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Applied Research Project Report

On Midwifery Regulations in Poland, Hungary, Romania and Denmark

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Index

Executive Summary..... 5
Introduction..... 6
Main overview of midwifery care..... 10
1.1 Definition of midwifery..... 10
1.2 Distribution of midwives across Europe, in hospital or home births..... 11
1.2.1 Poland..... 11
1.2.2 Hungary..... 12
1.2.3 Romania..... 12
1.3 The structure of the health care systems..... 13
1.3.1 Poland..... 13
1.3.2 Hungary..... 14
1.3.3 Romania..... 14
1.3.4 Denmark..... 15
1. Scope of Practice and Education..... 16
1.1 International Guidelines..... 17
1.1.1 Scope of Practice..... 17
1.1.2 Education..... 17
1.2 Poland..... 18
1.2.1 Scope of Practice..... 18
1.2.2 Education..... 19
1.3 Hungary..... 19
1.3.1 Scope of Practice..... 19
1.3.2 Education..... 20
1.4 Romania..... 20
1.4.1 Scope of Practice..... 20
1.4.2 Education..... 21
1.5 Denmark..... 21
1.5.1 Scope of Practice..... 21
1.5.2 Education..... 22
1.6 Comparative Analysis..... 22
1.6.1 Scope of Practice..... 22
1.6.2 Education..... 23
2. Lack of awareness..... 24
2.1 International Guidelines..... 24
2.2 Poland..... 25
2.3 Hungary..... 25
2.4 Romania..... 26
2.5 Denmark..... 26
2.6 Comparative Analysis..... 27

3. Shortage of midwives..... 30
3.1 International guidelines..... 30
3.2 Poland..... 31
3.3 Hungary..... 32
3.4 Romania..... 32
3.5 Denmark..... 33
3.6 Comparative Analysis..... 33
4. Medicalisation of Birth and Obstetric Violence..... 35
4.1 International guidelines..... 35
4.2 Poland..... 36
4.2.1 Medicalisation of birth..... 36
4.2.2 Obstetric violence..... 37
4.3 Hungary..... 38
4.3.1 Medicalisation of birth..... 38
4.3.2 Obstetric violence..... 38
4.4 Romania..... 39
4.4.1 Medicalisation of birth..... 39
4.4.2 Obstetric violence..... 40
4.5 Denmark..... 40
4.5.1 Medicalisation of birth..... 40
4.5.2 Obstetric violence..... 41
4.6 Comparative Analysis..... 41
5. Criminalisation of midwives..... 43
5.1 International guidelines..... 43
5.2 Hungary..... 43
5.3 Comparative Analysis..... 44
6. Recommendations..... 45
7. Conclusion..... 47
8. Bibliography..... 48
9. Appendix..... 63
9.1 Appendix A..... 63
9.2 Appendix B..... 64

Executive Summary

This research focuses on the intersectionality between the barriers and role of midwives in Eastern and Central European countries. Our project aims to understand and analyse midwifery regulations and its sizable effect on midwives and mothers in Romania, Hungary and Poland with Denmark as our benchmark. We focus on the lack of policies and regulations for midwives despite their indispensable nature across the analysed countries. Our research shows that there exists a discrepancy in European countries in relation to the international standards for the practice set forth by the International Confederation of Midwives and the World Health Organisation, which we use to provide a comparative analysis of the same countries.

Our findings show that these discrepancies exist in the interdisciplinary themes of scope of practice, lack of awareness of midwives and maternal care services, medicalisation of birth, obstetric violence, shortage and criminalisation of midwives. We realise that addressing such barriers would require policy reforms, and more active involvement from the government, thus we provide various recommendations for these countries to uphold in order to address the gaps found in regulations and better accommodate midwives and their services.

Introduction

Midwives are an invaluable asset to the global health services community, offering comprehensive care to women at every stage of pregnancy.[1] They can significantly contribute to the decrease of stillbirths, maternal and newborn deaths in low- and middle- income nations.[2] Specifically, evidence suggests up to 40% of maternal and newborn deaths and 26% of stillbirths could be prevented with a 25% increase in midwife-led interventions every five years.[3] It has also been consistently demonstrated that investing in midwives has been shown to promote both safe and positive birth experiences.[4][5] Furthermore, this enhances health outcomes, promotes economic stability, and presents greater economic opportunities for midwives.

Yet in some regions of the world, the rising hospitalisation and medicalization of childbirth since the mid-19th century,[6] has resulted in a decline in the status and role of midwives.[7] Further, there is a global shortage of midwives of around 900,000,[8] which is most visible in low- and middle- income countries.[9] Moreover, their professional autonomy is also challenged which prevents them from fully practising their skill set.[10] In many contexts, nurses and midwives' inadequate roles, social status, and legal status prohibit them from life-saving care that is well within their scope of practice.[11]

The barriers faced by midwives directly impact mothers, and were drastically highlighted during the Covid-19 pandemic. Consequently, there have been rises in infant mortality, unplanned pregnancies, and unsafe abortions.[12] Moreover, the already existing

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[1] Renfrew, Mary J, Alison McFadden, Maria Helena Bastos, James Campbell, Andrew Amos Channon, Ngai Fen Cheung, Deborah Rachel Audebert Delage Silva, et al. 2014. "Midwifery and Quality Care: Findings from a New Evidence-Informed Framework for Maternal and Newborn Care." *The Lancet* 384 (9948): 1129–45. https://doi.org/10.1016/s0140-6736(14)60789-3.

[2] United Nations Population Fund. 2021. "State of World's Midwifery 2021." https://www.unfpa.org/state-worlds-midwifery-2021-0

[3] Ibid.

[4] United Nations Population Fund. 2014. "State of the World's Midwifery 2014." January 1, 2014. https://www.unfpa.org/sowmy-2014.

[5] Ibid.

[6] DeVries, RG. 1992. "Barriers to Midwifery: An International Perspective." *Www.academia.edu*, 1–10. https://www.academia.edu/33649884/Title_Barriers_to_Midwifery_An_International_Perspective

[7] Davaki, Konstantina. 2019. "Access to Maternal Health and Midwifery for Vulnerable Groups in the EU." European Union. https://www.europarl.europa.eu/RegData/etudes/STUD/2019/608874/IPOL_STU(2019)608874_EN.pdf.

[8] United Nations Population Fund. 2021. "State of World's Midwifery 2021." https://www.unfpa.org/state-worlds-midwifery-2021-0

[9] United Nations Children's Fund. 2020. "Investing in health workers to save maternal and newborn lives." Briefing note. UNICEF. https://www.unicef.org/media/71711/file/Investing%20in%20Health%20Workers%20to%20Save%20202020.pdf

[10] Vermeulen, Joeri, Maaike Fobelets, Valerie Fleming, Ans Luyben, Lara Stas, and Ronald Buyl. 2023. "How Do Midwives View Their Professional Autonomy, Now and in Future?" *Healthcare* 11 (12): 1800–1800. https://doi.org/10.3390/healthcare11121800.

[11] Ibid.

[12] United Nations Population Fund. 2021. "State of World's Midwifery 2021." https://www.unfpa.org/state-worlds-midwifery-2021-0

global shortage in midwives was exacerbated during the pandemic.[13] Thus, the pandemic has highlighted the importance of investing in primary healthcare, especially as midwives play a crucial role in addressing women's needs.

Across Europe, there are wide variations in midwifery practices and regulations, as well as health systems and cultures.[14] For instance, there exists a discrepancy in European countries in relation to the international standards for midwifery set forth by the International Confederation of Midwives (ICM).[15] That being said, one may find positive scenarios of midwifery practices in the Nordic countries, like in Denmark.[1617] This is evident through the lower caesarean-section rates and the woman-centred care in a supportive labour and delivery environment, not to mention that midwives are the primary healthcare providers.[18]

Moreover, despite the challenging work, midwives globally are highly satisfied with their work, and experience more autonomy and support.[19] Contrastingly, we note that midwifery care is not as strong in some countries. For example, some midwives in Hungary are criminalised,[2021]despite the Hungarian legislation which states that midwives can independently manage healthy pregnancies and care for postpartum women.[22] Additionally, Polish midwives encounter significant barriers, leading to their exclusion from various areas of maternity care.[23] Romania is confronted with a major problem regarding maternal health, as it experiences one of the highest rates of teenage and unattended pregnancies compared to other countries.[24] Such issues might be avoided if midwives, who are more than qualified, were given the opportunity to participate autonomously in the health workforce.[25] However,

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[13] United Nations Children's Fund. 2020. "Investing in health workers to save maternal and newborn lives." Briefing note. UNICEF. https://www.unicef.org/media/71711/file/Investing%20in%20Health%20Workers%20to%20Save%20Lives%2020

[14] Renfrew, Mary, Ethel Burns, Mechthild Maria Gross, and Andrew Symon. 2015. "Pathways to Strengthening Midwifery in Europe." *EntreNous* 81 (January): 12–15. https://doi.org/10.21256/zhaw-4280.

[15] Ibid.

[16] Ibid.

[17] Davaki, Konstantina. 2019. "Access to Maternal Health and Midwifery for Vulnerable Groups in the EU." European Union. https://www.europarl.europa.eu/RegData/etudes/STUD/2019/608874/IPOL_STU(2019)608874_EN

[18] Renfrew, Mary, Ethel Burns, Mechthild Maria Gross, and Andrew Symon. 2015. "Pathways to Strengthening Midwifery in Europe." *EntreNous* 81 (January): 12–15. https://doi.org/10.21256/zhaw-4280.

[19] Jepsen, Ingrid, Edith Mark, Ellen Aagaard Nøhr, Maralyn Foureur, and Erik Elgaard Sørensen. 2016. "A Qualitative Study of How Caseload Midwifery Is Constituted and Experienced by Danish Midwives." *Midwifery* 36 (May): 61–69. https://doi.org/10.1016/j.midw.2016.03.002

[20] Renfrew, Mary, Ethel Burns, Mechthild Maria Gross, and Andrew Symon. 2015. "Pathways to Strengthening Midwifery in Europe." *EntreNous* 81 (January): 12–15. https://doi.org/10.21256/zhaw-4280.

[21] Stafford, N. 2011. "Hungarian Home Birth Advocate Is Sentenced to Two Years in Prison." *BMJ* 342 (March): d2026–26. https://doi.org/10.1136/bmj.d2026.

[22] Mivšek, P., M. Baškova, and R. Wilhemova. 2016. "Midwifery Education in Central-Eastern Europe." *Midwifery* 33 (February): 43–45. https://doi.org/10.1016/j.midw.2015.10.016.

[23] Baranowska, Barbara, Maria Węgrzynowska, Urszula Tataj-Puzyna, and Susan Crowther. 2022. "'I Knew There Has to Be a Better Way': Women's Pathways to Freebirth in Poland." *Women and Birth* 35 (4): e328–36. https://doi.org/10.1016/j.wombi.2021.07.008.

[24] Radu, Mihaela C, Anca I Dumitrescu, Corneliu Zaharia, Calin Boeru, Melania E Pop-Tudose, Claudia F Iancu, and Razvan D Chivu. 2021. "Teenage Pregnancies and Childbirth Experience in Romania from the Midwives Point of View." *Cureus* 13 (3). https://doi.org/10.7759/cureus.13851.

[25] Ibid.

since legislation pertaining to midwives currently doesn't exist, midwives cannot be well integrated into the care system.[26] As a result, this profession is not explicitly governed by guidelines, professional standards, or rules of practice.

In general, some of the main issues that characterise midwifery practices in Central-Eastern Europe are lack of regulations for education and scope of practice, lack of awareness of the midwifery practice, low remuneration, shortage of midwives, and many more. As one can see, there are significant barriers and challenges presented to midwives in Central-Eastern Europe that pose detrimental effects on mothers and newborns. Therefore, the scope of this report will be limited to the midwifery practices and regulations in the following countries: Poland, Hungary and Romania. These countries have been selected for the purpose of undertaking a comparative analysis in the final report. As evidenced through literature, Denmark has a more liberal and stronger involvement of midwives in their healthcare, as compared to the Central-European countries Poland, Hungary and Romania. Therefore, we aim to use Denmark as a benchmark to the latter countries.

[26] Ibid.

Methodology

This research aims to analyse midwifery regulations and their effect on midwives and mothers in Europe. Therefore, the methodology will be largely utilising a comparative approach with the following EU countries: Poland, Romania, Hungary and Denmark, relying on desk-based research.

Our review of the literature has led us to the presumption that midwifery regulations in Central and Eastern Europe present serious obstacles and difficulties that could harm expectant mothers and their babies, and midwives. According to published research, Denmark has a more liberal and robust midwifery system than Poland, Hungary, and Romania. For this reason, comparisons between these countries will be made based on midwifery regulations including legislation, education, present health care systems, and other confounding factors such as obstetric violence and financial support.

The following objectives and research questions are:

1. Objective 1: To understand the general state of midwifery across European countries.
    a. What is the overall landscape of midwifery across Europe?
    b. What are the main barriers (restrictions) to the practice of midwifery?

2. Objective 2: To create a comparative framework of Denmark, Poland, Hungary and Romania, and explore the impact of regulations on midwife-led pathways in these countries.
    a. What are the international guidelines and how do they pertain to each country?
    b. How does legislation act as barriers or facilitators of midwife practice?
    c. To what extent do such measures restrict midwife-led care and what are its consequences? Are mothers and midwives liable to criminal penalties and fines for not giving birth in a facility?
    d. What are the justifications that these countries provide for these restrictions?

3. Objective 3: To gather data regarding the freedom of mothers to choose the setting of their birth.
    a. Is home birth legal in these countries?

4. Objective 4: To organise and provide different authoritative/international and institutional recommendations for a more inclusive and comprehensive understanding of midwifery regulations in Central and Eastern Europe.

In order to tackle these objectives, we aimed to use the following methods in our desk-based research: literature review, review of research studies and grey literature, a comparative analysis of existing regulation and expert interviews.

Literature Review

Main overview of midwifery care

1.1 Definition of midwifery

The World Health Organization (WHO) defines midwifery as the provision of "skilled, knowledgeable and compassionate care for childbearing women, newborn infants and families across the continuum from pre pregnancy, pregnancy, birth, postpartum and the early weeks of life."[27] Research clearly demonstrates that midwifery plays a crucial role in healthcare. When delivered by knowledgeable, trained, regulated, and licensed midwives, it is linked to enhanced quality of care and significant and lasting decreases in maternal and newborn death rates.[28]

However, the definition of midwifery has been subject to change over time.[29] Definitions from the ICM[30] and the WHO[31] include the provision of care during pregnancy, extending to sexual and reproductive care. However, recently the State of the World's Midwifery 2021 report by the United Nations Population Fund (UNFPA) expand on the previous definitions, encapsulating further the scope of midwives to "contraception, comprehensive abortion care, and screening for and treatment of sexually transmitted infections, human papillomavirus and intimate partner violence."[32]

Midwifery care is provided by autonomous midwives. Midwives acquire and practise midwifery competencies through a pre-registration midwifery education program that meets the ICM global standards for midwifery education. In some countries where the "midwife" designation is not yet protected, other health professionals (nurses and doctors) may be involved in providing sexual, reproductive, maternal and newborn health care for women and newborns. As these health professionals are not midwives, they do not have midwifery competencies and do not provide midwifery skills, but rather provide services in maternal and newborn care.[33]

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[27] World Health Organization. 2022. "Midwifery Education and Care." https://www.who.int/teams/maternal-newborn-child-adolescent-health-and-ageing/maternal-health/midwifery.
[28] Ibid.
[29] Fleming, Valerie, Clare Maxwell, and Beate Ramsayer. 2020. "Accommodating Conscientious Objection in the Midwifery Workforce: A Ratio-Data Analysis of Midwives, Birth and Late Abortions in 18 European Countries in 2016." Human Resources for Health 18 (1). https://doi.org/10.1186/s12960-020-00482-y.
[30] International Confederation of Midwives. 2024. "Definition of Midwifery." May 13, 2024. https://internationalmidwives.org/resources/definition-of-midwifery/.
[31] World Health Organization. 2022. "Midwifery Education and Care." https://www.who.int/teams/maternal-newborn-child-adolescent-health-and-ageing/maternal-health/midwifery.
[32] United Nations Population Fund. 2021. "State of World's Midwifery 2021." https://www.unfpa.org/state-worlds-midwifery-2021-0, 7.
[33] Empowering Midwifery Education. 2023. "What Are the Different Types of Midwives?" Empowering Midwifery Education. 2023. https://empoweringmidwiferyeducation.com/blog/f/what-are-the-different-types-of-midwives.

While midwives are commonly associated with assisting in childbirth, they actually offer a wide array of services.[34] During pregnancy and childbirth, midwives are trained to provide prenatal care, immediate neonatal care, and delivering babies for low-risk patients in a hospital, birthing centre, or at home. In addition to assisting people during pregnancy and delivery, midwives provide general gynaecological care. Midwives can also serve as a primary care provider for the patient, treating common illnesses and managing routine health screenings. Like any other general practitioner, midwives can write prescriptions and refer patients to specialty care.[35]

Regarding the nature of the midwifery workforce, most are women, which means that they experience significant gendered disparities in pay rate.[36]As a result, midwives receive some of the lowest salaries of any medical professionals in low- and lower-middle-income nations.[37] The global nursing and midwifery workforce consists of around 27 million individuals, representing almost half of the global health workforce. Nevertheless, the worldwide deficit of nurses and midwives accounts for about 50% of the current lack of healthcare professionals.[38]

1.2 Distribution of midwives across Europe, in hospital or home births

1.2.1 Poland

Polish midwives largely work in hospitals, where they play a major independent role.[39] Midwives can also practise independently without a doctor overseeing them, prescribe medication and act on their own if a woman has a medical emergency.[40] Despite the practice of midwifery being legal in the country, there still is scarcity of midwives offering home births.[41] Indeed, out-of-hospital births account for less than 1% of births in Poland, as they are not publically funded.[42] Some midwives are members of Dobrze Urodzeni homebirth

[34]Forbes. 2024. “What Is a Midwife? Plus What to Expect from Them,” February 1, 2024. https://www.forbes.com/health/womens-health/what-is-a-midwife/.
[35]Ibid.
[36]United Nations Population Fund. 2021. “State of World’s Midwifery 2021.” https://www.unfpa.org/state-worlds-midwifery-2021-0
[37]United Nations Children’s Fund (UNICEF). (2020). *Investing in health workers to save maternal and newborn lives. Briefing note.*
[38]United Nations Children’s Fund (UNICEF). (2020). *Investing in health workers to save maternal and newborn lives. Briefing note.*
[39]Evans, Marissa. 2018. “In Poland, Midwives Play a Significant Role in Childbirth. But Not in Texas.” The Texas Tribune. The Texas Tribune. July 3, 2018. https://www.texastribune.org/2018/07/03/poland-midwives-play-significant-role-childbirth-texas-not-so-much/.
[40] Ibid.
[41] Mastylak, A., Miteniece, E., Czabanowska, K., et al. (2023). The “Blessing” of Pregnancy? Barriers to accessing adequate maternal care in Poland: A mixed-method study among women, healthcare providers, and decision-makers. *Midwifery*, *116*, 103554. https://doi.org/10.1016/j.midw.2022.103554.
[42] Gotlib, Joanna, Barbara Baranowska, Ewa Rzońca, Paulina Pawlicka, Urszula Tataj-Puzyna, Ilona Cieślak, and Mariusz Jaworski et al. 2021. "Changes in maternity care in Poland perceived by midwives working in the SARS-CoV-2 pandemic. A preliminary study". Nursing Problems / Problemy Pielęgniarstwa 29 (3): 116-123. doi:10.5114/ppiel.2021.115838.

midwives' association, others work as independent midwives.[43]As there are no official state protocols concerning homebirth in Poland, Dobrze Urodzeni issued guidelines on the standards of homebirth care, including a list of contraindications for homebirth. While these guidelines have no official legal binding in Poland, member midwives are obligated by the association to follow them in their practice. However, independent midwives set their own protocols for how and who they can attend during home birth. As a result, while associated midwives in general do not attend at home breech deliveries or women who had previous caesarean sections, some independent midwives may decide to do so.

1.2.2 Hungary

In Hungary, hospital-based midwives are credentialed to independently provide prenatal care to low-risk women, but when birth occurs in the hospital, the midwife typically works under physician supervision.[44] Homebirth in Hungary has been legally possible and regulated by legislation since 2012. However, an alarming amount of 20,000 healthcare professionals, including midwives, are absent from the Hungarian healthcare system. This has an adverse effect on the accessibility and quality of maternity services, resulting in greater workload, additional administrative responsibilities, and heightened stress on healthcare personnel. This results in an increased incidence of burnout and a decline in the quality of care, which in turn leads to obstetric violence, such as the use of disrespectful communication and abuse of both mothers and their infants. Homebirth midwives are under increasing pressure in Hungary. During labour and delivery, women are typically cared for by a midwife, with an obstetrician available for medical interventions if necessary.[45] Despite the legislation, the challenging working conditions, extremely restricted range of responsibilities, and the absence of respectful working relationships with hospital staff not only impose excessive stress on midwives, but also endanger the well-being of mothers.[46]

1.2.3 Romania

In Romania, some private hospitals are the only maternity units where you can sign a birth plan with a midwife, the obstetrics doctor and the neonatology department.[47] Moreover,

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[43] Baranowska, Barbara, Maria Węgrzynowska, Urszula Tataj-Puzyna, and Susan Crowther. 2022. "'I Knew There Has to Be a Better Way': Women's Pathways to Freebirth in Poland." *Women and Birth* 35 (4): e328–36. https://doi.org/10.1016/j.wombi.2021.07.008.

[44] Rubashkin, Nicholas, Brianna Bingham, Petra Baji, Imre Szebik, Sarolta Kremmer, and Saraswathi Vedam. 2024. "In Search of Respect and Continuity of Care: Hungarian Women's Experiences with Midwifery‐Led, Community Birth." Birth, February. https://doi.org/10.1111/birt.12818.

[45] Focus, Expat. 2023. "Hungary - Maternity and Giving Birth." Expat Focus. August 9, 2023. https://www.expatfocus.com/hungary/guide/hungary-maternity-and-giving-birth#.

[46] Iványi, Anna. n.d. "Submission on the Issue of Mistreatment and Violence against Women during Reproductive Health Care with a Focus on Childbirth." https://www.ohchr.org/sites/default/files/Documents/Issues/Women/SR/ReproductiveHealthCare/Association_of_Independent_Midwives.pdf.

[47] Women Center. n.d. "Childbirth in Romania: Cost, Choice of Maternity Ward and How Is Discharge after Childbirth — for Women." Accessed May 20, 2024. https://womencenter.info/en/cum-e-sa-nasti-in-romania.

the Romanian legislation forbids women to have a birth at home. Giving birth at home alone, without medical care, is said to be dangerous and in all cases. However, this perception is due to ignorance and lack of information about the pregnancy.[48] The low level of knowledge about sexuality and family planning among young people in Romania contributes to the country's high rates of adolescent pregnancy. If midwives were given more opportunities to participate in these programs, particularly in remote regions, they may contribute to the solution of these issues.[49] Midwives in Romania cannot be integrated into the care system due to the lack of legislation, thus they function along with nurses in Obstetrical and Gynaecology Hospitals. Although in other countries of the European Union the assistance provided by the midwife is seen as a natural practice, in Romania, there are still no rules of practice, guides, and professional protocols that regulate this profession.

1.2.4 Denmark

In Denmark, the midwife led practice is seen as the model of care since it was authorised 300 years ago. In accordance with the international definition of the midwife, Danish midwives are authorised to be in charge of managing uncomplicated childbirth.[50] If complications arise, midwives in hospitals will refer to obstetricians, but will continue to provide care for these women throughout labour. In 1974, childbirth was hospitalised in Denmark and after that, antenatal care was centralised in community centres.[51] The midwives working in these centres are also rostered to care for women during labour through working in shifts at the hospital. This means that maternal care is midwife-led. Although continuity of care during labour and birth is prioritised, in most situations women will not be attended by a known midwife during labour. In Denmark all women have the right to be attended by a midwife during a homebirth, and there are different kinds of home birth organisations. National guidelines are available and the homebirth service is funded by the government.[52]

1.3 The structure of the health care systems

1.3.1 Poland

A 1999 reform of the healthcare system created the National Healthcare Fund (NFZ), which provides funding for medical services and imposed a legal requirement to offer

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[48] Radu, Mihaela C, Anca I Dumitrescu, Corneliu Zaharia, Calin Boeru, Melania E Pop-Tudose, Claudia F Iancu, and Razvan D Chivu. 2021. "Teenage Pregnancies and Childbirth Experience in Romania from the Midwives Point of View." *Cureus* 13 (3). https://doi.org/10.7759/cureus.13851.
[49] Ibid.
[50] Jepsen, Ingrid, Svend Juul, Maralyn Jean Foureur, Erik Elgaard Sørensen, and Ellen Aagaard Nohr. 2018. "Labour Outcomes in Caseload Midwifery and Standard Care: A Register-Based Cohort Study." *BMC Pregnancy and Childbirth* 18 (1). https://doi.org/10.1186/s12884-018-2090-9.
[51] Jepsen, Ingrid, Svend Juul, Maralyn Jean Foureur, Erik Elgaard Sørensen, and Ellen Aagaard Nohr. 2018. "Labour Outcomes in Caseload Midwifery and Standard Care: A Register-Based Cohort Study." *BMC Pregnancy and Childbirth* 18 (1): 481. https://doi.org/10.1186/s12884-018-2090-9.
[52]Ibid.

universal health insurance.[53] The coverage of this insurance is 98%, and it offers a full range of benefits. [54] However, services like anaesthesia and epidurals are not free of charge, [55] which significantly adds to the experience of labour.[56]

In Poland, all maternal care services are free for women at the point of service if they choose facilities contracted by the NFZ. [57] When opting for private-sector services, which are generally of higher quality, women need to cover the costs of care themselves. [58] Care during pregnancy is almost exclusively provided by gynaecologists/obstetricians, even though midwives are legally allowed to provide care for women in physiological pregnancies.[59] [60]

1.3.2 Hungary

Hungary operates under a program of universal healthcare, which covers 100% of the population. Overall, the standard of public healthcare in Hungary ranges from fair to very good; it is very inconsistent. In urban areas such as Budapest, there are excellent hospitals, doctors, and research programs. However, the same can't be said of all facilities across the country. Unfortunately, many hospitals and clinics are out of date. Others are understaffed and lacking diagnostic testing capabilities. At present, Hungary's healthcare system is in need of a serious financial investment to update its ageing infrastructure.[61]

1.3.3 Romania

Healthcare in Romania is dominated by the public sector, which owns most of the hospitals and provides national health insurance to almost all Romanian citizens. In 2022, 4.9

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[53] Kózka, Maria, Tomasz Brzostek, Anna Ksykiewicz-Dorota, Teresa Gabryś, Dorota Kilańska, Maria Ogarek, Maria Cisek, Lucyna Przewoźniak, and Piotr Brzyski. 2019. "Poland." Edited by Anne Marie Rafferty, Reinhard Busse, Britta Zander-Jentsch, Walter Sermeus, and Luk Bruyneel. PubMed. Copenhagen (Denmark): European Observatory on Health Systems and Policies. 2019. https://www.ncbi.nlm.nih.gov/books/NBK545733/.
[54] Davaki, Konstantina. 2019. "Access to Maternal Health and Midwifery for Vulnerable Groups in the EU." European Union.
https://www.europarl.europa.eu/RegData/etudes/STUD/2019/608874/IPOL_STU(2019)608874_EN.pdf.
[55] Ibid.
[56] Kózka, Maria, Tomasz Brzostek, Anna Ksykiewicz-Dorota, Teresa Gabryś, Dorota Kilańska, Maria Ogarek, Maria Cisek, Lucyna Przewoźniak, and Piotr Brzyski. 2019. "Poland." Edited by Anne Marie Rafferty, Reinhard Busse, Britta Zander-Jentsch, Walter Sermeus, and Luk Bruyneel. PubMed. Copenhagen (Denmark): European Observatory on Health Systems and Policies. 2019. https://www.ncbi.nlm.nih.gov/books/NBK545733/.
[57] Narodowy Fundusz Zdrowia. 2022. "Uprawnienia szczególne w aktach prawnych. Narodowy Fundusz Zdrowia (NFZ) – finansujemy zdrowie Polaków." https:// www.nfz.gov.pl/dla- pacjenta/prawa-pacjenta/uprawnienia- szczegolne/
[58] Węgrzynowska, Maria. 2021. "Private Services and the Fragmentation of Maternity Care in Poland." *Medical Anthropology* 40 (4): 322–34. https://doi.org/10.1080/01459740.2021.1883601.
[59] Baranowska, Barbara, Piotr Szynkiewicz, Paulina Pawlicka, Dorota Sys, Maria Węgrzynowska, Anna Kajdy, and Antonina Doroszewska. 2021. "Health Care Providers' Perceptions of Quality of Childbirth and Its Associated Risks in Poland." *Journal of Obstetric, Gynecologic & Neonatal Nursing* 50 (4). https://doi.org/10.1016/j.jogn.2021.04.005.
[60] Minister of Health. 2018. "Rozporządzenie Ministra Zdrowia z dnia 16 sierpnia 2018 r. W sprawie standardu organizacyjnego opieki okołoporodowej Dz. U. 2018 poz. 1756. 2018." https://isap.sejm.gov.pl/isap.nsf/DocDetails.xsp?id=WDU20180001756
[61] International Citizens Insurance. n.d. "Hungary's Healthcare System." International Citizens Insurance. https://www.internationalinsurance.com/health/systems/hungary.php.

% of Romanians reported having unmet medical care needs due to various costs, including distance to travel or waiting times (over double the EU average of 2.2%). The EU average cost of out of pocket spending is 15%, while in Romania, in 2021, this rate was 21%.[62] Nevertheless, birth services are free at public hospitals, irrespective of one's insurance status.[63] However, better healthcare infrastructure exists in urban areas where there are more medical professionals like gynaecologists.[64] Unfortunately, Roma and other marginalised women in Romania face limited healthcare access as a result of discrimination and insufficient health literacy, particularly in prenatal health.[65] These factors contribute to subpar healthcare experiences.

1.3.4 Denmark

The Danish healthcare system is universal and based on the principles of free and equal access to healthcare for all citizens. The healthcare system offers high-quality services, the majority of which are financed by general taxes. All residents in Denmark have access to the public healthcare system, and most services are provided free of charge. National legislation ensures that diagnosis and treatment are provided within certain time limits and establishes a free choice of hospital for patients. A comprehensive set of legal rights governs complaint procedures and compensation for injuries caused by services provided in the healthcare system.[66]

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[62] European Observatory on Health Systems and Policies, and OECD. 2023. "State of Health in the EU Romania Country Health Profile 2023." 2023.https://health.ec.europa.eu/system/files/2023-12/2023_chp_ro_english.pdf

[63] Women Center. n.d. "Childbirth in Romania: Cost, Choice of Maternity Ward and How Is Discharge after Childbirth — for Women." Accessed May 20, 2024. . https://womencenter.info/en/cum-e-sa-nasti-in-romania#:~:text=Information%20about%20birth%20in%20Romania&text=In%20Romania%20birth%20assistance%20services.

[64] LeMasters, Katherine, Anne Baber Wallis, Razvan Chereches, Margaret Gichane, Ciprian Tehei, Andreea Varga, and Katherine Tumlinson. 2019. "Pregnancy Experiences of Women in Rural Romania: Understanding Ethnic and Socioeconomic Disparities." *Culture, Health & Sexuality* 21 (3): 249–62. https://doi.org/10.1080/13691058.2018.1464208.

[65] Rat, Cristina. 2005. "Romanian Roma, State Transfers, and Poverty: A Study of Relative Disadvantage." *International Journal of Sociology* 35 (3): 85–116. https://doi.org/10.1080/00207659.2005.11043152.

[66] Ministry of Health. 2017. "HEALTHCARE in DENMARK an OVERVIEW." https://sum.dk/Media/C/A/Healthcare-in%20denmark%20an%20overview%20english-V16-dec.pdf.

Barriers to midwifery care and comparative analysis

Based on the literature review and expert interviews, the present report will be structured into five main themes that have been found most relevant to the outlined research question and objectives, which are 1) scope of practice and education; 2) lack of awareness; 3) shortage of midwives; 4) medicalisation of birth and obstetric violence; 5) criminalisation. After a short introduction, we delve into the international guidelines pertaining to the theme, followed by country-specific research, that will be then employed in the comparative analysis among the countries. Finally, a conclusive list of recommendations is presented.

1. Scope of Practice and Education

Scope of practice pertains to the boundaries of a healthcare practitioner's expertise, abilities, and background, encompassing all responsibilities and actions they do within the framework of their professional position.[67] As per the ICM, midwives are acknowledged as competent and liable professionals who collaborate with women to offer essential support, care, and guidance throughout pregnancy, labour, and the postpartum phase. They are authorised to independently oversee childbirth and provide care for both the newborn and the infant. This care includes preventive measures, the advocacy for natural childbirth, the identification of difficulties in both the mother and child, the facilitation of medical care, and the implementation of emergency interventions.

Additionally, it is asserted that the midwife plays a crucial role in providing health guidance and education, not only to women, but also to families and communities. The duties should also encompass antenatal education and parental preparation, and might also involve sexual and reproductive healthcare, as well as care for newborns and young children. A midwife can work in various settings such as the home, community, hospital, clinic, or in a health unit.[68] Moreover, according to the WHO, strengthening midwifery education to international standards is a key step to improving quality of care and reducing maternal and newborn mortality and morbidity.[69] Improving access to healthcare is pertinent, but ensuring good quality care can have a bigger impact on lives saved. [70]

All the four countries as members of the European Union follow the Bologna declaration, a higher education reform, known as the "Bologna process" aimed to create convergence in higher education among a number of European countries and enhance

[67] Downie, Sharon, Jennifer Walsh, Andrea Kirk-Brown, and Terrence Peter Haines. 2023. "How Can Scope of Practice Be Described and Conceptualised in Medical and Health Professions? A Systematic Review for Scoping and Content Analysis." *International Journal of Health Planning and Management* 38 (5). https://doi.org/10.1002/hpm.3678.
[68] International Confederation of Midwives. 2019. "Definition and Scope of Practice of the Midwife." June 4, 2019. https://internationalmidwives.org/resources/international-definition-of-the-midwife/
[69] World Health Organization. 2022. "Midwifery Education and Care." World Health Organization. 2022. https://www.who.int/teams/maternal-newborn-child-adolescent-health-and-ageing/maternal-health/midwifery
[70] Ibid.

opportunities for mobility, employment and collaborative research.[71] Since 1999, the Bologna Declaration has supported the move into higher education which aims to equip midwives with increased evidence-based practice and thus to meet the demands of modern maternity care.[72]

1.1 International Guidelines

1.1.1 Scope of Practice

According to the ICM, the regulatory authority for midwifery determines the scope of practice that a midwife is allowed to perform, which aligns with the ICM's definition and scope of practice. The scope of practice establishes the legal parameters within which a midwife is authorised to independently carry out her professional duties.[73] Furthermore, only individuals who have been authorised by the appropriate laws are allowed to use the title 'midwife' as granted by this legislation.[74]

Article 21 of the EU Directive 2005 addresses the principle of automatic recognition, that each member state shall recognize evidence of formal qualifications as a midwife, awarded to nationals of Member States by other Member States, which satisfies the conditions and criteria set out in the Directive. [75] Moreover, in WHA resolution 74.15, the World Health Assembly emphasised the importance of acknowledging the distinctions between nursing and midwifery. Although these professions face similar challenges, they each have their own specific scopes of practice.[76] Article 42 on the pursuit of the professional qualifications of a midwife, also delineates the activities that midwives should perform (see Appendix A).

1.1.2 Education

According to Article 40 of the EU Directive on the recognition of professional qualifications, the training of midwives should consist of either a minimum of three years of full-time training as a midwife, or a specific full-time training of 18 months duration as a midwife, provided that this training is not equivalent to the training of nurses responsible for

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[71] Hermansson, E., & Mårtensson, L. B. (2013). The evolution of midwifery education at the master's level: A study of Swedish midwifery education programmes after the implementation of the Bologna process. *Nurse Education Today*, *33*(8), 866–872. https://doi.org/10.1016/j.nedt.2012.09.015

[72] Vermeulen, Joeri, Ans Luyben, Rhona O'Connell, Patricia Gillen, Ramon Escuriet, and Valerie Fleming. 2019. "Failure or Progress?: The Current State of the Professionalisation of Midwifery in Europe." *European Journal of Midwifery* 3 (December). https://doi.org/10.18332/ejm/115038.

[73] International Confederation of Midwives. 2011. "Global Standards for Midwifery Regulation."

[74] Ibid.

[75] Directive 2005/36/EC of the European Parliament and of the Council of 7 September 2005 on the recognition of professional qualifications (Text with EEA relevance**)** https://eur-lex.europa.eu/eli/dir/2005/36/oj/eng

[76] World Health Assembly. 2021. "Strengthening nursing and midwifery: investments in education, jobs, leadership and service delivery." World Health Assembly. Page 2. https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_R15-en.pdf

general care. Member States must ensure that institutions offering midwife training oversee the integration of theoretical and practical components throughout the whole study period.[77]

The ICM states that the regulatory authority for midwifery establishes the minimum requirements for midwifery education and the certification of institutions offering midwifery education. In this way, this guideline ensures that the education institution is capable of delivering high-quality midwifery education and promotes standardisation across programs.[78] A midwifery education curriculum must have a minimum duration of 36 months. The duration of the enrollment period should be ample for students to learn the necessary knowledge, abilities, and behaviours to become a proficient midwife.[79]

1.2 Poland

1.2.1 Scope of Practice

The Act of 1 July, 2011, on the Professions of a Nurse and a Midwife, regulates the midwifery profession in Poland and lays out the places of employment, professional competencies, and conditions to be met in order to practise the profession.[80] Nurses and midwives are independent medical professions in Poland. [81]

In accordance with the professional legislation, midwives have the authority to dispense some medications and are permitted to engage in independent practice. Unfortunately, there are no restrictions governing the acquisition of essential prescription medications for midwifery. [82] In this way, the Polish law exhibits a paradoxical nature by both permitting and hindering the execution of individual practice. The legislation does not impose restrictions on independent midwifery practice. The challenges encountered by independent midwives are rather linked to the healthcare system and the mindset of its practitioners.[83]

Most Polish midwives are members of the Polish Midwives Association, which is a constituent organisation of the ICM.[84] The services that are within the scope of practice of midwives are mentioned in Appendix 1.

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[77] Ibid.
[78] International Confederation of Midwives. 2011. “Global Standards for Midwifery Regulation.”
[79] Ibid.
[80] Ustawa z dnia 15 lipca 2011 r. o zawodach pielęgniarki i położnej. 2011. Dziennik Ustaw. Nr 1746 poz. 1039. Updated August 23, 2011. Accessed March 28, 2024. https://isap.sejm.gov.pl/isap.nsf/download.xsp/WDU20111741039/O/D20111039.pdf
[81] Ibid.
[82] Ibid.
[83] Ibid.
[84] Bączek, Grażyna, and Ewa Dmoch-Gajzlerska. 2012. “Independent Midwifery Practice in Poland - Legal Considerations versus Reality.” *Medical and Biological Sciences 26* (1). https://doi.org/10.2478/v10251-012-0009-7.

1.2.2 Education

In Poland, midwives must successfully finish a three-year academic program that adheres to the ICM Global Standards for Midwifery Education.[85] Higher education institutions also offer bachelor's and master's degrees in these professions.[86]

Currently, the pre-diploma education of nurses and midwives is conducted based on the provisions of the Act of July 20, 2018 on Higher Education and Science, and of the Act of July 15, 2011 on the professions of nurse and midwife.[87] Since the academic year 2004/05, there has been the possibility of conducting a special form of bachelor's studies in the fields of nursing and midwifery. These studies are intended for nurses and midwives who have a high school diploma and are graduates of medical high schools or medical vocational schools specialising in nursing and midwifery. [88]

1.3 Hungary

1.3.1 Scope of Practice

Midwives primarily work in obstetric units and departments, providing care during physiological pregnancy, childbirth, and postpartum period, as well as caring for newborn infants. According to the Hungarian Standard Classification of Occupations, midwives are considered as a birth support worker that enhances the sense of security and comfort of the woman giving birth and her partner during pregnancy, childbirth and the postnatal period, providing personalised emotional, physical and informative support.[89]

The regulating authority of midwives is the Office of Health Authorisation and Administrative Procedures, a governmental body which works under the supervision of the ministry.[90] The main midwives' association is the Association of Independent midwives founded by EMMA Association. Despite the legal framework that grants competence to midwives, hospital based midwives are mostly assistants to physicians and are not allowed to work freely with some rare exceptions, for example they cannot order or administer drugs or medicines). The services that are within the scope of practice of midwives are mentioned in Appendix 1.

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[85] Baranowska, Barbara, Maria Węgrzynowska, Urszula Tataj-Puzyna, and Susan Crowther. 2022. "'I Knew There Has to Be a Better Way': Women's Pathways to Freebirth in Poland." *Women and Birth* 35 (4): e328–36. https://doi.org/10.1016/j.wombi.2021.07.008.
[86] Naczelna Izba Pielęgniarek i Położnych. 2023. "Raport O Stanie Pielęgniarstwa I Położnictwa W Polsce."
[87] Ibid.
[88] Ibid.
[89]"FEOR–08 – 3312 Szülész(Nő)I Tevékenység Segítője." 2024. Www.ksh.hu. 2024. https://www.ksh.hu/docs/szolgaltatasok/hun/feor08/3/3312.html.
[90] "Survey of European Midwifery Regulators." n.d. https://www.ordre-sages-femmes.fr/wp-content/uploads/2015/10/Etude-NEMIR-de-2009.pdf.

1.3.2 Education

In 1975, the Hungarian educational system for midwives was shortened from a three year programme to one of ten months duration in order to provide a more immediate supply of midwives in a relatively short period of time, and to reduce the costs associated with midwifery education. In recent years, the training and education of midwives was threefold. The least common group of midwives was called *okleveles*, who had a high level of theoretical and practical knowledge. A later group of midwives was called *cédulás,* who were trained only on a practical level. The third and most common group of midwives was called *paraszt* or *kontár*, and had a lot of experience but little theoretical knowledge.[91] Master's degrees were first initiated in the country at the end of 2023 by Semmelweis University and Szent István University.[92]

1.4 Romania

1.4.1 Scope of Practice

Currently, there are still no rules of practice and professional protocols that clearly regulate this profession. As a result, midwives function alongside nurses in Obstetrical and Gynaecology Hospitals.[93] Additionally, the formal qualifications as a midwife awarded by Romania till this day do not satisfy the minimum training requirements laid down in the Directive 2005/36/EC on the recognition of professional qualifications in midwifery.[94]

In line with the Article III para.(1) of Law no. 278/2015 of 2015 November 25th, amending and supplementing Government Emergency Ordinance no. 144/2008 on the profession of nurse, midwife and medical assistant in Romania, the Order of Nurses, Midwives and Medical Assistants in Romania began developing the activities for attestation of the Romanian qualification titles for nurses, midwives and medical personnel.

The sole midwifery association is Asociația Moașelor Independente, a member of EMMA and ICM. The services that are within the scope of practice of midwives are mentioned in Appendix 1.

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[91] Farrell, Marie, Gene Harkless, Louis H. Orzack, Susanna Houd, Ann Oakley, and Clara Sovenyi. 1994. "Hungarian Midwives and Their Practice: A National Survey." *Midwifery* 10 (2): 67–72. https://doi.org/10.1016/s0266-6138(05)80247-5.

[92] "Egyre Nagyobb Szerepük Lehet a Szülésznőknek a Jövőben." 2023. Semmelweis.hu. December 21, 2023. https://semmelweis.hu/hirek/2023/12/21/egyre-nagyobb-szerepuk-lehet-a-szulesznoknek-a-jovoben/.

[93] Radu, Mihaela C, Anca I Dumitrescu, Corneliu Zaharia, Calin Boeru, Melania E Pop-Tudose, Claudia F Iancu, and Razvan D Chivu. 2021. "Teenage Pregnancies and Childbirth Experience in Romania from the Midwives Point of View." *Cureus* 13 (3). https://doi.org/10.7759/cureus.13851.

[94] European Parliament. 2005. "EUR-Lex - 32005L0036 - EN - EUR-Lex." Eur-Lex.europa.eu. September 30, 2005. https://eur-lex.europa.eu/eli/dir/2005/36/oj.

1.4.2 Education

The Faculty of Midwifery and Nursing was formed based on the government decision nr. 916/2005, regarding the organisation of higher education institutions that are accredited or authorised to provisionally function**.** The Asociația Moașelor Independentes and the "Carol Davila" University of Medicine and Pharmacy (UMF) from Bucharest concluded on April 26, 2023 a collaboration protocol for the promotion of the midwifery profession and the higher education program for the specialisation "Midwifery" within the Faculty of Midwives and Medical Assistance (FMAM) among future candidates. The midwifery course duration is 4 years.[95]

As part of this partnership, the Association offers people interested in attending the Faculty of Midwives free support for admission, individual or group training with Biology professors, access to approved study materials for the exam, mentoring sessions with experienced midwives, and support for accessing study programs and exchange of experience with other countries.[96]

1.5 Denmark

1.5.1 Scope of Practice

Danish midwives are qualified to provide independent care and be in charge of managing uncomplicated childbirth.[97] If complications arise, midwives will refer to obstetricians, but will continue to provide care for these women throughout labour.[98] Midwives can carry out their work as a public employee or as a private practitioner.[99] Most autonomous midwives are employed by national health services.[100]

A common midwifery practice which takes place in Denmark is caseload midwifery, where the midwife is involved in all areas of the mother's pregnancy, highlighting continuity of care.[101] As the midwife becomes personally engaged with the families through this method,

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[95] Asociația Moașelor Independente. n.d. "Lansare Parteneriat Între Asociația Moașelor Independente Și UMF „Carol Davila" Pentru Promovarea Profesiei de Moașă În România." ASOCIAȚIA MOAȘELOR INDEPENDENTE. https://moasele.ro/en/comunicat-de-presa/comunicat-de-presa-parteneriat-umf/.
[96] Ibid.
[97] Jepsen, Ingrid, Svend Juul, Maralyn Jean Foureur, Erik Elgaard Sørensen, and Ellen Aagaard Nohr. 2018. "Labour Outcomes in Caseload Midwifery and Standard Care: A Register-Based Cohort Study." *BMC Pregnancy and Childbirth* 18 (1). https://doi.org/10.1186/s12884-018-2090-9.
[98] National Board of Health. 2001. "Circular of Midwifery. Circular No. 149." http://www.sst.dk/publ/Vejledninger/01/149.pdf.
[99] Nielsen, Hanne Kjærgaard. 2023. "Jordemoder." Den Store Danske. May 15, 2023. https://denstoredanske.lex.dk/jordemoder.
[100] McKay, S. 1993. "Models of Midwifery Care: Denmark, Sweden, and the Netherlands." *Journal of Nurse-Midwifery* 38 (2): 114–20. https://doi.org/10.1016/0091-2182(93)90145-7.
[101] Jepsen, Ingrid, Edith Mark, Ellen Aagaard Nøhr, Maralyn Foureur, and Erik Elgaard Sørensen. 2016. "A Qualitative Study of How Caseload Midwifery Is Constituted and Experienced by Danish Midwives." *Midwifery* 36 (May): 61–69. https://doi.org/10.1016/j.midw.2016.03.002

it has been shown that this form of care contributes to uncomplicated pregnancies.[102] However, Danish midwives lack skills in dealing with severe obstetric emergencies. Due to the fact that such emergencies are uncommon, it is not feasible to maintain competencies through clinical experience alone.[103]

Midwifery is regulated by the Styrelsen for Patientsikkerhed (Danish Patient Safety Authority).[104] The name of the legislation that regulates midwives is Cirkulære om jordemodervirksomhed.[105] JordemoderForeningen, the Danish Association of Midwives is a member of the European Midwives Association (EMA) and ICM.[106] Services that are within the scope of practice of midwives are mentioned in Appendix 1.

1.5.2 Education

The midwifery education is 3.5 years long university education on bachelor level.[107] Throughout this program, midwifery students allocate fifty percent of their time to clinical placements, such as midwifery centres, labour wards, antenatal and postnatal wards.[108] After 2001, a bachelor programme in midwifery was established, with 50% theoretical studies and 50% clinical placement.[109] It is a direct entry for the title of Professional Bachelor of Midwifery. There are numerous opportunities for midwives to further their education, with Masters and Diploma programs. [110]

1.6 Comparative Analysis

1.6.1 Scope of Practice

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[102] Wong, N., Browne, J., & Ferguson, S., et al. (2015.) Getting the first birth right: A retrospective study of outcomes for low-risk primiparous women receiving standard care versus midwifery model of care in the same tertiary hospital. *Women and Birth. 28*, 279–284.

[103] Høgh, Stinne, Line Thellesen, Thomas Bergholt, Ane Lilleøre Rom, Marianne Johansen, and Jette Led Sorensen. 2021. "How Often Will Midwives and Obstetricians Experience Obstetric Emergencies or High-Risk Deliveries: A National Cross-Sectional Study." *BMJ Open* 11 (11): e050790. https://doi.org/10.1136/bmjopen-2021-050790.

[104] International Confederation of Midwives. n.d. "Global Midwives' Hub." Accessed May 15, 2024. https://www.globalmidwiveshub.org/.

[105] Retsinformation. n.d. "CIR Nr. 149 Af 08/08/2001, Indenrigs- Og Sundhedsministeriet." Retsinformation. Accessed May 17, 2024. https://www.retsinformation.dk/eli/mt/2001/149.

[106] Jordemoderforeningen. n.d. "English." Jordemoderforeningen. https://jordemoderforeningen.dk/english/.

[107] Undervisningsministeriet Danmark. 2024. "Uddannelses Guiden." https://www.ug.dk/uddannelser/professionsbacheloruddannelser/socialogsundhedsuddannelser/.

[108] Høgh, Stinne, Line Thellesen, Thomas Bergholt, Ane Lilleøre Rom, Marianne Johansen, and Jette Led Sorensen. 2021. "How Often Will Midwives and Obstetricians Experience Obstetric Emergencies or High-Risk Deliveries: A National Cross-Sectional Study." *BMJ Open* 11 (11): e050790. https://doi.org/10.1136/bmjopen-2021-050790.

[109] Docplayer. n.d. "Danish Midwifery Education - PDF Free Download." Accessed May 20, 2024. https://docplayer.net/10051138-Danish-midwifery-education.html.

[110] Undervisningsministeriet Danmark. 2024. "Uddannelses Guiden." https://www.ug.dk/uddannelser/professionsbacheloruddannelser/socialogsundhedsuddannelser/.

As Member States of the European Union, all of our analysed countries are required to adhere to the EU rules that govern the different aspects of life. The practice of midwifery is governed by Directive 80/155/EWG and Directive 2005/36/EC of the European Parliament and the Council. While Poland and Denmark do follow the EU Directives scope of practice and ICM guidelines, Romania and Hungary do not. Romania also doesn't follow the WHA guidelines for creating the distinction between the two professions. The lines between the professions of nursing and midwifery are very blurred. As a result, midwives have less autonomy and therefore are not independent. Moreover, Hungary fails to comply with Article 42(2) of Directive 2005/36/EC on the recognition of professional qualifications. As a result midwives are not allowed to diagnose, track and perform necessary examinations for the development of normal pregnancies, only gynaecologists and obstetricians are seen as qualified for these tasks.[111] Consequently, the limited scope of practice of midwives and their professional recognition lends them little power and autonomy to their profession, which might lead to poor recognition.

1.6.2 Education

According to our analysis, all countries follow article 40 of the EU directive on the minimum training requirements for education. All countries also offer specialisation training that will allow the midwife to build up on skills and competencies. Therefore, in terms of education, there are no gaps or missing regulations to midwives. Yet it is imperative to emphasise on investing in high-quality education and training of midwives, as suggested by the 2021 UNFPA report. In fact, when midwives receive education that meets international standards and involves the provision of family planning, it is possible to prevent more than 80% of all maternal fatalities, stillbirths, and neonatal deaths.[112]

[111] European Parliament. 2009. "EN NOTICE to MEMBERS." https://www.europarl.europa.eu/meetdocs/2014_2019/documents/peti/cm/1032/1032484/1032484en.pdf.
[112] United Nations Population Fund. 2021. "State of World's Midwifery 2021." https://www.unfpa.org/state-worlds-midwifery-2021-0

2. Lack of awareness

Knowledge and awareness about midwife care services is crucial. Creating awareness helps increase the public's knowledge on pregnancy and the need for midwifery services. It can also improve the attitude and confidence amongst care recipients, improving the uptake of these services.[113] Moreover, public awareness of the midwifery might enhance midwives' professional autonomy.[114] The field must particularly be promoted to younger age groups, as it will enable women to apply their knowledge in later stages of their lives.[115] Lack of awareness, however, about midwifery care could render unequal access to midwifery care, especially for low-income women.[116]

Understanding the midwifery awareness gap requires public opinion. It affects resource use and practice recognition in several ways. This opinion can negatively or positively alter their professional status and their presence. Moreover, a patient who is unaware of other child care options will favour obstetric care. Thus, public opinion can help shape narratives but without the demand for midwives, it becomes more difficult to integrate midwives within the healthcare system alongside other medical professionals.

2.1 International Guidelines

Annually, May 5th is designated for the International Day of the Midwife. It was established by the ICM in 1992 to honour the work of the midwives and raise awareness of the vital care that they provide to mothers and their newborns.[117] [118] Moreover, various speakers and organisations are invited to participate in the International Day of the Midwife, fostering awareness and engagement within the community.[119] Lastly, the ICM also supports raising awareness through social media, and provides an advocacy toolkit for anyone to use.

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[113]Marie Therese Sangy, Maria Duaso, Claire Feeley, and Shawn Walker. 2023. "Barriers and Facilitators to the Implementation of Midwife-Led Care for Childbearing Women in Low- and Middle-Income Countries: A Mixed-Methods Systematic Review." Midwifery 122 (July): 103696–96. https://doi.org/10.1016/j.midw.2023.103696.

[114] Vermeulen, Joeri, Ronald Buyl, and Maaike Fobelets. 2023. "Exploring and Enhancing Midwives' Professional Autonomy: Embarking on a Journey of Empowerment for Midwives Globally." European Journal of Midwifery 7 (October): 1–3. https://doi.org/10.18332/ejm/172426.

[115]Wyrębek, Agnieszka, Julia Klimanek, Alicja Misztal, Beata Szlendak, and Grażyna Bączek. 2024. "Knowledge of Women in Poland on the Profession and Competences of a Midwife." *European Journal of Midwifery* 8 (March). https://doi.org/10.18332/ejm/183910.

[116] Darling, Elizabeth K, Lindsay Grenier, Lisa Nussey, Beth Murray-Davis, Eileen K Hutton, and Meredith Vanstone. 2019. "Access to Midwifery Care for People of Low Socio-Economic Status: A Qualitative Descriptive Study." BMC Pregnancy and Childbirth 19 (1). https://doi.org/10.1186/s12884-019-2577-z.

[117] Hamad Medical Corporation. 2018. "The Important Role of Midwives Highlighted During HMC Organized International Day of the Midwife Celebrations." Press Release, May 7, 2018. https://web.archive.org/web/20190513152228/https://www.albawaba.com/business/pr/important-role-midwives-highlighted-during-hmc-organized-international-day-midwife-celeb

[118] Moeti, Matshidiso. 2024. "International Day of the Midwife 2022. Message from WHO Regional Director for Africa, Dr Matshidiso Moeti." WHO | Regional Office for Africa. April 30, 2024. https://www.afro.who.int/regional-director/speeches-messages/international-day-midwife-2022.

[119] International Confederation of Midwives. 2024. "Midwife in the Midst of War." International Confederation of Midwives. Accessed May 2, 2024. https://internationalmidwives.org/event/midwife-in-the-midst-of-war/.

In general, there is a lack of specific guidelines for promoting awareness of midwives, despite its significance.

2.2 Poland

In Poland, the most widely recognised competencies of a midwife within the general public were education, pregnancy, and childbirth, including lactation education and puerperal care.[120] However, Polish women are not well-informed about the option to receive antenatal care from a midwife.[121] Moreover, most mothers were not aware that a professional midwife can conduct physiological pregnancy.[122] Factors that contributed to the knowledge of midwifery competencies included age, education and place of residence.[123] However, there also exists a lack of knowledge of independent midwife competencies by other medical professionals, an obstacle to independent midwifery care.[124] The least known forms of midwifery care were the issuing of drug prescriptions[125]and the collection of samples for cervical cytology.

2.3 Hungary

In Hungary, it is the inadequate training system for midwives that fails to equip them with the necessary clinical skills, resulting in the diminishing of the profession's visibility and recognition.[126] However, this situation is further exacerbated by factors like the hostile media environment, fear of prosecution due to ambiguous or contradictory regulations, unreasonable administrative burdens, financial hardship, and other factors. Consequently, birth options for women living outside of Budapest, the capital, become increasingly limited, placing an even greater workload on the remaining practising midwives.[127]

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[120] Darling, Elizabeth K, Lindsay Grenier, Lisa Nussey, Beth Murray-Davis, Eileen K Hutton, and Meredith Vanstone. 2019. "Access to Midwifery Care for People of Low Socio-Economic Status: A Qualitative Descriptive Study." BMC Pregnancy and Childbirth 19 (1). https://doi.org/10.1186/s12884-019-2577-z..

[121] Wyrębek, Agnieszka, Julia Klimanek, Alicja Misztal, Beata Szlendak, and Grażyna Bączek. 2024. "Knowledge of Women in Poland on the Profession and Competences of a Midwife." *European Journal of Midwifery* 8 (March). https://doi.org/10.18332/ejm/183910.

[122] Leja-Szpak, Anna, Katarzyna Bulanda, and Jolanta Jaworek. 2018. "Opinia Ciężarnych Na Temat Kompetencji Położnych W Aspekcie Prowadzenia Ciąży Fizjologicznej." *Pielęgniarstwo Polskie* 67 (1): 97–105. https://doi.org/10.20883/pielpol.2018.13.

[123] Wyrębek, Agnieszka, Julia Klimanek, Alicja Misztal, Beata Szlendak, and Grażyna Bączek. 2024. "Knowledge of Women in Poland on the Profession and Competences of a Midwife." *European Journal of Midwifery* 8 (March). https://doi.org/10.18332/ejm/183910.

[124] Fryc, Dorota, Dorota Ćwiek, Agata Daszkiewicz, Katarzyna Szymoniak, and Jacek Rudnicki. 2016. "Opinia Położnych Na Temat Możliwości Swobodnego Praktykowania W Zawodzie." *Pielęgniarstwo Polskie* 62 (4): 513–18. https://doi.org/10.20883/pielpol.2016.51.

[125] Ibid.

[126] Iványi, Anna. n.d. "Submission on the Issue of Mistreatment and Violence against Women during Reproductive Health Care with a Focus on Childbirth." https://www.ohchr.org/sites/default/files/Documents/Issues/Women/SR/ReproductiveHealthCare/Association_of_Independent_Midwives.pdf.

[127] Iványi, Anna. n.d. "Submission on the Issue of Mistreatment and Violence against Women during Reproductive Health Care with a Focus on Childbirth."

2.4 Romania

During the post communism period, midwifery practice in Romania saw a major decline which led to the popularity and dependence of doctors. The profession remained nonexistent even after the downfall of the communist regime. It was not until 2004 that the recognition and regulation of midwives was reinstated.[128] However, traditional beliefs are often at cross roads with evidence-based successful approaches which hinders healthcare and awareness. For example, midwife-led births are perceived as "unclean."[129] Some reports do highlight that another reason barrier to accessing care amongst the Roma women was a lack of awareness of prenatal healthcare[130] and their own right of care.[131]

Nevertheless, various efforts were made to increase the competencies and awareness of midwives, such as the initiative of UNICEF and the Asociația Moașelor Independente which included a series of training courses to increase health literacy, improve access to childbirth, healthcare and support. [132]

2.5 Denmark

In contrast to the aforementioned countries, Denmark exhibits a significant number of midwives in hospitals for the purpose of conducting preventive screenings and treatments related to pregnancy and childbirth. As for the public opinion, midwives are equally favoured as general practitioners.[133] Thus, midwifery care is highly respected and plays an essential part of obstetric care in Denmark.[134] However, there are some gaps to the awareness of midwives within non-Western immigrant women, of which 13% of children are born from. These women exhibit a higher incidence of severe maternal morbidity and face elevated risks of stillbirth and maternal and infant mortality due to lack of knowledge and awareness, which makes it difficult for Danish midwives to effectively care for these women.[135] Midwives felt

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https://www.ohchr.org/sites/default/files/Documents/Issues/Women/SR/ReproductiveHealthCare/Association_of_Independent_Midwives.pdf.

[128] Oncioiu, Diana, and Diana Meseşan. 2021. "The Party State Tasked Women with Having Children. The Repercussions Are Still Felt." Decree Chronicles. November 4, 2021. https://decreechronicles.com/the-party-state-tasked-women-with-having-children-the-repercussions-are-still-felt/

[129] Hulubaş, Adina. 2011. "Romanian Traditional Midwives Today." *Www.academia.edu* 5 (2). https://www.academia.edu/6378975/Romanian_Traditional_Midwives_Today.

[130] Rat, Cristina. 2005. "Romanian Roma, State Transfers, and Poverty: A Study of Relative Disadvantage." *International Journal of Sociology* 35 (3): 85–116. https://doi.org/10.1080/00207659.2005.11043152.

[131] Watson, Helen L., and Soo Downe. 2017. "Discrimination against Childbearing Romani Women in Maternity Care in Europe: A Mixed-Methods Systematic Review." *Reproductive Health* 14 (1). https://doi.org/10.1186/s12978-016-0263-4.

[132] Romania, Unicef. 2023. "A Better Healthcare for Every Mother and Child" April 12, 2023. https://www.unicef.org/romania/stories/better-healthcare-every-mother-and-child.

[133] Ministry of Health and Prevention. 2008. "Health Care in Denmark." https://www.ilo.org/dyn/travail/docs/2047/health%20in%20Denmark.pdf

[134] McKay, S. 1993. "Models of Midwifery Care: Denmark, Sweden, and the Netherlands." *Journal of Nurse-Midwifery* 38 (2): 114–20. https://doi.org/10.1016/0091-2182(93)90145-7.

[135] Johnsen, Helle, Nazila Ghavami Kivi, Cecilie H Morrison, Mette Juhl, Ulla Christensen, and Sarah F Villadsen. 2020. "Addressing Ethnic Disparity in Antenatal Care: A Qualitative Evaluation of Midwives'

that this lack of knowledge could lead to less use of intuition causing an inadequate response to pregnancy symptoms.[136]

2.6 Comparative Analysis

As one can see, there is a serious issue pertaining to the lack of awareness of the profession of midwifery in central and eastern European countries. Several competencies and services are not well known by mothers or the general public. In Poland, even other medical professionals have little knowledge of the competencies of independent midwives. Likewise, in Hungary, the recognition and visibility of the profession are very minimal due to the inadequate training system for midwives the country fails to equip them with. In Romania, the awareness and recognition of midwives have varied over the past decades, and although they are rising, there is still much room for improvement.

Although the National Midwife Day contributes to increasing awareness of midwives, consistent efforts by governments should exist to promote the status of midwives in their countries.[137] Increasing public awareness of midwifery care also serves as a reminder to governments that they must significantly boost funding for midwife education, recruitment, deployment, retention, and protection.[138] However, there is also a lack of clear international guidelines for the awareness of midwives and midwifery care which may contribute to the reduced awareness of the profession.

Given the interconnectedness of public opinion and lack of awareness, midwives are widely recognized as a public trust profession in Poland.[139] Midwives are seen as valuable assistants to doctors, responsible for carrying out doctors' instructions. Yet, although physician colleagues promote midwifery services, most women still trust doctors more for pregnancy and labour. Thus, Polish midwives still struggle to convince women that a professional and licensed midwife is most suitable for pregnancy and delivering.[140]

In Hungary, midwives offer assistance to mothers prior to and during childbirth, while district nurses offer services to women and their children after they have been released from

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Experiences with the MAMAACT Intervention." *BMC Pregnancy and Childbirth* 20 (1). https://doi.org/10.1186/s12884-020-2807-4.

[136] Ibid

[137] World Health Organization. 2020. "2020 - Year of the Nurse and the Midwife." https://www.who.int/campaigns/annual-theme/year-of-the-nurse-and-the-midwife-2020#:~:text=Year%20of%20the%20Nurse%20and%20the%20Midwife%202020.

[138] Moeti, Matshidiso. 2024. "International Day of the Midwife 2022. Message from WHO Regional Director for Africa, Dr Matshidiso Moeti." WHO | Regional Office for Africa. April 30, 2024. https://www.afro.who.int/regional-director/speeches-messages/international-day-midwife-2022.

[139] Centrum Badania Opinii Społecznej. 2004. "Opinia Społeczna Na Temat Zawodów Zaufania Publicznego ." *Centrum Badania Opinii Społecznej* 73.

[140] World Health Organization. 2022. "How Polish Midwives Help Ukrainian Women Fleeing Their Homes." News Release, May 4, 2022. https://www.who.int/europe/news/item/04-05-2022-polish-midwives-help-ukrainian-women-fleeing-their-homes

the hospital.[141] Regarding popular opinion, one midwife said that more mothers choose to only have a midwife, in comparison to choosing both a midwife and a doctor. The reason for this is, "the midwife will be there from the beginning while the doctor is there only when the cervix is two fingers dilated and the epidural comes, and then at the birth."[142] It seems, therefore, that the public opinion and awareness of midwives and their competencies is being more acknowledged. Moreover, mothers recognize the need for midwives and want them to be more involved in efforts to prevent teen pregnancy due to their skill set.[143] Additionally, many mothers feel trapped in a system where they have no space to make decisions with fewer and fewer resources.[144]

In comparison, midwives in Denmark are perceived more positively; the highly skilled midwives provided a safe space for mothers and made them feel confident during birth.[145] Midwives were also regarded as human beings with families and personal needs.[146] However, undocumented immigrant women encountered obstacles to receiving maternal care including fear of deportation, worries regarding remuneration for services, and ambiguities about regulations for access.[147]

By looking at the situation in all the countries, we can say that a favourable professional reputation in the field of midwifery is crucial in mitigating the imminent shortage of professionals. An influential representation of the midwife image has the power to eliminate outdated and incorrect beliefs, while effectively conveying innovative leadership that is in line with the objectives of the midwifery profession.[148] It has been suggested that extensive media efforts should be implemented to enhance the competence of midwives as

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[141] World Health Organisation. 2024. "Midwifery through the Eyes of 2 Generations: Perspectives from Hungary." May 2, 2024. https://www.who.int/europe/news-room/feature-stories/item/midwifery-through-the-eyes-of-2-generations--perspectives-from-hungary.

[142] Kremmer, Sarolta. 2020. "Born in Corruption: Maternity Care after the Change of System in Hungary." *Journal of Gender and Feminist Studies*, no. 15 (29). https://www.analize-journal.ro/wp-content/uploads/issues/numarul_15/S.KREMMER-Born_in_Corruption.pdf.

[143] Radu, Mihaela C, Anca I Dumitrescu, Corneliu Zaharia, Calin Boeru, Melania E Pop-Tudose, Claudia F Iancu, and Razvan D Chivu. 2021. "Teenage Pregnancies and Childbirth Experience in Romania from the Midwives Point of View." *Cureus* 13 (3). https://doi.org/10.7759/cureus.13851.

[144] Sandu, Oana. 2022. "How We Give Birth in Romania." DoR. February 25, 2022. https://www.dor.ro/how-we-give-birth-in-romania/.

[145] Sjöblom, Ingela, Ewa Idvall, and Helena Lindgren. 2014. "Creating a Safe Haven-Women's Experiences of the Midwife's Professional Skills during Planned Home Birth in Four Nordic Countries." *Birth* 41 (1): 100–107. https://doi.org/10.1111/birt.12092.

[146] Jepsen, Ingrid, Edith Mark, Ellen Aagaard Nøhr, Maralyn Foureur, and Erik Elgaard Sørensen. 2016. "A Qualitative Study of How Caseload Midwifery Is Constituted and Experienced by Danish Midwives." *Midwifery* 36 (May): 61–69. https://doi.org/10.1016/j.midw.2016.03.002.

[147] Funge, Julia Kadin, Mathilde Christine Boye, Helle Johnsen, and Marie Nørredam. 2020. "*"No Papers. No Doctor"*: A Qualitative Study of Access to Maternity Care Services for Undocumented Immigrant Women in Denmark" *International Journal of Environmental Research and Public Health* 17, no. 18: 6503. https://doi.org/10.3390/ijerph17186503

[148] Schmidt, Bonnie J., and Erin C. McArthur. 2018. "Professional Nursing Values: A Concept Analysis." *Nursing Forum* 53 (1): 69–75. https://doi.org/10.1111/nuf.12211.

well as promote the profession of midwifery.[149]

[149] Bączek, Grażyna, and Ewa Dmoch-Gajzlerska. 2012. "Independent Midwifery Practice in Poland - Legal Considerations versus Reality." *Medical and Biological Sciences 26* (1). https://doi.org/10.2478/v10251-012-0009-7.

3. Shortage of midwives

The world is currently facing a shortage of 900,000 midwives, which represents a third of the required global midwifery workforce.[150]As mentioned in the literature review, the Covid-19 pandemic has further exacerbated this shortage. [151]

Despite the fact that midwifery is acknowledged as being essential to Sexual Reproductive Health and Rights (SRHR), this global shortage of midwives exists.[152] [153] 87% of a population's necessary SRHR can be provided by midwives who have been educated and regulated in accordance with international standards. However, only 36% of the midwifery workforce is made up of such fully trained midwives, with a variety of other health workers also providing midwifery services.[154]

3.1 International guidelines

According to the WHO, the provision of professional support could potentially tackle the shortage of midwives. Governments should improve working conditions for midwives and quality of care for women and newborns, and provide midwifery professionals salaries that adequately reflect the level of their skills and responsibilities. Moreover, health insurance and social security systems, professional support networks, good living environments, and counselling services would contribute to the increase of midwifery workforce.[155] Additionally, evidence indicates that a variety of financial and non-financial incentives can help retain midwives and nurses in rural, remote and other underserved areas, including professional autonomy and the ability to work to their full scope of practices.[156]

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[150] World Health Organization. 2021. "New Report Sounds the Alarm on Global Shortage of 900 000 Midwives." WHO. May 5, 2021. https://www.who.int/news/item/05-05-2021new-report-sounds-the-alarm-on-global-shortage-of-900000-midwives.

[151] World Health Assembly. (2021). *Strengthening nursing and midwifery: investments in education, jobs, leadership and service delivery*. World Health Assembly. Page 2. https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_R15-en.pdf

[152] Homer, Caroline S E, Ingrid K Friberg, Marcos Augusto Bastos Dias, Petra ten Hoope-Bender, Jane Sandall, Anna Maria Speciale, and Linda A Bartlett. 2014. "The Projected Effect of Scaling up Midwifery." *The Lancet* 384 (9948): 1146–57. https://doi.org/10.1016/s0140-6736(14)60790-x.

[153] United Nations Population Fund. 2014. "The State of the World's Midwifery 2014." Geneva.

[154] Ibid.

[155]World Health Organization. 2021. "New Report Sounds the Alarm on Global Shortage of 900 000 Midwives." World Health Organization: WHO. May 5, 2021. https://www.who.int/news/item/05-05-2021new-report-sounds-the-alarm-on-global-shortage-of-900000-midwives.

[156] World Health Organization. 2021. "The WHO Global Strategic Directions for Nursing and Midwifery (2021–2025)." https://www.who.int/publications/i/item/9789240033863.

3.2 Poland

There exists a significant shortage of midwives in Poland.[157] As of 2020, there were 7.3 practising midwives per 10,000 people in the country.[158] Midwives (15%) and gynaecologists (10%) were the most frequently mentioned healthcare professionals in short supply, according to nearly one in three women.[159]

Significant threats to the stability of the workforce include the high and continually increasing average age (60 years) and the growing number of nurses and midwives who will be eligible for retirement in the coming years. [160]At this rate, the estimated shortage of nurses and midwives in Poland will result in a total number of over 26,000 between 2023 and 2030.[161] Moreover, only half of midwives that are educated in Poland every year stay in the profession[162] Midwife graduates search for other employment to escape the mental and physical strain of their jobs, contributing to the emigration of personnel.[163] Moreover, a contributing factor to this shortage is the inadequate financial support provided by the government.[164] Conversely, economic immigrants working as nurses and midwives in Poland are rising due to the widespread migration of Ukrainian women and children. However, this is a temporary solution to the issue.[165]

The anticipated shortages in staffing levels will also influence the need for nursing and midwifery graduates in the future. Emotional fatigue, job and life satisfaction were the main components associated with burnout.[166] As a result, the burnout of midwives affects the quality of their services and care to women.[167]

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[157] Domagała, Alicja, Marcin Kautsch, Aleksandra Kulbat, and Kamila Parzonka. 2022. "Exploration of Estimated Emigration Trends of Polish Health Professionals." *International Journal of Environmental Research and Public Health* 19 (2): 940. https://doi.org/10.3390/ijerph19020940.

[158] Organisation for Economic Co-operation and Development. 2024. "Healthcare Resources: Midwives". Data extracted on 06 May 2024 09:18 UTC (GMT) from OECD.Stat https://stats.oecd.org/index.aspx?queryid=30174

[159] Mastylak, Alicja, Elina Miteniece, Katarzyna Czabanowska, Milena Pavlova, and Wim Groot. 2022. "The 'Blessing' of Pregnancy? Barriers to Accessing Adequate Maternal Care in Poland: A Mixed-Method Study among Women, Healthcare Providers, and Decision-Makers." *Midwifery* 116 (November): 103554. https://doi.org/10.1016/j.midw.2022.103554.

[160] Naczelna Izba Pielęgniarek i Położnych. 2023. "Raport O Stanie Pielęgniarstwa I Położnictwa W Polsce."

[161] Ibid.

[162] Mazurkiewicz, D.W., D.I. Piechocka, and J. Strzelecka. 2017. "Restoring the Dignity of the Nursing and Midwifery Professions Ina Confrontation with the Psychological and Psychiatric Consequences Ofa Terrorist Attack on the Human Body." *Progress in Health Sciences* 7 (2): 131–33. https://doi.org/10.5604/01.3001.0010.7861.

[163] Mastylak, Alicja, Elina Miteniece, Katarzyna Czabanowska, Milena Pavlova, and Wim Groot. 2022. "The 'Blessing' of Pregnancy? Barriers to Accessing Adequate Maternal Care in Poland: A Mixed-Method Study among Women, Healthcare Providers, and Decision-Makers." *Midwifery* 116 (November): 103554. https://doi.org/10.1016/j.midw.2022.103554.

[164] Ibid.

[165] Naczelna Izba Pielęgniarek i Położnych. 2023. "Raport O Stanie Pielęgniarstwa I Położnictwa W Polsce."

[166] Uchmanowicz, Izabella, Stanisław Manulik, Katarzyna Lomper, Anna Rozensztrauch, Agnieszka Zborowska, Jolanta Kolasińska, and Joanna Rosińczuk. 2019. "Life Satisfaction, Job Satisfaction, Life Orientation and Occupational Burnout among Nurses and Midwives in Medical Institutions in Poland: A Cross-Sectional Study." *BMJ Open* 9 (1): e024296. https://doi.org/10.1136/bmjopen-2018-024296.

[167]Guzewicz, Patrycja, and Matylda Sierakowska. 2022. "The Role of Midwives in the Course of Natural Childbirth—Analysis of Sociodemographic and Psychosocial Factors—a Cross-Sectional Study." *International Journal of Environmental Research and Public Health* 19 (23): 15824. https://doi.org/10.3390/ijerph192315824.

3.3 Hungary

In 2020, there were 2.3 practising midwives per 10,000 people in the country,[168] resulting in at least 20,000 health workers missing from the health system.[169] The shortage of midwives in Hungary is mainly due to work overload, low satisfaction and appreciation of midwives, high rates of burnout and the hierarchical structure that doesn't recognize midwives as much as ob-gyns.[170] According to a national survey, 23% of the respondents reported emotional exhaustion, and 36% reported reduced personal accomplishment scale.[171] In other words, it can be stated that nearly every third midwife in Hungary experiences high burnout, which might be one of the main reasons for midwife shortage in Hungary. Midwives are exposed to a particularly high level of physical and mental strain and stress in their daily work including high workload, lack of decision latitude, low financial and managerial recognition, and lack of peer and managerial support.[172]

The hierarchical structure of the healthcare system is no better, it is fueled by the practice of "gratitude money," where informal payments are typically made to the obstetrician-gynaecologist in charge, which can devalue the role of midwives, discourage individuals from pursuing midwifery as a career, and further contribute to the shortage of midwives in the healthcare workforce. The Euro Health Consumer report lists Hungary at the second worst ranking regarding "under-the-table-payments"; this problem is especially significant in maternity care, as ob-gyns (and surgeons) receive most of these payments.[173]

3.4 Romania

The number of practising midwives in 2020 was 1.7 per 10,000 people in the country.[174] Romania has a shortage of 4,000 midwives, specialists who could contribute to increasing the quality of reproductive and maternal-child health by reducing maternal and neonatal mortality, the number of pregnancies among minors, sexually transmitted infections, the number of cancers in women, the number of premature births, and the number of

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[168] Organisation for Economic Co-operation and Development. 2024. "Healthcare Resources: Midwives". Data extracted on 06 May 2024 09:18 UTC (GMT) from OECD.Stat https://stats.oecd.org/index.aspx?queryid=30174

[169] Iványi, Anna. n.d. "Submission on the Issue of Mistreatment and Violence against Women during Reproductive Health Care with a Focus on Childbirth." https://www.ohchr.org/sites/default/files/Documents/Issues/Women/SR/ReproductiveHealthCare/Association_of_Independent_Midwives.pdf.

[170] Ibid.

[171] Rados, Melinda. 2016. "A Highly Demanding Profession: Midwifery. Do the Midwives Who Provide Sensitive Support for Birthing Women Feel Satisfied and Appreciated?" New Medicine. 2016. https://www.czytelniamedyczna.pl/5441,a-highly-demanding-profession-midwifery-do-the-midwives-who-provide-sensitive-su.html.

[172] Ibid.

[173] Iványi, Anna. n.d. "Submission on the Issue of Mistreatment and Violence against Women during Reproductive Health Care with a Focus on Childbirth." https://www.ohchr.org/sites/default/files/Documents/Issues/Women/SR/ReproductiveHealthCare/Association_of_Independent_Midwives.pdf.

[174] Organisation for Economic Co-operation and Development. 2024. "Healthcare Resources: Midwives". Data extracted on 06 May 2024 09:18 UTC (GMT) from OECD.Stat https://stats.oecd.org/index.aspx?queryid=30174

abortions through pregnancy planning.[175] They can also assist in increasing the rate of natural births, breastfeeding, birth rate and help decrease gender-based violence.[176]

Women perceived the lack of staff, including midwives, as the most frequent obstacle affecting access to maternity care.[177] The shortage of staff is partly attributed to the migration of healthcare workers to countries such as Germany or France in search of better working conditions and salaries.[178]

3.5 Denmark

In 2020, there were 3.9 practising midwives per 10,000 people in the country. [179] Due to their sense of competence and professional completion in this role, the midwives reported high levels of job satisfaction and believed they were providing high-quality care.[180] As mentioned in the literature review, Danish midwives were authorised 300 years ago and midwifery led practice has been the standard model of care for all women during all pregnancies and labours since then,[181] which is why the burnout levels among midwives are not as high as other neighbouring countries. In search of higher remuneration, a significant number of midwives from Eastern European nations, such as Poland, travel to Scandinavian countries, such as Denmark.[182]

3.6 Comparative Analysis

Although the presence of midwives is the highest in Poland, many sources still state that there is a significant shortage. Moreover, Poland is anticipating a large shortage in the future of midwives due to their high average age who are nearing retirement. Although the staffing of midwives has increased due to economic immigrants from Ukraine, this is just a temporary solution, and therefore the underlying issue must be addressed. This calls for increased initiatives to raise awareness and interest in these professions among high school students in the areas that will be most impacted.[183] On the other hand, Denmark does not face

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[175] "Conferința „România Are Nevoie de Moașe" | Înscrie-Te." 2024. ASOCIAȚIA MOAȘELOR INDEPENDENTE. 2024. https://moasele.ro/eveniment/romania-are-nevoie-de-moase/.
[176] Ibid.
[177] Miteniece, Elina, Milena Pavlova, Bernd Rechel, Margarita Kabakchieva, Irina Zuza, Ilinca Radu, and Wim Groot. 2023. "Barriers to Access Adequate Maternal Care in Romania, Bulgaria, and Moldova: A Cross-Country Comparison." *Birth (Berkeley, Calif.)* 50 (1): 205–14. https://doi.org/10.1111/birt.12693.
[178] Ibid.
[179] Organisation for Economic Co-operation and Development. 2024. "Healthcare Resources: Midwives". Data extracted on 06 May 2024 09:18 UTC (GMT) from OECD.Stat https://stats.oecd.org/index.aspx?queryid=30174
[180] Jepsen, Ingrid, Edith Mark, Ellen Aagaard Nøhr, Maralyn Foureur, and Erik Elgaard Sørensen. 2016. "A Qualitative Study of How Caseload Midwifery Is Constituted and Experienced by Danish Midwives." *Midwifery* 36 (May): 61–69. https://doi.org/10.1016/j.midw.2016.03.002.
[181] Jepsen, Ingrid, Svend Juul, Maralyn Foureur, Erik Elgaard Sørensen, and Ellen Aagaard Nøhr. 2017. "Is Caseload Midwifery a Healthy Work-Form? – a Survey of Burnout among Midwives in Denmark." *Sexual & Reproductive Healthcare* 11 (March): 102–6. https://doi.org/10.1016/j.srhc.2016.12.001.
[182] Naczelna Izba Pielęgniarek i Położnych. 2023. "Raport O Stanie Pielęgniarstwa I Położnictwa W Polsce."
[183] Ibid.

shortages of midwives as the profession has been regulated for decades and the midwifery led pathway is seen as the ideal model of care.

Throughout all analysed Eastern European countries, the most commonly contributing factors to shortages of midwives include low remuneration, poor working conditions which contribute to high levels of burnout and low job satisfaction. As a result, this shortage contributes to the decrease in delivery of quality maternal care, which therein contributes to the rise of obstetric violence. [184] On the other hand, the levels of burnout in Denmark are significantly lower than the remaining countries due to high job satisfaction, high remuneration, and due to the standardisation of midwifery care. Therefore, Denmark should serve as a role model for the other three countries.

[184] Miteniece, Elina, Milena Pavlova, Bernd Rechel, Dace Rezeberga, Liubovė Murauskienė, and Wim Groot. 2019. "Barriers to Accessing Adequate Maternal Care in Latvia: A Mixed-Method Study among Women, Providers and Decision-Makers." *Health Policy* 123 (1): 87–95. https://doi.org/10.1016/j.healthpol.2018.10.012.

4. Medicalisation of Birth and Obstetric Violence

The process of treating everyday occurrences as medical issues that need to be diagnosed, managed, and treated with a focus on pathology and treatment is known as 'medicalization.' Since childbirth is a natural occurrence, medical intervention is not necessarily required for a normal delivery of childbirth.[185] As mentioned in the literature review, the rising medicalization of childbirth has caused a shift in the role of midwives.[186] This growing trend of dependence on hospital-based care consists of modern technology.

One of the manifests of medicalisation is obstetric violence, which has become increasingly concerning.[187] The WHO conceptualises obstetric violence as any abuse, disrespect, and mistreatment in childbirth caused by healthcare professionals that results in violations of women's dignity. This can consist of outright physical and verbal abuse, lack of confidentiality, and neglect that results in unnecessary pain and avoidable complications.[188] In the WHO European Region, 10% of patients experience preventable harm or adverse events in hospitals. Hospitalisation should therefore be limited to those who cannot be safely managed at the primary health care level.[189] No legislation has been put in place that criminalises this type of violence in Europe.[190]

4.1 International guidelines

According to the European Parliament, the medicalisation of birth leads to unnecessary interventions and deprives women and children of skilled professional midwives who can offer a wider range of advice and work with women to promote a healthy and more natural approach to pregnancy and childbirth.[191] The WHO recommendations on intrapartum care address common labour and childbirth practices to establish norms of good practice. These guidelines emphasise the woman's experience as a key to high-quality labour and childbirth care.[192]

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[185] Betyna, Monika. 2018. "Medicalization of Childbirth and Postnatal Care. The Contemporary Need for a Natural Approach to Childbirth.," March. https://doi.org/10.5281/ZENODO.1493886.
[186] DeVries, RG. 1992. "Barriers to Midwifery: An International Perspective." *Www.academia.edu*, 1–10. https://www.academia.edu/33649884/Title_Barriers_to_Midwifery_An_International_Perspective.
[187] Bohren, Meghan A., Joshua P. Vogel, Erin C. Hunter, Olha Lutsiv, Suprita K. Makh, João Paulo Souza, Carolina Aguiar, et al. 2015. "The Mistreatment of Women during Childbirth in Health Facilities Globally: A Mixed-Methods Systematic Review." Edited by Rachel Jewkes. *PLOS Medicine* 12 (6): e1001847. https://doi.org/10.1371/journal.pmed.1001847.
[188] European Parliament. 2024. "Obstetric and Gynaecological Violence in the EU - Prevalence, Legal Frameworks and Educational Guidelines for Prevention and Elimination | Think Tank | European Parliament." Www.europarl.europa.eu. April 17, 2024. https://www.europarl.europa.eu/thinktank/en/document/IPOL_STU(2024)761478.
[189] Rydahl, Eva, Eugene Declercq, Mette Juhl, and Rikke Damkjær Maimburg. 2019. "Caesarean Section on a Rise—Does Advanced Maternal Age Explain the Increase? A Population Register-Based Study." Edited by Ricardo Queiroz Gurgel. *PLOS ONE* 14 (1): e0210655. https://doi.org/10.1371/journal.pone.0210655
[190] European Policy Centre. 2023. "Victoria Pedjasaar." https://www.epc.eu/content/PDF/2023/ViolenceAgainstWomen_DP_v4.pdf.
[191] Ibid.
[192] World Health Organization. 2018. "WHO Recommendations: Intrapartum Care for a Positive Childbirth Experience." Who.int. https://doi.org/9789241550215.

The WHO also recommends that the episiotomy rate should be around 10%. Episiotomy should be restricted and physicians should utilise their clinical judgement to decide when to perform it.[193] The WHO also recommends that the c-section should be around 10-15%.[194] The Policy Department for Citizens' Rights and Constitutional Affairs at the European Parliament outlines guidelines for European Institutions & Bodies, Member States, and Healthcare professionals in relation to this violence. Some significant ones include supporting EU level campaigns to strengthen the nexus between women's rights and health/sexual and reproductive rights; reinforce the legal framework applicable to obstetric and gynaecological violence; financially support the creation of midwifery-led birthing centres annexed to hospitals; and to provide medical emergency support. Additionally, they recommend supporting midwifery research on physiology-based care models to maintain mothers physically healthy.[195]

4.2 Poland

4.2.1 Medicalisation of birth

Childbirth in Poland is highly institutionalised, with 99% of births taking place in hospitals.[196] Although home births are legal, very few midwives offer such services[197] as it is not covered by the national health care fund.[198] Thus, birthing centres and home births are still relatively uncommon.[199]

As for the caesarean section rate, it accounted for 39.3% of births in 2017, [200] and 42.2% in 2019.[201] This significant increase in just the span of two years is indicative of the

[193] Melo, Inês, Leila Katz, Isabela Coutinho, and Melania Maria Amorim. 2014. "Selective Episiotomy vs. Implementation of a Non Episiotomy Protocol: A Randomised Clinical Trial." *Reproductive Health* 11 (1). https://doi.org/10.1186/1742-4755-11-66.
[194] World Health Organization. 2015. "WHO Statement on Caesarean Section Rates." *Reproductive Health Matters* 23 (45): 149–50. https://doi.org/10.1016/j.rhm.2015.07.007.
[195] "Obstetric and Gynaecological Violence in the EU - Prevalence, Legal Frameworks and Educational Guidelines for Prevention and Elimination | Think Tank | European Parliament." 2024. Www.europarl.europa.eu. April 2024. https://www.europarl.europa.eu/thinktank/en/document/IPOL_STU(2024)761478.
[196] Betyna, Monika. 2018. "Medicalization of Childbirth and Postnatal Care. The Contemporary Need for a Natural Approach to Childbirth.," March. https://doi.org/10.5281/ZENODO.1493886.
[197] Węgrzynowska, Maria, Antonina Doroszewska, Magdalena Witkiewicz, and Barbara Baranowska. 2020."Polish Maternity Services in Times of Crisis: In Search of Quality Care for Pregnant Women and Their Babies." *Health Care for Women International* 41, no. 11–12 (2020): 1335–48. doi:10.1080/07399332.2020.1830096.
[198] Ibid.
[199] Pustułka, Paula, and Marta Buler. 2020. "Pregnancy and Childbirth during the COVID-19 Pandemic in Poland: Qualitative Evidence from Expert Interviews." *Research Square.* https://doi.org/10.21203/rs.3.rs-48024/v3.
[200] Organisation for Economic Co-operation and Development. 2019. "OECD Health Statistics. Caesarean section rates 2017." https://doi.org/10.1787/888934017937
[201] Organisation for Economic Co-operation and Development. 2024. "Caesarean sections (indicator)." doi: 10.1787/adc3c39f-en. Accessed on 07 May 2024.

medicalization of birth. The rate of episiotomies in Poland was 67.5% in 2010,[202] with a slight decrease in 2015 at 57%. This further illustrates how medicalization has developed.[203]

To combat the rising medicalization of childbirth, professionals and decision-makers have frequently stated the need for improved adherence to the Perinatal Care Standards (PCS) and the introduction of quality monitoring instruments to guarantee the provision of evidence-based care.[204] Therefore, in 2011, the Polish Ministry of Health introduced the first national Perinatal and Postnatal Care Standard (PPC Standard). The PPC Standard followed WHO recommendations, especially in relation to birthing companions, avoiding separation of mothers and newborns post-birth, and giving women the right to choose the method and place of labour. Nevertheless, it was later confirmed that numerous hospital wards were still not following the guidelines years later. [205] In 2019, the Standard was updated to require mental health monitoring during pregnancy and postpartum, conducted mostly by midwives.[206]

4.2.2 Obstetric violence

A total of 81% of women have experienced obstetric violence during birth related procedures in hospitals.[207] The most common form of abuse is the staff carrying out procedures without the patient's informed consent, such as starting the oxytocin drip or bathing the newborn.[208] Women have also complained that staff members ignored their privacy, were impolite, and handled procedures carelessly, making them feel uncomfortable.[209] Unfortunately, it isn't customary in Poland to ask for permission for various birth-related procedures. Since women are unaware of their illegal maltreatment, they may seem satisfied with their hospital care experience.[210] Poland has laws, like the PCS, protecting women's rights when obtaining perinatal care from gynaecological and obstetric hospitals. However, PCS does not address the issue of violence and abuse or the definition of these phenomena in the context of perinatal care in Polish healthcare institutions. Moreover, Poland

[202] Blondel, Béatrice, Sophie Alexander, Ragnheiður I. Bjarnadóttir, Mika Gissler, Jens Langhoff-Roos, Živa Novak-Antolič, Caroline Prunet, Wei-Hong Zhang, Ashna D. Hindori-Mohangoo, and Jennifer Zeitlin. 2016. "Variations in Rates of Severe Perineal Tears and Episiotomies in 20 European Countries: A Study Based on Routine National Data in Euro-Peristat Project." *Acta Obstetricia et Gynecologica Scandinavica* 95 (7): 746–54. https://doi.org/10.1111/aogs.12894.

[203] Szelewa, Dorota. 2017. "Prawa reprodukcyjne w Europie i w Polsce: Zakaz, kompromis, czy wybór?" ICRA; Friedrich Ebert Stiftung. (Vol. 20). https://library.fes.de/pdf-files/bueros/warschau/14405.pdf

[204] Mastylak, Alicja, Elina Miteniece, Katarzyna Czabanowska, Milena Pavlova, and Wim Groot. 2022. "The 'Blessing' of Pregnancy? Barriers to Accessing Adequate Maternal Care in Poland: A Mixed-Method Study among Women, Healthcare Providers, and Decision-Makers." *Midwifery* 116 (November): 103554. https://doi.org/10.1016/j.midw.2022.103554.

[205] Pustułka, Paula, and Marta Buler. 2020. "Pregnancy and Childbirth during the COVID-19 Pandemic in Poland: Qualitative Evidence from Expert Interviews." *Research Square (Research Square)*, December. https://doi.org/10.21203/rs.3.rs-48024/v3.

[206] Ibid.

[207] Baranowska, Barbara, Antonina Doroszewska, Urszula Kubicka-Kraszyńska, Joanna Pietrusiewicz, Iwona Adamska-Sala, Anna Kajdy, Dorota Sys, Urszula Tataj-Puzyna, Grażyna Bączek, and Susan Crowther. 2019. "Is There Respectful Maternity Care in Poland? Women's Views about Care during Labor and Birth." *BMC Pregnancy and Childbirth* 19 (1). https://doi.org/10.1186/s12884-019-2675-y.

[208] Ibid.

[209] Ibid.

[210] Ibid.

lacks the implementation of scientific research and social activities to lessen and mitigate perinatal abuse and violence within its institutions. This issue be addressed directly as soon as possible.[211]

4.3 Hungary

4.3.1 Medicalisation of birth

Homebirth is legally permissible and has been subject to regulation by legislation in Hungary since 2012. Despite the advantages of homebirth, it has not yet been broadly accepted, due to various opinions related to safety and risk concerns.[212] The medicalization of birth in Hungary is extensive, as pregnancy and childbirth are naturally associated as a "medical problem," and such medicalization is perceived as an important sign of social and cultural development.[213] There is also a significant increase in the rate of c-sections: as much as 37.3% were registered for 2017, compared to 20% of births in 2000.[214] [215] However, in recent years there has been a decrease: the c-section rate in Hungary was 34.6% in 2021.[216] Moreover, the episiotomy rates in the country were estimated at 55% in 2018.[217]

4.3.2 Obstetric violence

Evidence of obstetric violence within maternal and midwifery care includes mistreatment, humiliating communication during prenatal care, labour, birth and the postpartum period. Moreover, it was documented that mothers were often being coerced to interventions routinely without proper medical indication, without providing information and/or consenting.[218] In fact, 62% of Hungarians in a study were not asked for informed

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[211] Ibid.

[212]Wami, Girma A, Viktória Prémusz, György M Csákány, Kovács Kálmán, Viola Vértes, and Péter Tamás. 2022. "Characteristics of Homebirth in Hungary: A Retrospective Cohort Study." International Journal of Environmental Research and Public Health/International Journal of Environmental Research and Public Health 19 (16): 10461–61. https://doi.org/10.3390/ijerph191610461.

[213] Ibid.

[214] Engler, Ágnes, Petra Aczél, Ágnes Réka Dusa, Valéria Markos, and Marianna Várfalvi. 2021. "Appraisals of Childbirth Experience in Hungary." Social Sciences 10 (8): 302–2. https://doi.org/10.3390/socsci10080302.

[215] Organisation for Economic Co-operation and Development. 2024. "Caesarean sections (indicator)". doi: 10.1787/adc3c39f-en. Accessed on 07 May 2024.

[216] Organisation for Economic Co-operation and Development. 2024. "Caesarean sections (indicator)." OECD Data. doi: 10.1787/adc3c39f-en

[217] Nagy, Zsofia Borbala, and Caroline Lafarge. 2023. "Factors Predicting Birth Satisfaction in Hungary." *New Vistas* 9 (1). https://doi.org/10.36828/newvistas.224.

[218] Iványi, Anna. n.d. "Submission on the Issue of Mistreatment and Violence against Women during Reproductive Health Care with a Focus on Childbirth." https://www.ohchr.org/sites/default/files/Documents/Issues/Women/SR/ReproductiveHealthCare/Association_of_Independent_Midwives.pdf.

consent prior to receiving an episiotomy.[219] Lastly, surgical procedures were performed without proper anaesthesia, as well as lack of intimacy and privacy during their care.[220]

4.4 Romania

4.4.1 Medicalisation of birth

Home birth is illegal in Romania, as without medical care, it is seen as dangerous due to ignorance and lack of information about the pregnancy.[221] Nevertheless, physicians and midwives are not allowed to assist home births. The existence of a duty of care does not imply that the medical procedure has to be performed according to the patients' specific demands, but in accordance with the applicable laws and medical guidelines.[222]

In comparison, 65% and 35% of the population opts for a birth in a private and public hospital, respectively. [223] Moreover, the caesarean section rate is one of the highest in Europe, at 44.1% in 2017[224] In 2021, the rate was 44.3%.[225] Additionally, in 2010, the episiotomy rate in Romania was over 60%,[226] also one of the highest in Europe. Furthermore, routine episiotomy is a common obstetrical practice in Romania, despite available evidence against its use. As a result, the likelihood of a woman leaving the hospital with an intact perineum after the first vaginal birth was 5%.[227]

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[219]Baji, Petra, Nicholas Rubashkin, Imre Szebik, Kathrin Stoll, and Saraswathi Vedam. 2017. "Informal Cash Payments for Birth in Hungary: Are Women Paying to Secure a Known Provider, Respect, or Quality of Care?" Social Science & Medicine 189 (September): 86–95. https://doi.org/10.1016/j.socscimed.2017.07.015.

[220] Iványi, Anna. n.d. "Submission on the Issue of Mistreatment and Violence against Women during Reproductive Health Care with a Focus on Childbirth." https://www.ohchr.org/sites/default/files/Documents/Issues/Women/SR/ReproductiveHealthCare/Association_of_Independent_Midwives.pdf.

[221] Radu, Mihaela C, Anca I Dumitrescu, Corneliu Zaharia, Calin Boeru, Melania E Pop-Tudose, Claudia F Iancu, and Razvan D Chivu. 2021. "Teenage Pregnancies and Childbirth Experience in Romania from the Midwives Point of View." *Cureus* 13 (3). https://doi.org/10.7759/cureus.13851.

[222] Bernad, Elena, Andreea Moza, Marius Craina, and Andrei Nanu. 2019. "Naşterea La Domiciliu În România – Studiu Retrospectiv." *Obstetrica Şi Ginecologia*, April. https://www.medichub.ro/reviste-de-specialitate/obstetrica-si-ginecologia/nasterea-la-domiciliu-in-romania-studiu-retrospectiv-id-2291-cmsid-103.

[223] MediHelp International. n.d. "Birth Choices in Romania: At Home or in a Hospital? Public or Private? What If Complications Arise?" Accessed April 11, 2024. https://www.medihelp-assistance.com/en/stiri/birth-choices-in-romania--at-home-or-in-a-hospital--public-or-private--what-if-complications-arise--288.html.

[224] Petre, Ion, Flavia Barna, Cosmin Cîtu, Florin Gorun, Oana-Maria Gorun, Laurentiu Cezar Tomescu, Adrian Apostol, Anca Bordianu, Cristian Furau, and Izabella Petre. 2023. "Development of a Framework for On-Demand Caesarean Section in Romania." *International Journal of Environmental Research and Public Health* 20 (3): 2705. https://doi.org/10.3390/ijerph20032705.

[225] Ibid.

[226] Blondel, Béatrice, Sophie Alexander, Ragnheiður I. Bjarnadóttir, Mika Gissler, Jens Langhoff-Roos, Živa Novak-Antolič, Caroline Prunet, Wei-Hong Zhang, Ashna D. Hindori-Mohangoo, and Jennifer Zeitlin. 2016. "Variations in Rates of Severe Perineal Tears and Episiotomies in 20 European Countries: A Study Based on Routine National Data in the Euro-Peristat Project." 746–54. https://doi.org/10.1111/aogs.12894.

[227] Pasc, Andrada, Dan Navolan, Lucian Puşcaşiu, Cringu Antoniu Ionescu, Florin Adrian Szasz, Adrian Carabineanu, Mihai Dimitriu, et al. 2018. "A Multicenter Cross‐Sectional Study of Episiotomy Practice in Romania." *Journal of Evaluation in Clinical Practice* 25 (2): 306–11. https://doi.org/10.1111/jep.13062.

Romania's high surgical delivery rate is partly attributable to financial incentives for healthcare providers and women's concerns of long, unpleasant labour or not obtaining medical support during birth.[228] The mothers' inadequate knowledge of the medical risks associated with vaginal delivery and caesarean section surgery typically explains these fears. The lack of communication between medical professionals and patients, and mothers' poor medical education also contribute to these issues.[229]

4.4.2 Obstetric violence

Romanian mothers receiving maternity care expressed dissatisfaction with the attitudes of the staff, particularly with regard to postnatal care.[230] Negative attitudes, a lack of clarification, or impolite or disrespectful communication can all lead to poor health outcomes and a reluctance to seek medical attention. However, this may result from the lack of staff and the additional burden on healthcare workers, rendering them feeling overburdened and unmotivated.[231] The hospital's inquiry procedure lacks transparency; its intensive care reforms are falsified and errors from medical staff are covered.[232] Finally, research indicates that women from migratory and ethnic minorities in Europe are more vulnerable, particularly Roma women in Romania.[233]

4.5 Denmark

4.5.1 Medicalisation of birth

Home birth in Denmark is legal, despite cases where there are pregnancy complications.[234] The country is also ranked second (after the Netherlands) out of the countries of the EU in the prevalence of home births.[235] Moreover, there has been a marked

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[228] A Simionescu, Anca, and Erika Marin. 2017. "Caesarean Birth in Romania: Safe Motherhood between Ethical, Medical and Statistical Arguments." *Maedica* 12 (1): 5–12. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5574073/.

[229] Ibid.

[230] Miteniece, Elina, Milena Pavlova, Bernd Rechel, Margarita Kabakchieva, Irina Zuza, Ilinca Radu, and Wim Groot. 2023a. "Barriers to Access Adequate Maternal Care in Romania, Bulgaria, and Moldova: A Cross-Country Comparison." *Birth (Berkeley, Calif.)* 50 (1): 205–14. https://doi.org/10.1111/birt.12693.

[231] Miteniece, Elina, Milena Pavlova, Bernd Rechel, Dace Rezeberga, Liubovė Murauskienė, and Wim Groot. 2019. "Barriers to Accessing Adequate Maternal Care in Latvia: A Mixed-Method Study among Women, Providers and Decision-Makers." *Health Policy* 123 (1): 87–95. https://doi.org/10.1016/j.healthpol.2018.10.012.

[232] Make Mothers Matter. 2019. "For the UN Rapporteur on Violence against Women on Mistreatment and Violence against Women during Reproductive Health Care with a Focus on Childbirth." May 17, 2019. https://makemothersmatter.org/wp-content/uploads/2019/07/201905-Final-submission-to-UN-rapporteur-obstetric-violence-updated.pdf.

[233] Iványi, A. (n.d.) Submission on the issue of Mistreatment and violence against women during reproductive health care with a focus on childbirth. Page 7. https://www.ohchr.org/sites/default/files/Documents/Issues/Women/SR/ReproductiveHealthCare/Association_of_Independent_Midwives.pdf

[234] "Danish Medical Journal. 2017. "Quality Assessment of Home Births in Denmark." Ugeskriftet.dk. April 28, 2017. https://ugeskriftet.dk/dmj/quality-assessment-home-births-denmark.

[235] Ibid.

increase in caesarean sections by 49% between 1998 and 2015[236], and they accounted for 20.7% of births in 2017. [237] However, the rate of episiotomies in Denmark as of 2021, was 4% while in 2010, it was 4.1%.[238] This low rate signifies patient-centred care and skilled midwifery practices.

4.5.2 Obstetric violence

In Denmark, there appears to be a correlation between a lower social position and an increased likelihood of experiencing obstetric violence. [239] However, pregnant women who had experienced physical abuse or any recent violence included a greater percentage of younger women and those with a WHO-5 score of 8, which suggests a higher risk of severe depression.[240] There is also evidence which demonstrates disparities in the health of immigrants during pregnancy and childbirth. The existing universal healthcare system may fail to address the specific requirements of immigrant women and exacerbate inequalities.[241]

4.6 Comparative Analysis

We see that this increasing medicalization of childbirth processes tends to undermine the woman's own capability to give birth and negatively impacts her childbirth experience. Home birth is legal and widely accepted in Poland, Hungary and Denmark but not in Romania. Denmark's model of care focused on patient centred care and midwifery led approach should be seen as a benchmark for other countries and societies. The practice of episiotomy is widespread across all countries despite international recommendations against its routine use. No country, except Denmark, meets the WHO's 10% episiotomy rate. This is concerning, highlighting Europe's medical infrastructure and professionals. We therefore see that there are systemic issues in all these countries that obstruct natural home and midwifery

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[236] Rydahl, Eva, Eugene Declercq, Mette Juhl, and Rikke Damkjær Maimburg. 2019. "Cesarean Section on a Rise—Does Advanced Maternal Age Explain the Increase? A Population Register-Based Study." Edited by Ricardo Queiroz Gurgel. *PLOS ONE* 14 (1): e0210655. https://doi.org/10.1371/journal.pone.0210655.

[237] Pyykönen, Aura, Mika Gissler, Ellen Løkkegaard, Thomas Bergholt, Steen C. Rasmussen, Alexander Smárason, Ragnheiður I. Bjarnadóttir, et al. 2017. "Cesarean Section Trends in the Nordic Countries - a Comparative Analysis with the Robson Classification." *Acta Obstetricia et Gynecologica Scandinavica* 96 (5): 607–16. https://doi.org/10.1111/aogs.13108.

[238] Blondel, Béatrice, Sophie Alexander, Ragnheiður I. Bjarnadóttir, Mika Gissler, Jens Langhoff-Roos, Živa Novak-Antolič, Caroline Prunet, Wei-Hong Zhang, Ashna D. Hindori-Mohangoo, and Jennifer Zeitlin. 2016. "Variations in Rates of Severe Perineal Tears and Episiotomies in 20 European Countries: A Study Based on Routine National Data in Euro-Peristat Project." *Acta Obstetricia et Gynecologica Scandinavica* 95 (7): 746–54. https://doi.org/10.1111/aogs.12894.

[239] Hegaard, Hanne Kristine, Heidi Sharif, Lea B.S. Ankerstjerne, Seda Serhatlioglu, Anne-Mette Schroll, Julie Midtgaard, Kristina M. Renault, and Lotte Broberg. 2024. "Violence among Pregnant Women in Denmark from 2019 to 2021 – a Hospital-Based Cross-Sectional Study." *Sexual & Reproductive Healthcare* 39 (March): 100943–43. https://doi.org/10.1016/j.srhc.2023.100943.

[240] Ibid.

[241] Villadsen, Sarah Fredsted, Hodan Jama Ims, and Anne-Marie Nybo Andersen. 2019. "Universal or Targeted Antenatal Care for Immigrant Women? Mapping and Qualitative Analysis of Practices in Denmark" *International Journal of Environmental Research and Public Health* 16, no. 18: 3396. https://doi.org/10.3390/ijerph16183396

led births. These issues range from limited autonomy of the midwives, overcrowding of other medical professionals, amongst other restrictions.

Medicalisation also poses a threat for marginalised women like refugees or undocumented migrants, who are more likely to have complex health needs due to their difficult circumstances, which might adversely affect their pregnancy.[242] Increased use of labour interventions without good indications widens the health equity gap between high- and low-resource settings. Various risk profiles, inferior care standards, and barriers to access for vulnerable groups contribute to this gap.

When performed without consent, routine episiotomy is regarded as obstetric violence.[243] The case of obstetric violence represents an inherent issue within the maternal healthcare framework in spite of regulations and directions by the Council of Europe and the ICM. This form of violence is widespread throughout Europe, with some countries experiencing it more than others. The Council of Europe report highlights the convergence of gender-based violence and inadequate funding of healthcare systems and institutions, namely in the context of obstetric violence. The medicalization of women's bodies is also ingrained in the framework of the healthcare system.[244] Nevertheless, despite the EU Directive 2005/36/EC and the Council of Europe clearly delineating the sufficient training of midwives,[245] we still see mismanagement and due diligence by the governments and institutions.

The ICM advises that "midwives develop a partnership with individual women in which they share relevant information that leads to informed decision-making, consent to an evolving plan of care, and acceptance of responsibility for the outcomes of their choices."[246] Unfortunately, as seen above, Poland, Romania and Hungary do not adhere to these guidelines. Complaints were handled inconsistently, and hospital staff failed to obtain consent before certain procedures.

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[242]World Health Organization. 2018. "WHO Recommendations: Intrapartum Care for a Positive Childbirth Experience." https://doi.org/9789241550215.

[243] Melo, Inês, Leila Katz, Isabela Coutinho, and Melania Maria Amorim. 2014. "Selective Episiotomy vs. Implementation of a Non Episiotomy Protocol: A Randomised Clinical Trial." *Reproductive Health* 11 (1). https://doi.org/10.1186/1742-4755-11-66.

[244] European Parliament. 2019. "Access to Maternal Health and Midwifery for Vulnerable Groups in the EU Policy Department for Citizens' Rights and Constitutional Affairs." https://www.europarl.europa.eu/RegData/etudes/STUD/2019/608874/IPOL_STU(2019)608874_EN.pdf.

[245] European Parliament. 2005. "EUR-Lex - 32005L0036 - EN - EUR-Lex." Eur-Lex.europa.eu. September 30, 2005. https://eur-lex.europa.eu/eli/dir/2005/36/oj.

[246] International Confederation of Midwives. 2014. "International Code of Ethics for Midwives." https://internationalmidwives.org/resources/international-code-of-ethics-for-midwives/

5. Criminalisation of midwives

Criminalisation of midwives keeps midwives from providing their necessary maternal care. ICM and FIGO (International Federation of Gynaecology and Obstetrics) express dismay and concern over the disproportionately harsh sentence given to Hungarian midwife/obstetrician Dr. Agnes Gereb. The situation in Hungary breaches the fundamental human right of women to choose where to give birth, as ruled by the European Court of Human Rights (ECtHR) in the Ternovszky v. Hungary case. Part of the difficulty arises from an inadequate legal and regulatory framework for midwives to practise and attend births outside of hospitals in Hungary and other European countries.

5.1 International guidelines

According to the UNFPA, "access to decent work that is free from stigma, violence and discrimination is essential to address gender-related barriers and challenges."[247] Also, the ICM states that midwives shall not be subject to undue risk, violence, abuse or personal harm for doing their job. State and health authorities have the duty to ensure that all health workers, including midwives, are protected.[248] Thus, ICM and FIGO want to collaborate with countries to develop and implement appropriate regulations as per international standards, allowing midwives to legally work both in and out of hospitals, in line with women's rights recognized by the ECtHR.

5.2 Hungary

The case of Agnes Gereb highlights the effective criminalization of home births despite constitutional provisions allowing women to choose their birth location.[249] Gereb is a long-time advocate of home births and maternity care reform. In 2010, she was arrested and charged with "reckless endangerment" after a baby developed respiratory issues during a home birth she attended; she was sentenced to 2 years in prison.[250] Her arrest and treatment (being shackled, strip searches) were seen as extremely harsh by international observers.[251]

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[247] United Nations Population Fund. 2021. "State of the World's Midwifery 2021." https://www.unfpa.org/sites/default/files/pub-pdf/21-038-UNFPA-SoWMy2021-Report-ENv4302_0.pdf,VIII.
[248] International Confederation of Midwives. 2023. "ICM Supports Report on Protecting Abortion Providers Globally" November 24, 2023. https://internationalmidwives.org/icm-supports-report-on-protecting-abortion-providers-globally/.
[249] Chen, Chao-Yuan, and Marie Cheeseman. 2016. "European Court of Human Rights rulings in home birth set to cause trouble for the future: a review of two cases." Medical Law Review, June, fwv040–40. https://doi.org/10.1093/medlaw/fwv040.
[250] Ibid.
[251] Ibid.

Moreover, the ECtHR effectively compelled Hungary to amend its current laws to permit home births in the Ternovszky v. Hungary case.[252] The plaintiff, a pregnant Hungarian woman who desired a home birth, argued that Hungarian laws infringed upon her right to respect for her private and family life, which is guaranteed by Article 8 of the European Convention on Human Rights.[253] The applicant claimed that this legislation prevented mothers from choosing their location to give birth by possibly exposing medical professionals who supported home birth to legal repercussions.[254]

Despite the effective legalisation of home birth in 2011, the investigation of adverse home births involving licensed midwives remains the responsibility of the criminal system and medical professionals who may be exposed to legal repercussions. As a result, the ECtHR declined the government decree, ruling that it violated the autonomy of the mother, as evidenced by data that home births are just as safe as hospital births.[255]

5.3 Comparative Analysis

As per our analysis, midwives are being criminalised for their services in Hungary, despite the ECtHR asserting the rights of women to give birth at home in 2010.[256] This paradoxical situation is created by the refusal of the ANTSZ, Hungary's public health authority, to issue licences to independent midwives, and the failure of successive governments to implement regulations compelling them to do so.[257] However, according to the ICM, member associations are encouraged to influence the education of midwives and to guarantee that they possess the necessary knowledge and abilities to deliver home birth services that align with the ICM Essential Competencies for Basic Midwifery Practice.[258] Thus, if midwives are threatened to be criminally prosecuted by providing home birth, it reduces their autonomy, preventing them from fully performing their midwife-related competencies and services.

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[252] Ibid.
[253] Ibid.
[254] Ibid.
[255] European Court of Human Rights. 2011. Case of Ternovszky v. Hungary. European Court of Human Rights. (Application no. 67545/09) https://hudoc.echr.coe.int/fre#{%22itemid%22:[%22001-102254%22]}
[256] Front Line Defenders. 2018. "Agnes Gereb Persecuted for Midwifery." https://www.frontlinedefenders.org/en/case/agnes-gereb-persecuted-midwifery#:~:text=to%20home%20birth.-,Those%20who%20provide%20home%2Dbirth%20services%20are%20criminalised%20in%20Hungary,delivery%20of%20a%20premature%20child..
[257] Hill, Amelia. 2010. "Hungary: Midwife Agnes Gereb Taken to Court for Championing Home Births." The Guardian. The Guardian. October 22, 2010. https://www.theguardian.com/world/2010/oct/22/hungary-midwife-agnes-gereb-home-birth.
[258] International Confederation of Midwives. 2023. "Midwives' Provision of Abortion-Related Services." International Confederation of Midwives. 2023.

6. Recommendations

After a thorough review of the literature and comparative analysis, we have identified certain gaps regarding midwifery practice and care amongst the three countries, Poland, Hungary and Romania. These gaps can be addressed through consistent efforts on the part of the international institutions and governmental bodies. We therefore propose the following recommendations:

6.1 Harmonising training and education standards

As suggested by the UNFPA,[259] consistent training programs should be developed in Romania, especially separating nursing and midwifery professions from one another. This would also enhance the mobility and autonomy of midwives to practise in other countries, boosting their professional recognition. Moreover, we recommend for governments to allow regulations through which midwives can fully utilise their scope of practice, in Hungary and Poland. This entails that midwives should be educated along global standards. [260]

6.2 Improving working conditions

Governments should work towards improving working conditions of midwives to ensure job satisfaction, low levels of burnout and enhance remunerations with competitive salaries. This will help address the issue of staff shortages, and significantly reduce economic migration of midwives to other countries. According to the WHO Global Strategic Directions for Nursing and Midwifery, employing both short-term and long-term recruitment strategies, such as equitable pay, secure employment, career pathways, ongoing professional development, and rural retention methods, is crucial for the nursing and midwifery workforce.[261]

6.3 Improving public awareness

Governments should work towards boosting funding for midwife education and recruitment for raising awareness and attracting more individuals into the profession. More media efforts should be utilised, especially by midwifery associations and reproductive rights groups.

Emphasis should also be paid on educational campaigns aimed at improving the public knowledge of midwifery services and to transform public opinion of the profession. It

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[259] United Nations Population Fund. n.d. "Developed by Rachel Smith, Caroline Homer and Felicity Copeland at the Burnet Institute for the UNFPA Asia Pacific Regional Office." https://asiapacific.unfpa.org/sites/default/files/pub-pdf/unfpa_midwifery_education_final.pdf.

[260] United Nations Population Fund. n.d. "Developed by Rachel Smith, Caroline Homer and Felicity Copeland at the Burnet Institute for the UNFPA Asia Pacific Regional Office." https://asiapacific.unfpa.org/sites/default/files/pub-pdf/unfpa_midwifery_education_final.pdf.

[261] World Health Organization. 2021. "The WHO Global Strategic Directions for Nursing and Midwifery (2021–2025)." World Health Organization. 2021. https://www.who.int/publications/i/item/9789240033863.

should be ensured that these campaigns are able to reach urban as well as inaccessible rural areas, as well as marginalised groups of women like non-Western immigrants in Denmark or Roma women in Romania.

6.4 Reducing medicalisation of birth

Ministries of health should actively reduce the medicalisation of birth, providing more infractures for midwifery-led centres and increasing female representation. As per the UNFPA, 54% of countries in the European Region have midwives in leadership positions, with only 15% of these within national ministries of health.[262] Moreover, educational campaigns to encourage home births should be prioritised as an alternative to hospital births. Governments must also adhere to the international guidelines on caesarean-section and episiotomy rates to reduce the unnecessary risks of childbirth. Additionally, financial incentives provided by governments like in Romania, or other authorities, should be structured in a way that ensures high-quality healthcare is delivered to mothers, but without encouraging medicalization of the birthing process. Lastly, implementing evidence-based practice across maternal services can be done to tackle medicalization.[263]

6.5 Improving ethical guidelines to address obstetric violence

Strict guidelines should be developed and adhered to by the government and independent midwifery associations for all healthcare professionals, including midwives. They should include informed consent, doctor-patient confidentiality, and making sure the mother is well aware of their rights.

6.6 Reducing criminalisation of midwives

Governments, like Hungary, should implement a comprehensive regulatory framework that would prevent the prosecution of midwives for enacting services that are well within their scope of practice. Efforts should also be made to enhance collaboration with international organisations such as ICM and FIGO in order to actively promote the rights of midwives and women to opt for home births.

6.7 Greater advocacy efforts

According to the UNFPA report, systematic policies and recommendations are required not just from the government but also from the international community. Despite provisions of high standards of education, accreditation, stringent practice regulations, involvement of women's advocacy groups, and research by midwives themselves, there is still much work required by the European Union. [264] Thus, CRR along with other

[262] United Nations Population Fund. 2021. “State of the World’s Midwifery 2021.” https://www.unfpa.org/sites/default/files/pub-pdf/21-038-UNFPA-SoWMy2021-Report-ENv4302_0.pdf
[263] Renfrew, Mary, Ethel Burns, Mechthild Maria Gross, and Andrew Symon. 2015. “Pathways to Strengthening Midwifery in Europe.” *EntreNous* 81 (January): 12–15. https://doi.org/10.21256/zhaw-4280.
[264] United Nations Population Fund. 2021. “State of the World’s Midwifery 2021.” https://www.unfpa.org/sites/default/files/pub-pdf/21-038-UNFPA-SoWMy2021-Report-ENv4302_0.pdf

organisations can advocate for policy changes that would ensure better working conditions for midwives.

7. Conclusion

To conclude, we see that our research highlights the vital role that midwives play in a community and the broader medical structure. Their profession must be better integrated and regulated within the mainstream healthcare system. Throughout the report, we explore the prevailing gaps between international guidelines and their practices in our selected countries, Poland, Hungary, and Romania, with Denmark as our benchmark. Additionally, this report aims to increase awareness regarding the current state of midwifery and offers different ways in which various stakeholders can go about addressing and mitigating these gaps to improve the international status of midwives and meet country specific targets. We believe that international institutions have a long way to go when it comes to regulating the midwifery profession. Only through the application of the abovementioned recommendations, can we expect a future where midwives are recognised and respected at the same level as other medical personnel, and are able to fully make use of their scope of practice.

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9. Appendix

9.1 Appendix A

Article 42: Pursuit of the professional qualifications of a midwife[265]

1. The Member States shall ensure that midwives are able to gain access to and pursue at least the following activities:

(a) provision of sound family planning information and advice;
(b) diagnosis of pregnancies and monitoring normal pregnancies; carrying out the examinations necessary for the monitoring of the development of normal pregnancies;
(c) prescribing or advising on the examinations necessary for the earliest possible diagnosis of pregnancies at risk;
(d) provision of programmes of parenthood preparation and complete preparation for childbirth including advice on hygiene and nutrition;
(e) caring for and assisting the mother during labour and monitoring the condition of the foetus in utero by the appropriate clinical and technical means;
(f) conducting spontaneous deliveries including where required episiotomies and in urgent cases breech deliveries;
(g) recognising the warning signs of abnormality in the mother or infant which necessitate referral to a doctor and assisting the latter where appropriate; taking the necessary emergency measures in the doctor's absence, in particular the manual removal of the placenta, possibly followed by manual examination of the uterus;
(h) examining and caring for the new-born infant; taking all initiatives which are necessary in case of need and carrying out where necessary immediate resuscitation;
(i) caring for and monitoring the progress of the mother in the post-natal period and giving all necessary advice to the mother on infant care to enable her to ensure the optimum progress of the new-born infant;
(j) carrying out treatment prescribed by doctors;
(k) drawing up the necessary written reports.

[265] European Parliament. 2005. "EUR-Lex - 32005L0036 - EN - EUR-Lex." Eur-Lex.europa.eu. September 30, 2005. https://eur-lex.europa.eu/eli/dir/2005/36/oj.

9.2 Appendix B

SCOPE OF PRACTICE

Poland	Hungary	Romania	Denmark
Article 5.[266] 1. Practising the profession of midwifery involves providing healthcare services, particularly: -Recognizing pregnancy, providing care for women during physiological pregnancies, as well as conducting necessary examinations within a specified scope for monitoring physiological pregnancies; -Referring for necessary tests for the earliest possible detection of high-risk pregnancies; -Conducting physiological childbirth and monitoring the foetus using medical equipment; -Attending natural childbirths, including episiotomy if necessary, and in emergency cases,	-Key responsibilities across all levels include communication, documentation, maintaining a safe environment, general nursing tasks, first aid, and duties specific to pregnancy and childbirth care such as assessments, testing, counselling and psychological support. Certain higher-risk procedures like IV therapy require additional training. -To make pregnancy, childbirth and the postnatal period a positive experience; -To help women understand the onset of labour and the stages of the labour process; -To follow home and hospital births, assist the natural birth process; monitor the emotional and physical needs of the woman during pregnancy, labour, birth and the puerperium; - To suggest ways to	As per the Emergency Ordinance No. 144 of October 28, 2008 regarding the exercise of the general medical assistant profession, the midwifery profession and the medical assistant profession, Article 6 lists out the activities carried out with the professional title of general medical assistant as a result of the acquisition of basic skills during post-secondary or university level professional training are: a) establishing general health care needs and providing care services general health care of a preventive, curative and recovery nature based on the acquired competence to independently determine the need for health care, to plan, organise and perform these services; b) protecting and improving health by administering the appropriate treatment doctor's prescriptions; c) developing programs and conducting health education activities based on the competence to provide individuals, families and	CIR no 70 of 08/05/1981[269] I. THE MIDWIFE'S FIELD OF BUSINESS 1. During pregnancy. 2. At birth. 3. The maternity period and the newborn child. 4. The midwife's access to requisition and use medicines as part of the practice of midwifery. Ad 1. During pregnancy: a. Preventive health examinations, including needs examinations. b. Counselling the pregnant woman and her family on pregnancy hygiene, including information on other offers on preventive measures during pregnancy and in the first period after birth. c. Outreach activities, comprehensive home visits for planned home births or ambulatory births, home visits

[266] Ustawa z dnia 15 lipca 2011 r. o zawodach pielęgniarki i położnej. 2011. Dziennik Ustaw. Nr 1746 poz. 1039. Updated August 23, 2011. Accessed March 28, 2024. https://isap.sejm.gov.pl/isap.nsf/download.xsp/WDU20111741039/O/D20111039.pdf

[269] Retsinformation. n.d. "CIR Nr. 149 Af 08/08/2001, Indenrigs- Og Sundhedsministeriet." Retsinformation. Accessed May 17, 2024. https://www.retsinformation.dk/eli/mt/2001/149.

assisting with breech births. -Taking necessary actions in emergency situations until the arrival of a doctor, including manually extracting the placenta, and if necessary, manually examining the uterus; -Providing care for the mother and newborn and monitoring the postpartum period; -Examining newborns, providing care for them, and taking any necessary actions, including immediate resuscitation if needed; -Implementing medical orders in the process of diagnosis, treatment, and rehabilitation; -Independently providing preventive, diagnostic, therapeutic, and rehabilitative services within a specified scope; -Preventing female diseases and obstetric pathologies; -Recognizing symptoms of abnormalities in the mother or child	improve certain physical and psychological conditions and situations, to help the mother overcome deadlocks, to try out different postures, to move freely; -To provide ongoing physical support for the mother, as required, through massage, acupressure, pain relief compresses, aromatherapy, homoeopathy; -To recognise conditions that require medical or obstetric help and suggesting that help be sought; -To create a safe hygienic environment, preparing everyday equipment for childbirth; -To provide infant care advice and education.[267]	groups of individuals with information that will enable them to lead a healthy lifestyle and take care of themselves; d) providing first aid based on the competence to independently initiate measures immediate measures for keeping alive and applying these measures in crisis or disaster situations; e) facilitating actions to protect health in groups considered at risk, such as and the organisation and provision of community health care services based on the skills to collaborate effectively with other factors in the health sector and to independently provide advice, guidance and support to people in need of care and people close to them; f) carrying out research activities in the field of general health care by licensed general medical assistants; g) the participation of qualified general medical assistants as trainers, in the theoretical and practical training of general medical assistants within the continuing education programs based on the competence to ensure exhaustive professional communication and to cooperate with members of	according to social need as well as need-based examinations of sick pregnant women, both at home and in hospital. d. Participation in the social medical collaboration regarding the pregnant woman and her family. In addition, the midwife participates in the examination, care and treatment of hospitalised sick pregnant women as well as participating in birth preparation education for groups of pregnant women/families. During the antenatal examinations, the midwife should constantly remember what is stated in the guidelines, according to which the midwife must refer to a medical assessment for all pathological findings* or suspicions thereof. This referral must follow the visitation rules that, in accordance with the Danish Health Authority's guidelines, have been laid down in the relevant county municipality. AD 2. AT BIRTH. The midwife oversees both home births and institutional births during the spontaneously proceeding birth, taking care of the mother and the

[267]"FEOR–08 – 3312 Szülész(Nő)I Tevékenység Segítője." 2024. Www.ksh.hu. 2024. https://www.ksh.hu/docs/szolgaltatasok/hun/feor08/3/3312.html.

requiring referral to a doctor; -Providing obstetric-gynaecological care for women; -Conducting educational-health activities related to: -Preparing for family life, family planning methods, and maternal and paternal protection, -Preparing for parenthood and full preparation for childbirth, including counselling on hygiene and nutrition. 2. The practice of midwifery also includes: -Teaching the midwifery or nursing profession and working towards the professional development of midwives or nurses; -Conducting scientific research in the field of midwifery, particularly in the care of women, newborns, or families; -Directing and managing teams of nurses or midwives; -Employment in healthcare entities in administrative positions involving		other health professions; h) the reporting of the specific activities carried out and the independent analysis of the quality of the health care provided to improve the professional practice of the general medical assistant; i) carrying out training activities and theoretical and practical training in educational institutions for the training of future general medical assistants, as well as training activities for auxiliary health. Article 7 takes into account exercise of the following activities, in accordance with the legal provisions in force: a) providing good information and advice on family planning; b) diagnosis of pregnancy, then supervision of normal pregnancy, carrying out examinations necessary for monitoring the evolution of normal pregnancy; c) prescribing or advising on the examinations necessary for the earliest diagnosis possible high-risk pregnancies; d) establishing a training program for future parents and advising them on hygiene and nutrition, ensuring complete preparation for birth; e) care and assistance of the mother during labour and	foetus/child's needs for observation, care and treatment, taking into account both physical and psychosocial factors in the birth process. The midwife's work also includes observation and care as well as participation in treatment in cases where the child's birth is sought to be accelerated or delayed by special treatment. If the midwife leaves a woman during or shortly after the birth, she is responsible for another midwife or a doctor taking over the said functions AD 3. THE MATERNITY PERIOD AND THE NEWBORN CHILD. It is the midwife's duty to continue to take care of the woman's and the child's needs for observation, care and treatment in the period immediately after birth, taking into account both physical and psychosocial factors. The midwife then makes 2 supervision visits during the maternity period. For home births and ambulatory births, the midwife must make the first supervision visit one of the first days after birth, preferably within the first day for home births. The second inspection visit

tasks related to preparing, organising, or supervising the provision of healthcare services; -Employment in entities responsible for financing healthcare services from public funds as defined by the provisions of the Act of August 27, 2004, on healthcare services financed from public funds, or in offices serving such entities, within the scope of duties related to preparing, organising, or supervising the provision of healthcare services; -Employment in public administration bodies responsible for supervising healthcare; -Employment in social welfare homes as defined in social welfare regulations, taking into account the professional entitlements of midwives defined by law; -Employment as a midwife in nurseries or childcare clubs as referred to in the Act of February 4, 2011,		monitoring of the condition of the foetus in utero by appropriate clinical and technical means; f) assisting normal birth including, if necessary, performing episiotomy and in emergency cases practising birth in pelvic presentation; g) the recognition, in the mother or the child, of the warning signs of some anomalies that require the intervention of a doctor and, as the case may be, his assistance; taking the emergency measures that are required in the absence of the doctor, in particular the manual extraction of the placenta, possibly followed by the manual examination of the uterus; h) examination and care of the newborn; taking all the necessary initiatives in the case if necessary and the practice, as appropriate, of immediate resuscitation; i) mother's care, monitoring the mother's progress in the postnatal period and giving to all the useful advice regarding raising the newborn in the best conditions; j) providing the care prescribed by the doctor; k) preparing the necessary written reports; l) the carrying out by licensed midwives of educational activities in institutions of education for the training of	will take place on 5-7 day, cf. the Danish Health Authority's announcement of 7 May 1974 on examination of newborns for phenylketonuria. In addition, the midwife must make additional maternity visits if she considers that there is a need for this. The midwife should support the other health team's efforts to establish breastfeeding. She should also discuss contraception* with the woman, if deemed relevant, and refer to the local options for medical guidance in this regard. AD 4. THE MIDWIFE'S ACCESS TO REQUIRING AND USING MEDICINES AS PART OF THE EXERCISE OF MIDWIFE BUSINESS. The rules on the midwife's REQUIRING* medicines are currently found in the Danish Health Authority's order no. 585 of 1 December 1977 on the requisition and supply of medicines etc., with later amendments, § 17. Regarding the midwife's USE of medicines as part of midwifery, the following applies. It is a prerequisite for the midwife's use of medicines that she has

on the care of children under the age of 3; -Holding elected positions in the self-government bodies of nurses and midwives or working for the self-government -Appointment to elected trade union positions outside the workplace for midwives, if such appointment entails an obligation to perform this function as an employee, or holding a position in the management of the company's trade union organisation, if holding such a position exempts from the obligation to work.		future midwives As per the Ordinance, the official midwife qualification titles are; a) midwives with long-term higher education: - midwifery licence diploma b) midwives with post-secondary education: - graduation diploma in obstetrics-gynaecology medical assistant specialty - graduation certificate in obstetrics-gynaecology medical assistant specialty c) diplomas, certificates, titles or other evidence of midwifery qualification, issued by a member state of the European Union, by a member state belonging to the European Economic Area or by the Swiss Confederation to their citizens or, respectively, the equivalence certificate issued by the Ministry of Education and Scientific Research, in the case of evidence of midwifery qualification in a third country.[268]	knowledge of their effect, usual dosage, possible side effects and interactions*. It can be used by application* to the skin or by administration orally*, nasally*, ocularly*, vaginally*, rectally*, by injection subcutaneously*, submucosally*, intramuscularly* and as inhalation*. he midwife can administer infusions that have already been set up*, including infusions with prescribed vaso-stimulating or vaso-inhibiting drugs. The midwife can use medicines: A. Without a doctor's prescription. B. With the prescription or authorization of a doctor. C. Special rules for clinic births and home births.

[268] Official Gazette of Romania. 2015. “Emergency Ordinance No 144 of October 28, 2008.” November 28, 2015. https://www.oamr.ro/wp-content/uploads/2016/03/OUG-144_Legea-278.2015.pdf.