

The Role Of Midwives In Modern Obstetric Care: A Comprehensive Review

Hadeel Saleh Al-Harbi¹, Maha Audah Qeeran Alanzi², Alfuhigi, Reem Khalaf M³,
Manifaha Hawl Awad Alanzi², Nahed Saleh Ajaj Aljhni², Nawal Muhaidh Nidaa
Al-Furaiji⁴, Huda Hamoud Al-Ruwaili⁵, Afrah Saab Habib Al-Anzi⁶, Wadha Fahd
Fahad Al Shammari⁷, Radhyah Dhahawi Ahmad alsulobi⁸, Tahani Odhayp
Alrowily⁹, Amal Aqla Atallah Al-Banaqi¹⁰, Saliha Muhadhal Mani Al-Saluli¹¹

1 Midwife, Alyamamah hospital, Riyadh, KSA

2 Midwife, Maternity and children hospital, Arar, KSA

3 Midwife, Maternity and children hospital, aljouf, Skaka, KSA

4 Midwife Technician, Al-Qurayyat General Hospital, Al-Qurayyat Region, KSA

5 Midwife technician, Maternity and children hospital, aljouf, Skaka, KSA

6 Midwife, Al-Uwaigilah Hospital, Northern Borders Region, KSA

7 Midwife Technician, Maternity and Children's Hospital in Hail, KSA

8 Midwifery, Maternity and children hospital, Arar, KSA

9 Midwife, Al-Qurayyat General Hospital, Al-Jouf Region, KSA

10 Midwife, Al-Uwaigilah General Hospital, Northern Borders - Al-Uwaigilah Governorate, KSA 11 Nursing technician (Midwife), Ministry Office, Asir, Bisha, KSA

Abstract

The role of midwives in modern obstetric care has evolved significantly, reflecting changes in societal expectations, healthcare policies, and advancements in medical knowledge. This comprehensive review examines the multifaceted contributions of midwives to maternal and neonatal health, emphasizing their critical involvement in prenatal care, labor support, postpartum care, and education. Midwives are trained professionals who provide holistic care, focusing on the physical, emotional, and social well-being of expectant mothers. Their approach often leads to improved maternal outcomes, including lower rates of cesarean sections and higher satisfaction among women regarding their childbirth experiences. This review also highlights various models of midwifery care, such as midwife-led care, collaborative care with obstetricians, and home birth options, illustrating the adaptability of midwifery practice to meet diverse patient needs. Despite the positive evidence supporting midwifery-led care, midwives face several challenges, including regulatory barriers, workforce shortages, and public misconceptions about their role. These challenges can limit their ability to provide optimal care and hinder the integration of midwifery services into mainstream obstetric practice. The review advocates for policy changes that support midwifery practice, increased funding for midwifery education, and public awareness campaigns to promote the benefits of midwifery care. Ultimately, the review underscores the importance of midwives as essential providers in modern obstetric care, advocating for their recognition and integration within healthcare systems. By highlighting the evidence supporting midwifery care and addressing the challenges faced by midwives, this review aims to contribute to the ongoing discourse on improving maternal and neonatal health outcomes and ensuring that women have access to comprehensive, supportive, and empowering care during pregnancy and childbirth.

1. Introduction

The role of midwives in obstetric care has undergone substantial transformations in recent decades, reflecting broader changes in societal expectations, advancements in medical knowledge, and evolving healthcare policies [1]. Historically, midwives were the primary caregivers for women during pregnancy and childbirth, often practicing in home settings where they provided personalized and continuous care. Their deep understanding of the birthing process and commitment to supporting women during this pivotal life event made them invaluable figures in maternal health. However, with the rise of obstetric interventions, the increasing medicalization of childbirth, and the growing influence of technology in healthcare, the role of midwives has been redefined and adapted to meet new challenges and expectations [2].

In contemporary healthcare systems, midwives operate within various settings, including hospitals, birthing centers, and community clinics. This shift has allowed midwives to integrate evidence-based practices into their care, ensuring that they provide high-quality support to women throughout their reproductive journeys [3]. The evolution of midwifery practice has also been influenced by a growing recognition of the importance of holistic care, which encompasses not only the physical aspects of childbirth but also the emotional, psychological, and social dimensions. Midwives are trained professionals who specialize in providing comprehensive care to pregnant women, supporting them during labor and delivery, and offering follow-up care in the postpartum period [4].

The training of midwives encompasses a wide range of competencies, including prenatal care, labor support, and postpartum follow-up. Midwives are skilled in assessing the health and well-being of both mothers and infants, identifying potential complications, and providing appropriate interventions when necessary. Their holistic approach to care emphasizes the importance of building trusting relationships with women, allowing for individualized care that respects each woman's unique needs and preferences [5]. Furthermore, midwives play a crucial role in educating women about their reproductive health, empowering them to make informed choices regarding their care and encouraging active participation in their healthcare decisions [6].

This review aims to provide a comprehensive overview of the current role of midwives in modern obstetric care, exploring their contributions to maternal and neonatal health, the challenges they face within the healthcare system, and the implications for future healthcare delivery [7]. By examining the evidence supporting midwifery care and highlighting the importance of integrating midwives into the broader healthcare framework, this review seeks to underscore the vital role that midwives play in improving health outcomes for mothers and infants alike. Additionally, it will address the need for ongoing advocacy and support for midwifery services, ensuring that women have access to the care they need during one of the most significant times in their lives. Through this exploration, we hope to contribute to the dialogue surrounding maternal health and the essential role of midwives in fostering positive birthing experiences and outcomes [8].

2. Historical Context of Midwifery

The practice of midwifery has ancient roots, with evidence of midwives providing care for women in childbirth dating back thousands of years. In many cultures, midwives were revered as knowledgeable healers and caregivers, often passing down their skills and wisdom through generations. However, the professionalization of obstetrics in the 19th and 20th centuries led to a decline in the role of midwives, as medical practitioners increasingly assumed control over childbirth [9].

The mid-20th century saw a resurgence of interest in midwifery, driven by a growing recognition of the importance of personalized care and the need for alternatives to highly medicalized childbirth. The establishment of midwifery education programs and professional organizations helped to formalize the role of midwives, allowing them to practice alongside obstetricians and other healthcare professionals [10].

3. The Role of Midwives in Contemporary Obstetric Care

The role of midwives in contemporary obstetric care is multifaceted and critical to ensuring the health and well-being of mothers and their newborns. Midwives are trained professionals who provide comprehensive support throughout the entire reproductive process, from prenatal care to labor and delivery, and into the postpartum period. Their holistic approach emphasizes not just the physical aspects of care, but also the emotional and social dimensions that are essential for positive maternal and neonatal outcomes [11].

3.1. Prenatal Care

Midwives provide comprehensive prenatal care that emphasizes the physical, emotional, and social well-being of expectant mothers. This care includes regular check-ups, screenings, and education about pregnancy, childbirth, and newborn care. Midwives often spend more time with their clients than obstetricians, allowing for a deeper understanding of the woman's individual needs and preferences. This personalized approach fosters a trusting relationship, where women feel comfortable discussing their concerns and preferences regarding their care [12].

In addition to routine check-ups, midwives also conduct various screenings to monitor the health of both the mother and the developing fetus. These screenings may include blood tests, ultrasound examinations, and assessments of fetal heart tones. By closely monitoring these factors, midwives can identify any potential issues early and take appropriate action. Furthermore, midwives provide education on nutrition, exercise, and lifestyle choices that can positively impact pregnancy outcomes. They encourage expectant mothers to engage in healthy behaviors that promote their well-being and that of their babies [13].

3.1.1. Risk Assessment and Management

One of the key responsibilities of midwives during prenatal care is conducting risk assessments to identify any potential complications that may arise during pregnancy. Midwives are trained to recognize normal physiological changes as well as deviations that may require further medical intervention. This proactive approach enables midwives to provide timely referrals to obstetricians or specialists when necessary, ensuring that women receive appropriate care throughout their pregnancy [14].

Midwives utilize a variety of tools and assessments to evaluate risk factors, including maternal health history, family history, and lifestyle factors. They are also trained to conduct physical examinations and to assess vital signs, which can provide critical information about a woman's health status. By identifying high-risk pregnancies early, midwives can facilitate a collaborative approach to care, involving obstetricians and other healthcare professionals when needed. This integrated model ensures that women receive comprehensive support tailored to their specific needs [15].

3.2. Labor and Delivery

Midwives are skilled in providing continuous labor support, which is associated with improved maternal and neonatal outcomes. They utilize a variety of comfort measures, including emotional support, physical positioning, and pain management techniques. Midwives are trained to recognize the signs of labor progression and to intervene when complications arise, ensuring a safe and supportive environment for childbirth [16]. The continuous presence of a midwife during labor has been shown to reduce the need for interventions such as epidurals, cesarean sections, and instrumental deliveries. Midwives often employ techniques such as breathing exercises, massage, and hydrotherapy to help manage pain and promote relaxation. By creating a calm and supportive atmosphere, midwives empower women to trust their bodies and participate actively in the birthing process [17].

3.2.1. Midwifery Models of Care

Midwifery care can be delivered through various models, each tailored to meet the diverse needs of women. These models include:

- **Midwife-led Care:** In this model, midwives are the primary caregivers throughout pregnancy, labor, and postpartum. This approach is associated with lower rates of interventions such as cesarean sections and higher rates of satisfaction among mothers. Midwife-led care emphasizes continuity of care, allowing women to develop a strong relationship with their midwives [18].
- **Collaborative Care:** Midwives work alongside obstetricians and other healthcare professionals, providing shared care for women with complex medical histories or high-risk pregnancies. This model promotes a team-based approach to care, ensuring that women receive comprehensive support tailored to their specific needs. Collaborative care is particularly important in situations where medical complications may arise, as it allows for quick access to specialized care [19].
- **Home Births:** Some midwives offer home birth services, providing personalized care in a familiar environment. Home births can be a safe option for low-risk women, and studies have shown that they can result in positive outcomes when attended by qualified midwives. This model allows women to experience childbirth in a setting that feels comfortable and empowering, often leading to higher satisfaction levels [20].

3.3. Postpartum Care

The postpartum period is a critical time for mothers and newborns, and midwives play a vital role in providing care during this phase. Postpartum care includes monitoring the mother's physical and emotional recovery, assisting with breastfeeding, and providing education on newborn care. Midwives often conduct home visits to ensure that mothers are adjusting well and to address any concerns that may arise [21].

During these visits, midwives assess the mother's physical health, including the healing of any perineal tears or cesarean sections, and monitor vital signs. They also provide support for breastfeeding, helping mothers establish a successful feeding routine and addressing any challenges that may arise. This hands-on support is crucial, as many new mothers may feel overwhelmed and uncertain about caring for their newborns [22].

3.3.1. Emotional Support and Mental Health

Midwives are trained to recognize the signs of postpartum depression and anxiety, which can significantly impact a mother's well-being and her ability to care for her newborn. By offering emotional support and counseling, midwives can help mothers navigate the challenges of the postpartum period. They create a safe space for mothers to express their feelings and concerns, which is essential for mental health. Midwives also provide resources and referrals to mental health professionals when necessary, ensuring that mothers receive comprehensive care [23].

In addition to addressing mental health concerns, midwives play a crucial role in fostering a supportive environment for new families. They encourage open communication and provide reassurance, helping mothers feel more confident in their parenting abilities. This emotional support can be instrumental in reducing feelings of isolation and anxiety, promoting a healthier transition into motherhood [24].

3.4. Education and Advocacy

Midwives are not only caregivers but also educators and advocates for women's health. They empower women by providing information about their bodies, reproductive health, and the childbirth process. This education helps women make informed decisions about their care and promotes a sense of agency during pregnancy and childbirth. Midwives often conduct workshops and

classes on topics such as childbirth preparation, breastfeeding, and newborn care, equipping women with the knowledge they need to navigate their experiences confidently [25].

3.4.1. Community Outreach

Midwives often engage in community outreach programs to educate women about maternal health and available services. These initiatives can help reduce disparities in access to care, particularly for marginalized populations. By fostering relationships within the community, midwives can build trust and encourage women to seek prenatal and postpartum care. Outreach efforts may include partnerships with local organizations, health fairs, and informational sessions that address specific community needs [26].

Through these outreach programs, midwives can also advocate for policy changes that support maternal health and improve access to midwifery services. By raising awareness about the benefits of midwifery care and the importance of comprehensive maternal health services, midwives contribute to a broader movement aimed at enhancing the quality of care for all women. Their advocacy efforts are essential in promoting policies that prioritize women's health and ensure that all mothers have access to the care they deserve [27].

4. Evidence Supporting Midwifery Care

Numerous studies have demonstrated the benefits of midwifery-led care for both mothers and infants. Research indicates that midwifery care is associated with lower rates of cesarean sections, fewer interventions during labor, and higher rates of breastfeeding initiation. Additionally, women who receive care from midwives often report higher satisfaction levels and a greater sense of control over their childbirth experience [28].

4.1. Maternal Outcomes

Midwifery care has been linked to improved maternal outcomes, including reduced rates of postpartum hemorrhage and lower incidences of maternal morbidity. The emphasis on continuous support during labor and the holistic approach to prenatal and postpartum care contribute to these positive outcomes [29].

4.2. Neonatal Outcomes

Studies have shown that midwifery care is associated with favorable neonatal outcomes, including lower rates of preterm birth and low birth weight. The focus on education, breastfeeding support, and early bonding between mother and baby plays a crucial role in promoting healthy infant development [30].

5. Challenges Facing Midwives

Despite the evidence supporting midwifery care, midwives face several challenges in the healthcare system. These challenges can impact their ability to provide optimal care and may hinder the integration of midwifery services into mainstream obstetric care [31].

5.1. Regulatory and Legal Barriers

In many regions, midwifery practice is subject to strict regulations that can limit the scope of care midwives can provide. Legal barriers may prevent midwives from practicing independently or from offering home birth services, which can restrict access to care for women who prefer these options [32].

5.2. Workforce Shortages

There is a growing demand for midwifery services, yet many areas face shortages of qualified midwives [33]. This workforce gap can lead to increased workloads for existing midwives, potentially compromising the quality of care provided to women and families.

5.3. Public Perception and Awareness

Public perception of midwifery can also pose challenges. Many women may be unaware of the

benefits of midwifery care or may hold misconceptions about the safety and efficacy of midwives. Increasing awareness and education about the role of midwives is essential for promoting their services and improving access to care [34].

6. Future Directions for Midwifery

To enhance the role of midwives in modern obstetric care, several strategies can be implemented. These include advocating for policy changes that support midwifery practice, increasing funding for midwifery education programs, and promoting public awareness campaigns to educate women about the benefits of midwifery care [35].

6.1. Integration into Healthcare Systems

Integrating midwifery services into existing healthcare systems can improve access to care and ensure that women receive comprehensive support throughout their pregnancy and childbirth experiences. Collaborative models of care that include midwives, obstetricians, and other healthcare professionals can enhance the quality of care and promote positive outcomes for mothers and infants [36].

6.2. Continued Research

Ongoing research is essential to further understand the impact of midwifery care on maternal and neonatal health. Studies that explore the long-term outcomes of midwifery-led care, as well as the experiences of women who choose midwifery services, can provide valuable insights for improving practice and policy [37].

7. Conclusion

Midwives play a vital role in modern obstetric care, providing comprehensive support to women throughout pregnancy, labor, and the postpartum period. Their holistic approach, emphasis on education, and commitment to empowering women contribute to improved health outcomes for mothers and infants. As the healthcare landscape continues to evolve, the importance of midwives in promoting safe, respectful, and personalized care cannot be overstated.

References:

1. (2012). Public health education for midwives and midwifery students: a mixed methods study. *bmc pregnancy and childbirth*, 12(1). <https://doi.org/10.1186/1471-2393-12-142>
2. (2012). Public health interventions in midwifery: a systematic review of systematic reviews. *bmc public health*, 12(1). <https://doi.org/10.1186/1471-2458-12-955>
3. (2019). Pre-service and in-service education and training for maternal and newborn care providers in low- and middle-income countries: an evidence review and gap analysis. *midwifery*, 78, 104-113. <https://doi.org/10.1016/j.midw.2019.08.007>
4. (2015). How well does pre-service education prepare midwives for practice: competence assessment of midwifery students at the point of graduation in ethiopia. *bmc medical education*, 15(1). <https://doi.org/10.1186/s12909-015-0410-6>
5. (2023). Development and validity of an intrapartum self-assessment scale aimed at instilling midwife-led care competencies used at freestanding midwifery units. *international journal of environmental research and public health*, 20(3), 1859. <https://doi.org/10.3390/ijerph20031859>
6. (2020). "overwhelmed and out of my depth": responses from early career midwives in the united kingdom to the work, health and emotional lives of midwives study. *women and birth*, 33(6), e549-e557. <https://doi.org/10.1016/j.wombi.2020.01.003>
7. (2023). A mixed-method study exploring barriers and facilitators to midwives' mental health in ontario. *bmc women s health*, 23(1). <https://doi.org/10.1186/s1290502302309-z>
8. (2020). Awareness mental health during pregnancy in practice midwife of bogor, jawa barat.

- medico-legal update, 20(4). <https://doi.org/10.37506/mlu.v20i4.1977>
9. (2017). Developing competence and confidence in midwifery-focus groups with swedish midwives. *Women and birth*, 30(1), e32-e38. <https://doi.org/10.1016/j.wombi.2016.08.004>
10. (2022). Self-perceived competency of midwives in kenya: a descriptive cross-sectional study. *african journal of primary health care & family medicine*, 14(1). <https://doi.org/10.4102/phcfm.v14i1.3477>
11. (2013). Catching the spirit of cultural care: a midwifery exemplar. *journal of midwifery & women s health*, 58(1), 49-56. <https://doi.org/10.1111/j.1542-2011.2012.00226.x>
12. (2022). Midwives' experiences of reducing maternal morbidity and mortality from postpartum haemorrhage (pph) in eastern nigeria. *bmc pregnancy and childbirth*, 22(1). <https://doi.org/10.1186/s12884-022-04804-x>
13. (2020). Comparison of midwives' self-perceived essential competencies between low and high maternal mortality ratio provinces in china. *journal of clinical nursing*, 29(23- 24), 4733-4747. <https://doi.org/10.1111/jocn.15514>
14. (2017). Prevalence of burnout, depression, anxiety and stress in australian midwives: a cross-sectional survey. *bmc pregnancy and childbirth*, 17(1). <https://doi.org/10.1186/s12884-016-1212-5>
15. (2020). Norwegian midwives' experiences of relational continuity of midwifery care in the primary healthcare service: a qualitative descriptive study. *nordic journal of nursing research*, 41(1), 5-13. <https://doi.org/10.1177/2057158520973202>
16. (2022). Midwifery continuity of care in indonesia: initiation of mobile health development integrating midwives' competency and service needs. *International journal of environmental research and public health*, 19(21), 13893. <https://doi.org/10.3390/ijerph192113893>
17. (2011). The effectiveness of culturally appropriate interventions to manage or prevent chronic disease in culturally and linguistically diverse communities: a systematic literature review. *health & social care in the community*, 19(3), 225-249. <https://doi.org/10.1111/j.1365-2524.2010.00972.x>
18. (2015). A qualitative study on barriers in the prevention of anaemia during pregnancy in public health centres: perceptions of indonesian nurse-midwives. *bmc pregnancy and childbirth*, 15(1). <https://doi.org/10.1186/s12884-015-0478-3>
19. (2013). Providers' perceptions of challenges in obstetrical care for somali women. *Obstetrics and gynecology international*, 2013, 1-12. <https://doi.org/10.1155/2013/149640>
20. (2018). Essential competencies for three grades of midwives in china. *international journal of nursing sciences*, 5(1), 18-23. <https://doi.org/10.1016/j.ijnss.2017.12.010>
21. (2017). Understanding factors affecting collaboration between midwives and other health care professionals in a birth center and its affiliated quebec hospital: a case study. *bmc pregnancy and childbirth*, 17(1). <https://doi.org/10.1186/s12884-017-1381-x>
22. (2023). Validating midwifery professionals' scope of practice and competency: a multicountry study comparing national data to international standards. *plos one*, 18(5), e0286310. <https://doi.org/10.1371/journal.pone.0286310>
23. (2010). Review article: genetic competence of midwives in the uk and japan. *nursing and health sciences*, 12(3), 292-303. <https://doi.org/10.1111/j.1442-2018.2010.00530.x>
24. (2016). Cultural diversity training. *the health care manager*, 35(2), 94-102. <https://doi.org/10.1097/hcm.000000000000100>

25. (2010). Knowledge of female genital cutting and experience with women who are circumcised: a survey of nurse-midwives in the united states. *journal of midwifery & women s health*, 55(1), 46-54. <https://doi.org/10.1016/j.jmwh.2009.01.005>
26. (2018). A survey of australian midwives' knowledge, experience, and training needs in relation to female genital mutilation. *women and birth*, 31(1), 25-30. <https://doi.org/10.1016/j.wombi.2017.06.009>
27. (2023). Self-reported level of cultural competence of midwives in the north-west province of south africa. *journal of transcultural nursing*, 34(5), 330-342. <https://doi.org/10.1177/10436596231175165>
28. (2010). Australian bachelor of midwifery students' mental health literacy: an exploratory study. *Nursing and health sciences*, 12(1), 14-20. <https://doi.org/10.1111/j.1442-2018.2009.00477.x>
29. (2022). The iposyandu application for midwives as learning media in continuity midwifery care training curriculum. *journal of education technology*, 6(4), 607-616. <https://doi.org/10.23887/jet.v6i4.46064>
30. (2023). Study on core competencies of midwives in china. *medicine*, 102(43), e34246. <https://doi.org/10.1097/md.00000000000034246>
31. (2020). Prevalence and predictors of burnout in midwives: a systematic review and meta-analysis. *international journal of environmental research and public health*, 17(2), 641. <https://doi.org/10.3390/ijerph17020641>
32. (2020). Role of verbal and non-verbal communication of health care providers in general satisfaction with birth care: a cross-sectional study in government health settings of erbil city, iraq. *reproductive health*, 17(1). <https://doi.org/10.1186/s12978020-0894-3>
33. (2018). Assessing the competence of midwives to provide care during labor, childbirth and the immediate postpartum period – a cross sectional study in tigray region, ethiopia. *plos one*, 13(10), e0206414. <https://doi.org/10.1371/journal.pone.0206414>
34. (2012). Remote midwifery in nunavik, québec, canada: outcomes of perinatal care for the inuulitsivik health centre, 2000–2007. *birth*, 39(3), 230-237. <https://doi.org/10.1111/j.1523-536x.2012.00552.x>
35. (2019). Reducing intrapartum fetal deaths through low-dose high frequency clinical mentorship in a rural hospital in western kenya: a quasi-experimental study. *bmc pregnancy and childbirth*, 19(1). <https://doi.org/10.1186/s12884-019-2673-0>
36. (2021). The determinants of staff retention after emergency obstetrics and newborn care training in kenya: a cross- sectional study.. <https://doi.org/10.21203/rs.3.rs484003/v1>
37. (2021). Midwives' experiences of cultural competency training and providing perinatal care for migrant women a mixed methods study: operational refugee and migrant maternal approach (oramma) project. *bmc pregnancy and childbirth*, 21(1). <https://doi.org/10.1186/s12884-021-03799-1>