Iran, not making a contract by private institutions and organizations and insurance institutions with this class, the absence of human source standardization and creating organizational lines, revision of midwifery duties explanation, undesirable marketing. To solve the problems of this class and promotion of midwifery towards the promotion of society health, an exact and careful responsible plan is needed.³ By specifying the role of an occupation, its real position will become clearer in a system and also the motivation of interested people for entering this career will increase the employed midwives motivation for performing more desirable services.

The Authors declare that have no conflict of interest in this study and they have surveyed under the research ethics.

References

- 1. Helm seresht P, Delpisheh I. Health science comprehensive textbook. 1st ed. Tehran: Chehr Publication; 2006.
- 2. Park GA, Park K. Medical textbook of prevention and social science and health service generalities. Trans. Shojaei-tehrani H, Malek-Afzali H. Tehran: Samt publication; 2007.
- **3.** The ministry of Health and Medical Education. A summary of national plans related to maternal health for using in health world-day. Tehran: The department of family and population health; 2005.
- **4.** The ministry of Health and Medical Education. Health national plan in 4th plan of economical-social-cultural development (2005-2009). Tehran: The department of family and population health; 2006.
- 5. Hatami H, Razavi SM. General health comprehensive book. 1st ed. Tehran: Arjmand publications; 2006.
- **6.** Lesley AP, Rona M. The New Midwifery: Science and Sensitivity in Practice. 2nd ed. Philadelphia: Churchill, Livingston Elsevier; 2006.
- 7. Iran Midwifery Population. Statistics. 2008. Available from URL: http://www.midwifery-pop.com
- 8. Ludwig L, Starr S. Library as place: results of a delphi study. J Med Libr Assoc 2005; 93(3): 315-26.

Exploring the role of midwives in health care system in Iran and the world

- **9.** Loo R. The Delphi method: a powerful tool for strategic management. Policing: An International Journal of Police Strategies & Management 2002; 25(4): 762-9.
- **10.** Polite Df, Beck CT. Study Guide to Accompany Nursing Research: Principles and Methods, 7th ed. Philadelphia: Lippincott Williams and Wilkins; 2004.
- **11.** Hasson F, Keeney S, McKenna H. Research guidelines for the Delphi survey technique. J Adv Nurs 2000; 32(4): 1008-15.
- **12.** The ministry of Health and Medical Education. Regulations of determining midwife competencies with B.A. and M.A degrees. Tehran: The ministry of Health and Medical Education; 2001.
- **13.** The ministry of Health and Medical Education. National plan for secure maternity, incorporate care of maternal health specific for midwives and general practitioners. Tehran: Department of family and population health; 2008.
- 14. Abbasi M. The collection of medical- pharmaceutical rules and regulations. Tehran: Hoghughi publications; 1999.
- **15.** The state department of management and planning. The plan for classifying and evaluating employees of ministries, departments and public companies, including the incorporated law of paid public employees ", the collection of carrier majors explanation plan. vol 5. Tehran: The state department of management and planning; 2003.
- **16.** The ministry of Education. The regulations of explanations for schools health educator's duties. Tehran: The ministry of Education; 2001.
- 17. Deputy of education and university affairs. The explanation of educators' duties of midwifery. Isfahan: Isfahan University of Medical Sciences; 2004.
- **18.** The center of network development and health promotion. Instructions for executing rural insurance plan and family physician. Tehran: The ministry of Health and Medical Education; 2007.
- **19.** Medical association of Islamic Republic of Iran. The law of establishing Islamic republic of Iran's medical association and related regulations. Tehran: Medical association of Islamic Republic of Iran; 2009.
- **20.** The center of law consultants, lawyers and experts' affairs. The explanations of midwife expert's duties. Tehran: The center of law consultants, lawyers and experts' affairs; 2007.
- **21.** American College of Nurse-Midwives. Life saving skills, increasing the public health impact of midwives. Silver Spring, MD: American College of Nurse-Midwives; 2006.
- **22.** University of Iowa Health Care. Nurse midwife services handbook. Iowa City, IA: University of Iowa Health Care; 2003.
- **23.** Center for international nursing. Caring that counts: The evidence Base for the effectiveness of nursing and midwifery interventions. Atlanta, GA: Emory University; 2003.
- **24.** Medical Board of California division of licensing. Standard of care for California midwives. Sacramento, CA: Medical Board of California division of licensing; 2005.
- 25. California College of Midwives. Standards of practice. Oakland, CA: California College of Midwives; 2004.
- **26.** Australian nursing and midwifery council. Code of professional conduct for midwives in Australia Draft#5. Canberra: Australian nursing and midwifery council; 2008. Available from URL: http://www.anmc.org.au.
- **27.** Boon LO. Exploring childbearing women's perception of the Role of a Midwife. [thesis]. Sydney: University of Western Sydney; 2002. Available from URL: http://handle.uws.edu.au:8081/1959.7/762.
- 28. Columbia gorge midwifery. Midwifery. 2008. Available from URL: http://www.cgmidwifery.com/midwifery.html
- **29.** De Brouwere V. The Comparative Study of Maternal Mortality over Time: The Role of Professionalisation of Childbirth. Social History of Medicine Advance 2007; 20(3): 541-62.
- **30.** Page L. Human resources for maternity care: the present system in Brazil, Japan, North America, Western Europe and New Zealand. Int J Gynaecol Obstet 2001; 75(Suppl 1): S81-S88.
- **31.** National Health System. Draft: safer childbirth: Minimum standards for care in labor. [cited 2006 Nov]. Available from URL: http://www.bestforhealth.nhs.uk/filledown.asp?file:towards+safer+childbirth+NOV+2006+pdf.
- **32.** Faculty of health and social care sciences. Midwifery. London: Kingston University; 2008. Available from URL: http://www.healthcare.ac.uk/download-a-prospectus/documents/midwifery_brochure.pdf
- **33.** Government of South Australia. Maternity care in SA. [cited 2007 Oct]. Available from URL: http://www.health.sa.gov.au/PPG/Default.aspx?tabid=35.
- **34.** Hogberg U. The decline in maternal mortality in Sweden: the role of community midwifery. Am J Public Health 2004; 94(8): 1312-20.
- 35. Homei A. Midwives and Hospitals in Japan: an ambivalent relationship. Tokyo: Hitotdubashi University; 2007. p. 26-7.
- **36.** Homer CS, Passant L, Brodie PM, Kildea S, Leap N, Pincombe J, et al. The role of the midwife in Australia: views of women and midwives. Midwifery 2008; 23(4): 350-60.
- **37.** International confederation of midwives. The World Needs Midwives Now More Than Ever! [cited 2009 May 5]. Available from URL: http://www.internationalmidwives.org/Activities/InternationalDayoftheMidwife/tabid/327/Default.aspx.

Exploring the role of midwives in health care system in Iran and the world

- **38.** Australian college of midwives. Informed decision making and the midwife's role. [cited 2006oct]. Available from URL: http://www.midwives.org.au/AboutUs/ACMPositionStatements/Informeddecisionmakingandthemidwifesrole/tabid/396/D efault.aspx.
- **39.** Janene R. A Grounded Theory study of Midwives decision- Making: use of continues electronic foetal monitoring on Low risk laboring women. Sydney: The Australian Catholic University, School of Nursing and Midwifery; 2006.
- **40.** Kilden S, Larsson M. Review of Midwifery service in Mongolia, Final Report. Ulan Bator, Mongolia: Ministry of Health; 2006.
- **41.** Faculty of Health and Social Care Sciences. School of Midwifery and Child Health. London: Kingston University. Available from URL: http://www.healthcare.ac.uk/schools/midwifery.
- **42.** Yorkshire and the Humber. National guidelines for Supervisors of Midwives. Available from URL: http://www.yorksandhumber.nhs.uk/what_we_do/local_supervising_authority__midwifery/national_guidelines_uk_for _supervisors_of_midwives.
- **43.** NHS Education for Scottland. Maternity care assistants in Scotland: A competency Framework. [cited 2006 July 18]. p. 7-13. Available from URL: http://www.nes.scot.nhs.uk/documents/publications/classk/180706maternitycareassistants.pdf
- **44.** Midwifery Council of New Zealand. DRAFT for consultation, standards for approval of pre- registration midwifery education programmers and accreditation of education providers. [cited 2006 July]. Available from URL: http://www.midwiferycouncil.org.nz/
- **45.** NHS careers. Midwifery. Available from URL: http://www.nhscareers.nhs.uk/details/Default.aspx?Id=120
- **46.** NHS Lanarkshire. Child Protection. [cited 2006 March 31]. Available from URL: http://www.nhslanarkshire.org.uk/Pages/default.aspx.
- **47.** Snyman LC. The role of the midwife in preventing maternal mortality: midwifery. Professional Nursing 2007; 11(3): 8-10.
- **48.** Tennessee Midwives Association. Tennessee Midwives Association practice guidelines. [cited 2001 Jan 22]. Available from URL: http://health.state.tn.us/Downloads/g5062255.pdf.
- **49.** Texas Midwifery Board. Basic information and instructor manual. Austin, TX: Texas Department of state Health services; 2006.
- **50.** Midwives Alliance. Core competencies for Basic Midwifery practice. [cited 2004 Oct 3]. Available from URL: http://mana.org/pdfs/MANACoreCompetencies.pdf.
- **51.** The Royal College of Midwives. Maternity care Assistants: Position statement. [cited 2006 Oct]. Available from URL: http://www.rcm.org.uk/EasySiteWeb/GatewayLink.aspx?alId=10702.
- **52.** The Royal College of Midwives. Guidance paper: Refocusing the role of the midwife. [cited 2008 Oct 27]. Available from URL: http://www.rcm.org.uk/midwives/features/guidance-paper-refocusing-the-role-of-the-midwife/?locale=en
- **53.** The House of common health committee. Provision of maternity services. London: The House of common health committee; 2003. p. 44-6.
- **54.** The Midwives' Association of Washington State. Washington State standards for the practice of midwifery. [cited 2002 Dec]. Available from URL: http://www.collegeofmidwives.org/standards-2004/masterlist national standards
- **55.** College of Nursing. Master of Science in nursing guidelines in nurse-midwifery clinical Track. Orange Park, FL: University of Florida; 2008. Available from URL:

http://www.nursing.ufl.edu/prospective/curriculum_plans/midwiferyguidelines.pdf

- **56.** Shashahan M. Investigating the role and position of nursing in the system of providing health –care services in Iran and offering proposed strategies in 2007. [thesis]. Isfahan: Isfahan University of Medical Sciences; 2007.
- **57.** Doctors without Borders Site. More than 18% of pregnancies in Iran are unwanted. Available from URL: http://www.pezeshk.us/?p=17001.