



**World Health  
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REGIONAL OFFICE FOR **Europe**



# Midwifery Assessment Tool for Education (MATE)



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## Abstract

The Midwifery Assessment Tool for Education (MATE) was commissioned by the WHO Regional Office for Europe technical programme Human Resources for Health, Division of Health Systems and Public Health. The tool aims to support Member States wishing to develop midwifery education to strengthen the midwifery and nursing workforce across Europe and thereby accelerate progress in implementing the *European strategic directions for strengthening nursing and midwifery towards 2020 goals*. The purpose of MATE is to provide an evidence-based guide for Member States wishing to strengthen their midwifery education or to develop midwifery education where this has not existed previously. It offers a self-assessment tool, designed and tested with experts, which can stimulate and inform discussions within countries at early planning stages.

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## ACKNOWLEDGEMENTS

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MATE was developed, piloted and field-tested with a range of midwives, nurses, student midwives and maternity-service users from across eastern Europe. The Regional Office offers its thanks and appreciation to the following for their important contributions.

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## INTRODUCTION





High-quality midwifery education is vital for high-quality midwifery care. Although there have been improvements in maternal and neonatal outcomes globally, many challenges remain. Across the world, 830 women and 7000 newborns die every day due to complications in pregnancy and childbirth, and many of these deaths are caused by poor-quality care (WHO, 2019).

A key solution to this shocking situation is to invest in developing a well educated midwifery workforce. We now have robust evidence (WHO, 2019) indicating that:

**When midwives are educated to international standards, and midwifery includes the provision of family planning, it could avert more than 80% of all maternal deaths, stillbirths and neonatal deaths. Achieving this impact also requires that midwives are licensed, regulated, fully integrated into health systems and working in interprofessional teams.**

We also know that midwifery care, provided by midwives educated to international standards, has broader benefits for family and community health across a range of settings, from low- to high-income countries and including fragile and conflict-affected areas (Homer et al., 2014; Renfrew et al., 2014).

Despite this evidence, there has been “startling under-investment in midwifery education and training” worldwide (WHO, 2019). Recent attention has been drawn to this deficit by the *Framework for action: strengthening quality midwifery education for universal health coverage 2030* developed by WHO and partners (WHO, 2019). The Framework for Action proposes three strategic priorities and a seven-step action plan to strengthen quality midwifery education.

It is within this context that the Midwifery Assessment Tool for Education (MATE) has been developed, as these global concerns also have relevance for midwifery in the WHO European Region. Across Europe, midwifery varies widely in terms of educational preparation, professional regulation and scope of practice. There is considerable opportunity to improve access to high-quality midwifery education, especially in the east of the Region.

A key objective of the WHO Regional Office for Europe Human Resources for Health programme is to strengthen the midwifery and nursing workforce across Europe and thereby maximize the contribution of midwives and nurses to the Health 2020 agenda at national, regional and global levels. In line with the *European strategic directions for strengthening nursing and midwifery towards 2020 goals* (WHO Regional Office for Europe, 2015) and the priority action area of scaling up and transforming education, MATE aims to support midwives, nurses, educators and policy-makers to scale up and transform midwifery education via the enabling mechanisms of research, partnerships and leadership.

The purpose of MATE is to provide an evidence-based guide for Member States wishing to strengthen their midwifery education or to develop midwifery education where this has not existed previously. It offers a self-assessment tool, designed and tested with experts, which can stimulate and inform discussions within countries at early planning stages.

MATE asks midwives, leaders and women using maternity services to consider the following questions:

- where they are now in relation to midwifery education
- where they would like to be in the future
- what actions they would need to take to realize that ambition.

The tool includes a response section to collate discussions. It also provides links to useful resources that can inform the next steps in developing and improving midwifery education.

MATE is divided into sections covering: provision of maternity care; initial preparation of midwives; access to programmes; curriculum (general, theory and practice); academic faculty; resources; clinical learning; and regulation of education.

MATE can be downloaded and used within groups of interested stakeholders to encourage dialogue and frank discussion. It has been developed, piloted and field-tested with the extensive support of a range of clinical midwives, midwifery educators, student midwives, midwifery associations, policy-makers and maternity-service users from across eastern Europe. MATE belongs to midwives, leaders, policy-makers and activists who can use it as they wish, and there is no expectation that the results of discussion will be shared. However, MATE may also be helpful as a benchmarking tool to be completed and shared if countries request specific support or guidance from WHO prior to a visit. It would be a valuable resource for Member States using the *Framework for action: strengthening quality midwifery education for universal health coverage 2030* to develop midwifery education when, for example, addressing the "Gather data and evidence" step in the action plan (WHO, 2019).

MATE has been developed in collaboration with colleagues across the European Region with particular reference to the needs of the Region, but has also been strongly influenced by the global context; it therefore has potential for use globally.

## References<sup>1</sup>

Homer CSE, Friberg IK, Dias MAB, ten Hoope-Bender P, Sandall J, Speciale AM et al. (2014). The projected effect of scaling up midwifery. *Lancet* 384(9948):1146–57.

Renfrew MJ, McFadden A, Bastos MH, Campbell J, Channon AA, Cheung NF et al. (2014). Midwifery and quality care: findings from a new evidence-informed framework for maternal and newborn care. *Lancet* 384(9948):1129–45.

WHO (2019). Framework for action: strengthening quality midwifery education for universal health coverage 2030. Geneva: World Health Organization ([https://www.who.int/maternal\\_child\\_adolescent/documents/strengthening-quality-midwifery-education-framework/en/](https://www.who.int/maternal_child_adolescent/documents/strengthening-quality-midwifery-education-framework/en/)).

WHO Regional Office for Europe (2015). European strategic directions for strengthening nursing and midwifery towards 2020 goals. Copenhagen: WHO Regional Office for Europe (<http://www.euro.who.int/en/health-topics/Health-systems/nursing-and-midwifery/publications/2015/european-strategic-directions-for-strengthening-nursing-and-midwifery-towards-health-2020-goals>).

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<sup>1</sup> Weblinks accessed 18 February 2020.

## MIDWIFERY ASSESSMENT TOOL FOR EDUCATION (MATE)



## MATE self-assessment document

The tool is a self-assessment document, available online as a PDF via the WHO website. It can assist you to:

- evaluate where you are **now** in relation to midwifery education
- consider where you would like to be in the **future**
- identify a range of useful resources to support this process.

The tool can assist with planning how to strengthen initial midwifery education so it is relevant to the needs of the country and its women and families. It assumes that you wish to develop degree-level midwifery education in your country that is person-centred, evidence-based and meets the needs of women and families, in line with the *European strategic directions for strengthening nursing and midwifery towards Health 2020 goals* (WHO Regional Office for Europe, 2015).

The tool relates in particular to European strategic directions *Priority action area 1: scaling up and transforming education* and *Priority action area 4: promoting evidence-based practice and innovation*.

### Priority action area 1. Scaling up and transforming education

Objectives for Member States are to:

1. standardize the initial education of nurses and midwives at degree level to get the best outcomes for patients and populations;
2. develop education and regulation that enables and ensures that nurses' and midwives' core competencies are in line with the basic principles of Health 2020; and
3. strengthen continuing professional development and career development.

### Priority action area 4. Promoting evidence-based practice and innovation

7. Facilitate the culture of evidence-based practice in nursing and midwifery.
8. Develop, transform and adapt the roles of nurses and midwives in line with the goals of Health 2020.

## Who is it for?

The tool is aimed at everyone interested in strengthening initial midwifery education in your country. These stakeholders include clinicians (midwives, nurses and doctors), educators, policy-makers and users of services.

## When should it be used?

The tool is designed to be used at the early stages of planning. It can inform your discussions within the country by gathering the views of a range of stakeholders.

If you are planning to request technical consultancy and expert advice from WHO, the assessment tool can be used as preparation for these discussions.

## How should it be used?

Start by having informal conversations, using the tool as a prompt to structure your discussions. This is more effective for gathering a range of views than formal large-scale meetings. Formal meetings can take place after the initial conversations, and you can use the responses to the tool to structure those meetings.

We suggest you have open discussions with colleagues where you can feel free to share ideas. Be honest about how things are at the moment. This is your chance to create a vision for how you would like midwifery to develop in your country. It is your choice if you wish to keep it confidential or share with others.

We recommend that you read and refer to the *Framework for action: strengthening quality midwifery education for universal health coverage 2030* (WHO, 2019).

## What next?

What happens with this information?

This is **your self-assessment**, and it can be as honest as you wish. It is your choice if you wish to keep it confidential or share with others.

For the purpose of tracking the usage of this tool, we would be extremely grateful if you could inform the WHO Regional Office for Europe if you use it and also if you would like further advice and support once you have completed the self-assessment.

Please contact the WHO Regional Office for Europe at:

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## References<sup>2</sup>

WHO (2019). Framework for action: strengthening quality midwifery education for universal health coverage 2030. Geneva: World Health Organization ([https://www.who.int/maternal\\_child\\_adolescent/documents/strengthening-quality-midwifery-education-framework/en/](https://www.who.int/maternal_child_adolescent/documents/strengthening-quality-midwifery-education-framework/en/)).

WHO Regional Office for Europe (2015). European strategic directions for strengthening nursing and midwifery towards 2020 goals. Copenhagen: WHO Regional Office for Europe (<http://www.euro.who.int/en/health-topics/Health-systems/nursing-and-midwifery/publications/2015/european-strategic-directions-for-strengthening-nursing-and-midwifery-towards-health-2020-goals>).

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<sup>2</sup> Weblinks accessed 18 February 2020.



## Glossary

Please refer to this glossary as you use the MATE tool.

**Ability:** the quality of being able to perform; a natural or acquired skill or talent (International Confederation of Midwives (ICM))

**Attitude:** a person's views (values and beliefs) about a thing, process or person that often leads to positive or negative reaction (ICM)

**Behaviour:** a person's way of relating or responding to the actions of others or to an environmental stimulus (ICM)

**Community:** a group of people living in the same place or a group of people who are similar in some way; midwives working in the community provide care in the family home

**Competence:** the combination of knowledge, psychomotor, communication and decision-making skills that enable an individual to perform a specific task to a defined level of proficiency (ICM)

**Competency (midwifery):** a combination of knowledge, professional behaviour and specific skills that are demonstrated at a defined level of proficiency in the context of midwifery education and practice (ICM)

**Competency-based curriculum:** programme of education aimed at developing a defined level of proficiency in the context of midwifery education and practice

**Family-centred:** partnership approach to care, which includes decision-making equally between family and the health-care provider

**Interprofessional education:** when students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes (WHO)

**Knowledge:** a fund of information that enables an individual to have confident understanding of a subject with the ability to use it for a specific purpose (ICM)

**Maternity care:** general term for care of women and newborns during childbearing period, provided by midwives and/or doctors

**Mentor:** a qualified midwife who facilitates learning opportunities, supervises and assesses students in the clinical setting (United Kingdom Nursing and Midwifery Council (UKNMC))

**Moderator:** a person(s) who reviews examination papers and clinical assessments to ensure consistency and equitable marking

**Preceptorship:** to support a newly qualified midwife to make the transition from student to accountable practitioner, gaining confidence with support from an experienced midwife (UKNMC)

**Primary care:** this is more than just the level of care or gate-keeping; it is a key process in the health system. It is first-contact, accessible, continued, comprehensive and coordinated care. First-contact care is accessible at the time of need; ongoing care focuses on the long-term health of a person rather than the short duration of the disease; comprehensive care is a range of services appropriate to the common problems in the respective population and coordination is the role by which primary care acts to coordinate other specialists that the patient may need (WHO)

**Rural:** in the countryside

**Skill:** ability learned through education and training or acquired by experience, to perform specific actions or tasks to a specified level of measurable performance (ICM)

**Task:** a specific component of a larger body of work (ICM)

**Woman-centred/people-centred:** a model of care that centres on an individual, which is compassionate, equitable and respectful. Quality care offered is safe, ethical and is coordinated across different disciplines. Information provided is evidence based and is clear and concise (WHO)

## MIDWIFERY ASSESSMENT TOOL FOR EDUCATION (MATE) SELF-ASSESSMENT DOCUMENT



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## The role of the midwife in the care of women and newborns

### KEY QUESTION

Is the term “midwife” recognized in your country?

Now consider the International Confederation of Midwives (ICM) definition of the midwife (International Confederation of Midwives, 2017).

### ICM DEFINITION OF THE MIDWIFE, 2017

*Midwifery is the profession of midwives, only midwives practise midwifery. It has a unique body of knowledge, skills and professional attitudes drawn from disciplines shared by other health professions such as science and sociology, but practised by midwives within a professional framework of autonomy, partnership, ethics and accountability.*

*Midwifery is an approach to care of women and their newborn infants whereby midwives:*

- *optimise the normal biological, psychological, social and cultural processes of childbirth and early life of the newborn;*
- *work in partnership with women, respecting the individual circumstances and views of each woman;*
- *promote women’s personal capabilities to care for themselves and their families; and*
- *collaborate with midwives and other health professionals as necessary to provide holistic care that meets each woman’s individual needs.*

*Midwifery care is provided by an autonomous midwife. Midwifery competencies (knowledge, skills and attitudes) are held and practised by midwives, educated through a pre-service/pre- registration midwifery education programme that meets the ICM global standards for midwifery education. In some countries where the title ‘midwife’ is not yet protected, other health professionals (nurses and doctors) may be involved in providing sexual, reproductive, maternal and newborn health care to women and newborns. As these health professionals are not midwives they do not possess the competencies of a midwife and do not provide midwifery skills, but rather aspects of maternal and newborn care.*

### Reference

International Confederation of Midwives (2017). Definition of midwifery. In: International Confederation of Midwives [website]. Koninginnegracht: International Confederation of Midwives ([https://www.internationalmidwives.org/assets/files/definitions-files/2018/06/eng-definition\\_midwifery.pdf](https://www.internationalmidwives.org/assets/files/definitions-files/2018/06/eng-definition_midwifery.pdf)) (accessed 18 February 2020).

The tool is a table split into three columns as follows.

**Column A** is a country profile that asks a number of questions about where you are now in relation to midwifery education

**Column B** asks a number of questions about where you would like to be in relation to midwifery education

**Column C** provides a list of resources and electronic links – you can access these to support the planning process



## MATE – The role of the midwife in the care of women and newborns

A. Where are you?	B. Where would you like to be?	C. Useful resources
1. According to the ICM definition, are there midwives in your country? 2. If there are not midwives according to the ICM definition, how is the role of the midwife defined in your country?	<ul style="list-style-type: none"> <li>• Would you like to have midwives in your country, according to the ICM definition?</li> </ul>	ICM definition: <a href="https://www.internationalmidwives.org/our-work/policy-and-practice/icm-definitions.html">https://www.internationalmidwives.org/our-work/policy-and-practice/icm-definitions.html</a>
3. Who assesses the risk status of the woman?	<ul style="list-style-type: none"> <li>• Who would you like to assess the risk status of the woman?</li> </ul>	ICM Essential Competencies for Midwifery Practice 2018 update: <a href="https://www.internationalmidwives.org/our-work/policy-and-practice/essential-competencies-for-midwifery-practice.html">https://www.internationalmidwives.org/our-work/policy-and-practice/essential-competencies-for-midwifery-practice.html</a>
4. Who decides who the main care provider for the woman will be?	<ul style="list-style-type: none"> <li>• Who would you like to decide who the main care provider for the woman will be?</li> </ul>	
5. What care is provided by midwives?	<ul style="list-style-type: none"> <li>• What care would you like to be provided by midwives?</li> </ul>	
6. What care is provided by doctors?	<ul style="list-style-type: none"> <li>• What care would you like to be provided by doctors?</li> </ul>	
7. If the care of the mother and baby is low risk (uncomplicated): a. Who provides antenatal care? b. Who provides care to women in labour? c. Who undertakes normal deliveries? d. Who provides postnatal care? In relation to the above, are there variations: e. across the country? f. in different clinical practice areas?	<ul style="list-style-type: none"> <li>• If care of the mother and baby is low risk (uncomplicated):              → Who would you like to provide antenatal care?              → Who would you like to provide care for women in labour?              → Who would you like to undertake normal deliveries?              → Who would you like to provide postnatal care?              → Would you like care provision to be the same across the country and all clinical practice areas?</li> </ul>	<i>The Lancet</i> series on midwifery: <a href="https://www.thelancet.com/series/midwifery">https://www.thelancet.com/series/midwifery</a> <i>The Lancet</i> series on maternal health, especially paper 2, "Beyond too little, too late and too much, too soon: a pathway towards evidence-based, respectful maternity care worldwide": <a href="http://www.thelancet.com/series/maternal-health-2016">http://www.thelancet.com/series/maternal-health-2016</a> ICM Essential Competencies for Midwifery Practice 2018 update: <a href="https://www.internationalmidwives.org/our-work/policy-and-practice/essential-competencies-for-midwifery-practice.html">https://www.internationalmidwives.org/our-work/policy-and-practice/essential-competencies-for-midwifery-practice.html</a>

## MATE – Education of midwives

### Initial preparation

A. Where are you?	B. Where would you like to be?	C. Useful resources
8. What initial preparation for midwives (education) currently exists in your country? <sup>a</sup>	<ul style="list-style-type: none"> <li>What initial preparation (education) would you like midwives in your country to have?</li> </ul>	<b>JHPIEGO Rapid Assessment Tool:</b> <a href="http://reprolineplus.org/resources/midwifery-rapid-assessment-tool">http://reprolineplus.org/resources/midwifery-rapid-assessment-tool</a> <a href="https://www.midwiferyjournal.com/article/S0266-6138(16)00026-7/pdf">https://www.midwiferyjournal.com/article/S0266-6138(16)00026-7/pdf</a>
9. Is there initial midwifery education <b>independent</b> from nursing?	<ul style="list-style-type: none"> <li>Do you want to develop initial midwifery education <b>independent</b> from nursing?</li> </ul>	
10. Where does this initial midwifery education take place (for example, university, technical college, training school in hospital)?	<ul style="list-style-type: none"> <li>Where would you like initial midwifery education to take place (for example, university, technical college, training school in hospital)?</li> </ul>	
11. How long is the programme?	<ul style="list-style-type: none"> <li>How long should the programme be?</li> </ul>	
12. How long is the midwifery component of the programme (if the midwifery education is integrated within a nursing programme)?	<ul style="list-style-type: none"> <li>How long should the midwifery component of the programme be (if the midwifery education is integrated within a nursing programme)?</li> </ul>	

<sup>a</sup>Options for initial preparation.  Certificate in midwifery  Diploma in midwifery  Bachelor's degree in midwifery  
 Master's degree in midwifery  Bachelor's degree in nursing that includes midwifery  Post-nursing qualification  Other

### Access

A. Where are you?	B. Where would you like to be?	C. Useful resources
13. Are there high numbers of applicants to study midwifery?	<ul style="list-style-type: none"> <li>How could you promote midwifery as a career?</li> </ul>	
14. What is the minimum high-school requirement to start midwifery education?	<ul style="list-style-type: none"> <li>What should the minimum high-school requirement be to start midwifery education?</li> </ul>	
15. What are the entry requirements?	<ul style="list-style-type: none"> <li>What should the entry requirements be?</li> </ul>	
16. How are students selected?	<ul style="list-style-type: none"> <li>How should students be selected?</li> </ul>	
17. Do you monitor how many students leave the midwifery education programme and the reasons why they leave?	<ul style="list-style-type: none"> <li>How could you record the number of students who leave the midwifery education programme and the reasons why they leave?</li> </ul>	

### Curriculum: general

A. Where are you?	B. Where would you like to be?	C. Useful resources
18. How much time is spent on theory in the programme?	<ul style="list-style-type: none"> <li>How much time should be spent on theory in the programme?</li> </ul>	<b>ICM Model Curriculum:</b> <a href="https://internationalmidwives.org/assets/files/education-files/2018/04/icm-resource-packet-1-background--curriculum-process-new.pdf">https://internationalmidwives.org/assets/files/education-files/2018/04/icm-resource-packet-1-background--curriculum-process-new.pdf</a>
19. How much time is spent in practice in the programme?	<ul style="list-style-type: none"> <li>How much time should be spent in practice in the programme?</li> </ul>	
20. Is there a system for monitoring the quality of education (external examiners, moderators, etc.)? a. In theory? b. In practice?	<ul style="list-style-type: none"> <li>What system could be implemented for monitoring the quality of education (external examiners, moderators, etc.)?  → In theory?  → In practice?</li> </ul>	

<b>Curriculum: theory</b>		
<b>A. Where are you?</b>	<b>B. Where would you like to be?</b>	<b>C. Useful resources</b>
21. Does education meet the International Confederation of Midwives (ICM) Global Standards for Midwifery Education?	<ul style="list-style-type: none"> <li>• Would you like to ensure that education meets the ICM Global Standards for Midwifery Education?</li> </ul>	ICM Global Standards for Midwifery Education: <a href="https://www.internationalmidwives.org/our-work/policy-and-practice/global-standards.html">https://www.internationalmidwives.org/our-work/policy-and-practice/global-standards.html</a>
22. Is there a competency-based curriculum? (See glossary and Table A1.1 in Annex 1.)	<ul style="list-style-type: none"> <li>• Would you like to develop a competency-based curriculum? (See glossary and Table A1.1 in Annex 1.)</li> </ul>	ICM Global Standards for Midwifery Education: <a href="https://www.internationalmidwives.org/our-work/policy-and-practice/global-standards.html">https://www.internationalmidwives.org/our-work/policy-and-practice/global-standards.html</a>
23. Does the curriculum meet the EU Directives 2005/36/EC, amended 2013 (if relevant)?	<ul style="list-style-type: none"> <li>• Do you want to ensure the curriculum meets the EU Directives 2005/36/EC, amended 2013 (if relevant)?</li> </ul>	EU Directives: <a href="http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32013L0055&amp;from=EN">http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32013L0055&amp;from=EN</a>
24. Does the curriculum have a respectful woman-centred and family-centred approach to care?	<ul style="list-style-type: none"> <li>• Would you like to ensure the curriculum has a respectful woman-centred and family-centred approach to care?</li> </ul>	White Ribbon Alliance: <a href="http://www.whiteribbonalliance.org/resources/">http://www.whiteribbonalliance.org/resources/</a>
25. Do women (mothers) participate in the development of midwifery education?	<ul style="list-style-type: none"> <li>• Would you like women (mothers) to participate in the development of midwifery education? If so, how could you make this happen?</li> </ul>	
26. Does the curriculum reflect WHO policy: Health 2020 and <i>European strategic directions for strengthening nursing and midwifery towards Health 2020 goals</i> ?	<ul style="list-style-type: none"> <li>• Would you like to ensure the curriculum reflects WHO policy: Health 2020 and <i>European strategic directions for strengthening nursing and midwifery towards Health 2020 goals</i>?</li> </ul>	<p>WHO Health 2020: <a href="http://www.euro.who.int/en/health-topics/health-policy/health-2020-the-european-policy-for-health-and-well-being/publications/2013/health-2020.-a-european-policy-framework-and-strategy-for-the-21st-century-2013">http://www.euro.who.int/en/health-topics/health-policy/health-2020-the-european-policy-for-health-and-well-being/publications/2013/health-2020.-a-european-policy-framework-and-strategy-for-the-21st-century-2013</a></p> <p>WHO <i>European strategic directions for strengthening nursing and midwifery towards Health 2020 goals</i>: <a href="http://www.euro.who.int/__data/assets/pdf_file/0004/274306/European-strategic-directions-strengthening-nursing-midwifery-Health2020_en-REV1.pdf">http://www.euro.who.int/__data/assets/pdf_file/0004/274306/European-strategic-directions-strengthening-nursing-midwifery-Health2020_en-REV1.pdf</a></p>
27. Does the curriculum promote an evidence-based practice approach to care?	<ul style="list-style-type: none"> <li>• Do you want to develop a curriculum which promotes evidence-based practice?</li> </ul>	<p><i>Facilitating evidence-based practice in nursing and midwifery in the WHO European Region</i>: <a href="http://www.euro.who.int/__data/assets/pdf_file/0017/348020/WH06_EBP_report_complete.pdf?ua=1">http://www.euro.who.int/__data/assets/pdf_file/0017/348020/WH06_EBP_report_complete.pdf?ua=1</a></p> <p>Example of evidence-based standards for midwifery education: <a href="https://www.nmc.org.uk/standards/midwifery/education/">https://www.nmc.org.uk/standards/midwifery/education/</a></p>
28. Are there opportunities to study together with other health professionals ( <b>interprofessional education – see glossary</b> )? <ol style="list-style-type: none"> <li>Are these opportunities planned as part of the curriculum?</li> <li>Are these opportunities evaluated?</li> </ol>	<ul style="list-style-type: none"> <li>• Would you like to incorporate opportunities to study together with other health professionals (<b>interprofessional education – see glossary</b>)?</li> <li>• How could you evaluate and develop these opportunities?</li> </ul>	<p>WHO <i>framework for action on interprofessional education and collaborative practice</i>: <a href="http://www.who.int/hrh/resources/framework_action/en/">http://www.who.int/hrh/resources/framework_action/en/</a></p>

**Curriculum: practice**

A. Where are you?	B. Where would you like to be?	C. Useful resources
29. What proportion of time is spent gaining experience in maternity care (as opposed to nursing/gynaecology)?	<ul style="list-style-type: none"> <li>How much time would you like students to spend gaining experience in maternity care (as opposed to nursing/gynaecology)?</li> </ul>	
30. Do students gain experience in hospital and community?	<ul style="list-style-type: none"> <li>Would you like students to gain experience in hospital and community?</li> </ul>	
31. What proportion of time is spent gaining experience in the community: a. in community/primary care? b. home visiting?	<ul style="list-style-type: none"> <li>If so, what proportion of time should be spent gaining community experience: → in community/primary care? → home visiting?</li> </ul>	
32. What proportion of time is spent gaining experience in simulation facilities?	<ul style="list-style-type: none"> <li>What proportion of time would you like students to spend gaining experience in simulation facilities?</li> </ul>	
33. What proportion of time is spent gaining experience in "real-life" clinical practice?	<ul style="list-style-type: none"> <li>What proportion of time would you like to spend gaining experience in "real-life" clinical practice?</li> </ul>	
34. What is the minimum number of women that a student midwife has to care for during the whole labour before qualification?	<ul style="list-style-type: none"> <li>What is the minimum number of women you would like a student midwife to care for during the whole labour before qualification?</li> </ul>	
35. What is the minimum number of babies that a student midwife has to deliver independently (under direct supervision) before qualification?	<ul style="list-style-type: none"> <li>What is the minimum number of babies you would like a student midwife to deliver independently (under direct supervision) before qualification?</li> </ul>	
36. Are there opportunities for students to reflect on their practice experiences? a. If yes, with whom? (Teachers? Mentors?)	<ul style="list-style-type: none"> <li>Would you like students to have opportunities to reflect on their practice experiences? → If yes, with whom? (Teachers? Mentors?)</li> </ul>	

**Academic faculty**

A. Where are you?	B. Where would you like to be?	C. Useful resources
37. Who teaches the students in the classroom?	<ul style="list-style-type: none"> <li>Who will teach the students in the classroom?</li> </ul>	
38. How are midwifery educators trained to teach? (How long is this preparation, and at what level?)	<ul style="list-style-type: none"> <li>How will you prepare the midwifery educators (academic midwifery faculty) to teach at degree level? (How long should this preparation be, and at what level?)</li> </ul>	WHO Midwifery Educator Core Competencies: <a href="http://www.who.int/hrh/nursing_midwifery/midwifery_educator_core_competencies.pdf?ua=1">http://www.who.int/hrh/nursing_midwifery/midwifery_educator_core_competencies.pdf?ua=1</a>

**Resources**

A. Where are you?	B. Where would you like to be?	C. Useful resources
39. Do you have appropriate and adequate teaching and learning resources? For example: equipment, classroom space, IT equipment, access to books and journals, Internet access, skills labs, lecturers and administrative support.	<ul style="list-style-type: none"> <li>• What teaching and learning resources do you need? For example: equipment, classroom space, IT equipment, access to books and journals, Internet access, skills labs, lecturers and administrative support.</li> </ul>	ICM Standard Equipment List for Competency-based Skills Training: <a href="https://www.internationalmidwives.org/our-work/education/education-resources/">https://www.internationalmidwives.org/our-work/education/education-resources/</a>

**Clinical learning**

A. Where are you?	B. Where would you like to be?	C. Useful resources
40. Who teaches the students in practice? (Midwives? Nurses? Doctors?)	<ul style="list-style-type: none"> <li>• Who will teach the students in practice? (Midwives? Nurses? Doctors?)</li> </ul>	
41. How are midwives in practice prepared to support/mentor students? (What training is available, how long and at what level?)	<ul style="list-style-type: none"> <li>• How will you prepare midwives in practice to teach and support/mentor students? (What training should be available, how long and at what level?)</li> </ul>	
42. How are student midwives supported/mentored in practice?	<ul style="list-style-type: none"> <li>• How could student midwives be supported/mentored in practice?</li> </ul>	
43. How are newly qualified midwives supported in practice (preceptorship)?	<ul style="list-style-type: none"> <li>• How will newly qualified midwives be supported in practice (preceptorship)?</li> </ul>	

**Regulation of education**

A. Where are you?	B. Where would you like to be?	C. Useful resources
44. Who regulates midwifery education? <ol style="list-style-type: none"> <li>Ministry of Health</li> <li>Ministry of Education</li> <li>Professional body with regulatory competence</li> <li>Professional organization</li> <li>Higher education institutions</li> <li>Public accreditation agency, please describe</li> <li>Private accreditation agency, please describe</li> <li>Private sector, please describe</li> <li>Centres of accreditation</li> <li>Other</li> </ol>	<ul style="list-style-type: none"> <li>• Who would you like to regulate midwifery education?               <ul style="list-style-type: none"> <li>→ Ministry of Health</li> <li>→ Ministry of Education</li> <li>→ Professional body with regulatory competence</li> <li>→ Professional organization</li> <li>→ Higher education institutions</li> <li>→ Public accreditation agency, please describe</li> <li>→ Private accreditation agency, please describe</li> <li>→ Private sector, please describe</li> <li>→ Centres of accreditation</li> <li>→ Other</li> </ul> </li> </ul>	ICM Midwifery Education Assessment Tool (MEAP): <a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6032023/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6032023/</a>

**OPEN QUESTION**

Now you have thought about these questions, make a list of the challenges and opportunities that you may experience. Think about how you can make progress from where you are now to where you would like to be.



## MIDWIFERY ASSESSMENT TOOL FOR EDUCATION (MATE) RESPONSE DOCUMENT



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## MATE – The role of the midwife in the care of women and newborns

A. Where are you?	Response	B. Where would you like to be?	Response
1. According to the ICM definition, are there midwives in your country? 2. If there are not midwives according to the ICM definition, how is the role of the midwife defined in your country?		<ul style="list-style-type: none"> <li>• Would you like to have midwives in your country, according to the ICM definition?</li> </ul>	
3. Who assesses the risk status of the woman?		<ul style="list-style-type: none"> <li>• Who would you like to assess the risk status of the woman?</li> </ul>	
4. Who decides who the main care provider for the woman will be?		<ul style="list-style-type: none"> <li>• Who would you like to decide who the main care provider for the woman will be?</li> </ul>	
5. What care is provided by midwives?		<ul style="list-style-type: none"> <li>• What care would you like to be provided by midwives?</li> </ul>	
6. What care is provided by doctors?		<ul style="list-style-type: none"> <li>• What care would you like to be provided by doctors?</li> </ul>	
7. If the care of the mother and baby is low risk (uncomplicated): <ol style="list-style-type: none"> <li>a. Who provides antenatal care?</li> <li>b. Who provides care to women in labour?</li> <li>c. Who undertakes normal deliveries?</li> <li>d. Who provides postnatal care?</li> </ol> In relation to the above, are there variations: <ol style="list-style-type: none"> <li>e. across the country?</li> <li>f. in different clinical practice areas?</li> </ol>		<ul style="list-style-type: none"> <li>• If care of the mother and baby is low risk (uncomplicated):               <ul style="list-style-type: none"> <li>→ Who would you like to provide antenatal care?</li> <li>→ Who would you like to provide care for women in labour?</li> <li>→ Who would you like to undertake normal deliveries?</li> <li>→ Who would you like to provide postnatal care?</li> </ul> </li> <li>→ Would you like care provision to be the same across the country and all clinical practice areas?</li> </ul>	

## MATE – Education of midwives

### Initial preparation

A. Where are you?	Response	B. Where would you like to be?	Response
8. What initial preparation for midwives (education) currently exists in your country? <sup>a</sup>		<ul style="list-style-type: none"> <li>What initial preparation (education) would you like midwives in your country to have?</li> </ul>	
9. Is there initial midwifery education <b>independent</b> from nursing?		<ul style="list-style-type: none"> <li>Do you want to develop initial midwifery education <b>independent</b> from nursing?</li> </ul>	
10. Where does this initial midwifery education take place (for example, university, technical college, training school in hospital)?		<ul style="list-style-type: none"> <li>Where would you like initial midwifery education to take place (for example, university, technical college, training school in hospital)?</li> </ul>	
11. How long is the programme?		<ul style="list-style-type: none"> <li>How long should the programme be?</li> </ul>	
12. How long is the midwifery component of the programme (if the midwifery education is integrated within a nursing programme)?		<ul style="list-style-type: none"> <li>How long should the midwifery component of the programme be (if the midwifery education is integrated within a nursing programme)?</li> </ul>	

<sup>a</sup>Options for initial preparation.  Certificate in midwifery  Diploma in midwifery  Bachelor's degree in midwifery  
 Master's degree in midwifery  Bachelor's degree in nursing that includes midwifery  Post-nursing qualification  Other

### Access

A. Where are you?	Response	B. Where would you like to be?	Response
13. Are there high numbers of applicants to study midwifery?		<ul style="list-style-type: none"> <li>How could you promote midwifery as a career?</li> </ul>	
14. What is the minimum high-school requirement to start midwifery education?		<ul style="list-style-type: none"> <li>What should the minimum high-school requirement be to start midwifery education?</li> </ul>	
15. What are the entry requirements?		<ul style="list-style-type: none"> <li>What should the entry requirements be?</li> </ul>	
16. How are students selected?		<ul style="list-style-type: none"> <li>How should students be selected?</li> </ul>	
17. Do you monitor how many students leave the midwifery education programme and the reasons why they leave?		<ul style="list-style-type: none"> <li>How could you record the number of students who leave the midwifery education programme and the reasons why they leave?</li> </ul>	



**Curriculum: general**

<b>A. Where are you?</b>	<b>Response</b>	<b>B. Where would you like to be?</b>	<b>Response</b>
18. How much time is spent on theory in the programme?		<ul style="list-style-type: none"> <li>How much time should be spent on theory in the programme?</li> </ul>	
19. How much time is spent in practice in the programme?		<ul style="list-style-type: none"> <li>How much time should be spent in practice in the programme?</li> </ul>	
20. Is there a system for monitoring the quality of education (external examiners, moderators, etc.)? a. In theory? b. In practice?		<ul style="list-style-type: none"> <li>What system could be implemented for monitoring the quality of education (external examiners, moderators, etc.)? → In theory? → In practice?</li> </ul>	

**Curriculum: theory**

<b>A. Where are you?</b>	<b>Response</b>	<b>B. Where would you like to be?</b>	<b>Response</b>
21. Does education meet the International Confederation of Midwives (ICM) Global Standards for Midwifery Education?		<ul style="list-style-type: none"> <li>Would you like to ensure that education meets the ICM Global Standards for Midwifery Education?</li> </ul>	
22. Is there a competency-based curriculum? (See glossary and Table A1.1 in Annex 1.)		<ul style="list-style-type: none"> <li>Would you like to develop a competency-based curriculum? (See glossary and Table A1.1 in Annex 1.)</li> </ul>	
23. Does the curriculum meet the EU Directives 2005/36/EC, amended 2013 (if relevant)?		<ul style="list-style-type: none"> <li>Do you want to ensure the curriculum meets the EU Directives 2005/36/EC, amended 2013 (if relevant)?</li> </ul>	
24. Does the curriculum have a respectful woman-centred and family-centred approach to care?		<ul style="list-style-type: none"> <li>Would you like to ensure the curriculum has a respectful woman-centred and family-centred approach to care?</li> </ul>	
25. Do women (mothers) participate in the development of midwifery education?		<ul style="list-style-type: none"> <li>Would you like women (mothers) to participate in the development of midwifery education? If so, how could you make this happen?</li> </ul>	

**Curriculum: theory (contd)**

A. Where are you?	Response	B. Where would you like to be?	Response
26. Does the curriculum reflect WHO policy: Health 2020 and <i>European strategic directions for strengthening nursing and midwifery towards Health 2020 goals</i> ?		<ul style="list-style-type: none"> <li>• Would you like to ensure the curriculum reflects WHO policy: Health 2020 and <i>European strategic directions for strengthening nursing and midwifery towards Health 2020 goals</i>?</li> </ul>	
27. Does the curriculum promote an evidence-based practice approach to care?		<ul style="list-style-type: none"> <li>• Do you want to develop a curriculum which promotes evidence-based practice?</li> </ul>	
28. Are there opportunities to study together with other health professionals ( <b>interprofessional education – see glossary</b> )? a. Are these opportunities planned as part of the curriculum? b. Are these opportunities evaluated?		<ul style="list-style-type: none"> <li>• Would you like to incorporate opportunities to study together with other health professionals (<b>interprofessional education – see glossary</b>)?</li> <li>• How could you evaluate and develop these opportunities?</li> </ul>	

**Curriculum: practice**

A. Where are you?	Response	B. Where would you like to be?	Response
29. What proportion of time is spent gaining experience in maternity care (as opposed to nursing/gynaecology)?		<ul style="list-style-type: none"> <li>• How much time would you like students to spend gaining experience in maternity care (as opposed to nursing/gynaecology)?</li> </ul>	
30. Do students gain experience in hospital and community?		<ul style="list-style-type: none"> <li>• Would you like students to gain experience in hospital and community?</li> </ul>	
31. What proportion of time is spent gaining experience in the community: a. in community/primary care? b. home visiting?		<ul style="list-style-type: none"> <li>• If so, what proportion of time should be spent gaining community experience: → in community/primary care? → home visiting?</li> </ul>	
32. What proportion of time is spent gaining experience in simulation facilities?		<ul style="list-style-type: none"> <li>• What proportion of time would you like students to spend gaining experience in simulation facilities?</li> </ul>	
33. What proportion of time is spent gaining experience in "real-life" clinical practice?		<ul style="list-style-type: none"> <li>• What proportion of time would you like to spend gaining experience in "real-life" clinical practice?</li> </ul>	

**Curriculum: practice (contd)**

<b>A. Where are you?</b>	<b>Response</b>	<b>B. Where would you like to be?</b>	<b>Response</b>
34. What is the minimum number of women that a student midwife has to care for during the whole labour before qualification?		<ul style="list-style-type: none"> <li>What is the minimum number of women you would like a student midwife to care for during the whole labour before qualification?</li> </ul>	
35. What is the minimum number of babies that a student midwife has to deliver independently (under direct supervision) before qualification?		<ul style="list-style-type: none"> <li>What is the minimum number of babies you would like a student midwife to deliver independently (under direct supervision) before qualification?</li> </ul>	
36. Are there opportunities for students to reflect on their practice experiences? a. If yes, with whom? (Teachers? Mentors?)		<ul style="list-style-type: none"> <li>Would you like students to have opportunities to reflect on their practice experiences? → If yes, with whom? (Teachers? Mentors?)</li> </ul>	

**Academic faculty**

<b>A. Where are you?</b>	<b>Response</b>	<b>B. Where would you like to be?</b>	<b>Response</b>
37. Who teaches the students in the classroom?		<ul style="list-style-type: none"> <li>Who will teach the students in the classroom?</li> </ul>	
38. How are midwifery educators trained to teach? (How long is this preparation, and at what level?)		<ul style="list-style-type: none"> <li>How will you prepare the midwifery educators (academic midwifery faculty) to teach at degree level? (How long should this preparation be, and at what level?)</li> </ul>	

**Resources**

<b>A. Where are you?</b>	<b>Response</b>	<b>B. Where would you like to be?</b>	<b>Response</b>
39. Do you have appropriate and adequate teaching and learning resources? For example: equipment, classroom space, IT equipment, access to books and journals, Internet access, skills labs, lecturers and administrative support.		<ul style="list-style-type: none"> <li>What teaching and learning resources do you need? For example: equipment, classroom space, IT equipment, access to books and journals, Internet access, skills labs, lecturers and administrative support.</li> </ul>	

**Clinical learning**

A. Where are you?	Response	B. Where would you like to be?	Response
40. Who teaches the students in practice? (Midwives? Nurses? Doctors?)		<ul style="list-style-type: none"> <li>Who will teach the students in practice? (Midwives? Nurses? Doctors?)</li> </ul>	
41. How are midwives in practice prepared to support/mentor students? (What training is available, how long and at what level?)		<ul style="list-style-type: none"> <li>How will you prepare midwives in practice to teach and support/mentor students? (What training should be available, how long and at what level?)</li> </ul>	
42. How are student midwives supported/mentored in practice?		<ul style="list-style-type: none"> <li>How could student midwives be supported/mentored in practice?</li> </ul>	
43. How are newly qualified midwives supported in practice (preceptorship)?		<ul style="list-style-type: none"> <li>How will newly qualified midwives be supported in practice (preceptorship)?</li> </ul>	

**Regulation of education**

A. Where are you?	Response	B. Where would you like to be?	Response
44. Who regulates midwifery education? <ol style="list-style-type: none"> <li>a. Ministry of Health</li> <li>b. Ministry of Education</li> <li>c. Professional body with regulatory competence</li> <li>d. Professional organization</li> <li>e. Higher education institutions</li> <li>f. Public accreditation agency, please describe</li> <li>g. Private accreditation agency, please describe</li> <li>h. Private sector, please describe</li> <li>i. Centres of accreditation</li> <li>j. Other</li> </ol>		<ul style="list-style-type: none"> <li>Who would you like to regulate midwifery education?                             <ul style="list-style-type: none"> <li>→ Ministry of Health</li> <li>→ Ministry of Education</li> <li>→ Professional body with regulatory competence</li> <li>→ Professional organization</li> <li>→ Higher education institutions</li> <li>→ Public accreditation agency, please describe</li> <li>→ Private accreditation agency, please describe</li> <li>→ Private sector, please describe</li> <li>→ Centres of accreditation</li> <li>→ Other</li> </ul> </li> </ul>	

**ANNEX 1. INTERNATIONAL CONFEDERATION OF MIDWIVES  
ESSENTIAL COMPETENCIES FOR MIDWIFERY PRACTICE**

The International Confederation of Midwives (ICM) Essential Competencies for Midwifery Practice are shown in Table A1.1.

<b>Table A1.1. ICM Essential Competencies for Midwifery Practice (2019)</b>		
<b>Competency</b>	<b>In current education programme</b>	<b>To be developed for future education programme</b>
1	<p><b>GENERAL COMPETENCIES</b> Competencies in this category are about the midwife's autonomy and accountabilities as a health professional, the relationships with women and other care providers and care activities that apply to all aspects of midwifery practice. All General Competencies are intended to be used during any aspect of midwifery care whereas competencies in categories 2, 3, and 4 are each specific to a part of the reproductive process and must be viewed as subsets of the General Competencies, not stand-alone subsets. Educational and/or training providers should ensure that the General Competencies are interwoven in any curriculum. Assessment of the competencies in categories 2, 3, and 4 must include assessment of the competencies in category 1.</p>	
2	<p><b>COMPETENCIES SPECIFIC TO PRE-PREGNANCY AND ANTENATAL CARE</b> Competencies in this category are about health assessment of the woman and fetus, promotion of health and well-being, detection of complications during pregnancy and care of women with an unintended pregnancy.</p>	
3	<p><b>COMPETENCIES SPECIFIC TO CARE DURING LABOUR AND BIRTH</b> Competencies in this category are about assessment and care of women during labour that facilitates physiological processes and a safe birth, the immediate care of the newborn infant, and detection and management of complications in mother or infant.</p>	
4	<p><b>COMPETENCIES SPECIFIC TO THE ONGOING CARE OF WOMEN AND NEWBORNS</b> Competencies in this category address the continuing health assessment of mother and infant, health education, support for breast feeding, detection of complications, and provision of family planning services</p>	

Source: International Confederation of Midwives (2019). Essential competencies for midwifery practice. In: International Confederation of Midwives [website]. Koninginnegracht: International Confederation of Midwives (<https://www.internationalmidwives.org/our-work/policy-and-practice/essential-competencies-for-midwifery-practice.html>) (accessed 18 February 2020).



## **The WHO Regional Office for Europe**

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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