

Midwife

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A **midwife** is a professional in midwifery, specializing in pregnancy, childbirth, postpartum, women's sexual and reproductive health (including annual gynecological exams, family planning, menopausal care and others), and newborn care.^{[1][2]} They are also educated and trained to recognise the variations of normal progress of labor and how to deal with deviations from normal to discern and what may intervene in high risk situations, such as breech births, twin births and births where the baby is in a posterior position, using non-invasive techniques. When a pregnant woman requires care beyond the midwife's scope of practice, they refer women to obstetricians or perinatologists who are medical specialists in complications related to pregnancy and birth, including surgical and instrumental deliveries.^{[3][4]} In many parts of the world, these professions work in tandem to provide care to childbearing women. In others, only the midwife is available to provide care, and in yet other countries many women elect to utilize obstetricians primarily over midwives.

Many developing countries are investing money and training for midwives as these services are needed all over the world. Some primary care services are currently lacking due to the shortage of money being funded for these resources.^{[5][6]}

A study performed by Melissa Cheyney and colleagues followed approximately 17,000 planned home births with the assistance of midwives. 93.6% of these families had a normal physiological birth and only 5% were Cesarean sections.^[7] In 2013, the rate of Cesarean sections in hospitals in the United States was 32.7%, which is double the rate that World Health Organization recommends.^[8]

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Midwife



Two French midwives (sages-femmes)

Occupation

Names	Midwife ^[1]
Occupation type	Professional
Activity sectors	Midwifery, obstetrics, newborn care, women's health, reproductive health

Description

Competencies	Knowledge, professional behaviour and specific skills in family planning, pregnancy, labour, birth, postpartum period, newborn care, women's health, reproductive health, and social, epidemiologic and cultural context of midwifery ^[2]
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Education required	<ul style="list-style-type: none"> ▪ Bachelor of Midwifery ▪ Master of Midwifery
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Related jobs	obstetrician, gynecologist, pediatrician
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Definition and etymology

According to the definition of the International Confederation of Midwives, which has also been adopted by the World Health Organization and the International Federation of Gynecology and Obstetrics:^[1]

A midwife is a person who has successfully completed a midwifery education programme that is recognised in the country where it is located and that is based on the ICM Essential Competencies for Basic Midwifery Practice^[2] and the framework of the ICM Global Standards for Midwifery Education;^[9] who has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery and use the title ‘midwife’; and who demonstrates competency in the practice of midwifery.

The word derives from Old English *mid*, "with" and *wif*, "woman", and thus originally meant "with-woman", that is, the *woman* who is *with* the mother at childbirth.^{[10][11][12]} As such, the word is used to refer to both male and female midwives.

Scope of practice

The midwife is recognised as a responsible and accountable professional who works in partnership with women to give the necessary support, care and advice during pregnancy, labour and the postpartum period, to conduct births on the midwife’s own responsibility and to provide care for the newborn and

the infant. This care includes preventative measures, the promotion of normal birth, the detection of complications in mother and child, the accessing of medical care or other appropriate assistance and the carrying out of emergency measures.

The midwife has an important task in health counselling and education, not only for the woman, but also within the family and the community. This work should involve antenatal education and preparation for parenthood and may extend to women's health, sexual or reproductive health and child care.

A midwife may practise in any setting including the home, community, hospitals, clinics or health units.^[1]



Worldwide Midwives (106 countries), based on official information from the International Confederation of Midwives (ICM) 2015.^[13]

Education, training, regulation and practice

Australia

Education, training and regulation

The undergraduate midwifery programs are three-year full-time university programs leading to a bachelor's degree in midwifery (Bachelor of Midwifery) with additional one-year full-time programs leading to an honours bachelor's degree in midwifery (Bachelor of Midwifery (Honours)).^[14] The postgraduate midwifery programs (for registered midwives) lead to master's degrees in midwifery (Master in Midwifery, Master in Midwifery (Research), MSc Midwifery). There are also postgraduate midwifery programs (for registered nurses who wish to become midwives) leading to a bachelor's degree or equivalent qualification in midwifery (Bachelor of Midwifery, Graduate Diploma in Midwifery).^[15]

Midwives in Australia must be registered with the Australian Health Practitioner Regulation Agency in order to practice midwifery and use the title 'midwife' or 'registered midwife'.

Practice

Midwives work in a number of settings including hospitals, birthing centres, community centres and women's homes. They may be employed by health services or organisations, or self-employed as privately practising midwives. All midwives are expected to work within a defined scope of practice and conform to ongoing regulatory requirements that ensure they are safe and autonomous practitioners.

Professional associations/colleges

- Australian College of Midwives (ACM).^[16]

Canada

Midwifery was reintroduced as a regulated profession in most of Canada's ten provinces in the 1990s.^[17] After several decades of intensive political lobbying by midwives and consumers, fully integrated, regulated and publicly funded midwifery is now part of the health system in the provinces of British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, Quebec, and Nova Scotia, and in the Northwest Territories and Nunavut. Midwifery legislation has recently been proclaimed in New Brunswick and Newfoundland and Labrador where those governments are in the process of integrating midwifery services there. Only Prince Edward Island and Yukon have no legislation in place for the practice of midwifery.

Education, training and regulation

The undergraduate midwifery programs are four-year full-time university programs leading to bachelor's degrees in midwifery (B.H.Sc. in Midwifery, Bachelor of Midwifery).^[18] In British Columbia, the program is offered at the University of British Columbia.^[19] Mount Royal University in Calgary, Alberta offers a Bachelor of Midwifery program. In Ontario, the Midwifery Education Program (MEP) is offered by a consortium of McMaster University, Ryerson University and Laurentian University. In Manitoba the program is offered by University College of the North. In Quebec, the program is offered at the Université du Québec à Trois-Rivières. In northern Quebec and Nunavut, Inuit women are being educated to be midwives in their own communities. There are Bridging programs for internationally educated midwives in Ontario at Ryerson University and in British Columbia at the University of British Columbia. A federally funded pilot project called the Multi-jurisdictional Midwifery Bridging Program^[20] has been offered in Western Canada in the past, but funding for that is no longer in place.

Midwives in Canada must be registered, after a process of assessment by the provincial regulatory bodies, in order to practice midwifery and use the title 'midwife', 'registered midwife' or, the French-language equivalent, 'sage femme'.

Practice

From the original 'alternative' style of midwifery in the 1960s and 1970s, midwifery practice is offered in a variety of ways within regulated provinces: midwives offer continuity of care within small group practices, choice of birthplace, and a focus on the woman as the primary decision-maker in her maternity care. When women or their newborns experience complications, midwives will work in consultation with an appropriate specialist. Registered midwives have access to appropriate diagnostics like blood tests and ultrasounds and can prescribe some medications. Founding principles of the Canadian model of midwifery include informed choice, choice of birthplace, continuity of care from a small group of midwives and respect for the woman as the primary decision maker. Midwives typically have hospital privileges and support women's right to choose where she will have her baby.

The legal recognition of midwifery has brought midwives into the mainstream of health care with universal funding for services, hospital privileges, rights to prescribe medications commonly needed during pregnancy, birth and postpartum, and rights to order blood work and ultrasounds for their own clients and full consultation access to physicians. To protect the tenets of midwifery and support midwives to provide woman-centered care, the regulatory bodies and professional associations have legislation and standards in place to provide protection, particularly for choice of birth place, informed

choice and continuity of care. All regulated midwives have malpractice insurance. Any unregulated person who provides care with 'restricted acts' in regulated provinces or territories is practicing midwifery without a license and is subject to investigation and prosecution.

Prior to legislative changes, very few Canadian women had access to midwifery care, in part because it was not funded by the health care system. Legalizing midwifery has made midwifery services available to a wide and diverse population of women and in many communities the number of available midwives does not meet the growing demand for services. Midwifery services are free to women living in provinces and territories with regulated midwifery.

Professional associations/colleges

- Canadian Association of Midwives (CAM).^[21]

British Columbia

The BC government announced on 16 March 1995 the approval of regulations governing midwifery and establishing the College of Midwives of BC. In 1996, the Health Professional Council released a draft of Bylaws for the College of Midwives of BC which received Cabinet approval on 13 April 1997. In 1998, midwives were officially registered with the College of Midwives of BC.^[22]

In BC midwives are primary care providers for women in all stages of pregnancy, from prenatal to six weeks postpartum. Midwives also care for newborns. To see the approximate proportion of women whose primary birth attendant was a midwife in British Columbia see, "What Mothers Say: The Canadian Maternity Experiences Survey. Public Health Agency of Canada. Ottawa, 2009, p. 115.^[23] In BC midwives deliver natural births in hospitals or homes and if a complication arises in a pregnancy, labour, birth or postpartum, a midwife will consult with a specialist such as an obstetrician or paediatrician. Core competencies and restricted activities are included in the BC Health Professions Act Midwives Regulation. As of April 2009, the scope of practice for midwives allows them to prescribe certain prescription drugs, use acupuncture for pain relief, assist a surgeon in a caesarean section delivery and to perform a vacuum extraction delivery. These specialized practices require additional education and certification.

As of November 2015, the College of Midwives of British Columbia^[24] reported 247 General, 2 Temporary, 46 Non-practicing Registrant midwives. There were 2 midwives per 100,000 people in BC in 2006.^[25]

A midwife must be registered with the College of Midwives of BC in order to practice. To continue licensure midwives must maintain regular recertification in neonatal resuscitation and management of maternal emergencies, maintain the minimum volume of clinical care (40 women), participate in peer case reviews and continuing education activities.^[22]

Midwives education in BC: The University of British Columbia (UBC) has a four-year Bachelor of Midwifery program.^[26] The UBC midwifery program is poised to double in size thanks to an increase in government funding. Graduation of students will increase to 20 per year.

Professional associations/colleges:

- College of Midwives of BC^[22]
- Midwives Association of BC^[27]

France

Education, training and regulation

The undergraduate midwifery programs are five-year full-time university programs (four years in midwifery schools after a first year of medical studies common with Medicine, Odontology and Pharmacy) leading to an accredited master's degree in midwifery (Diplôme d'Etat de Sage-Femme).^[28]

Midwives in France must be registered with the *Ordre des sages-femmes*^[29] in order to practice midwifery and use the title 'sage-femme'.

Practice

In France, midwives (*sage-femmes* "wise women" or *maïeuticien/maïeuticienne*) are independent practitioners, specialists in birth and women's medicine.

Professional associations/colleges

- L'Ordre des Sages-Femmes, Conseil National.^[30]
- Collège National des Sages-Femmes de France (CNSF).^[31]
- Société Française de Maïeutique (SFMa).

Hong Kong

In Hong Kong the Midwives Registration Ordinance requires midwives to be registered with the Midwives Council.^[32]

India

Indian Nursing Council has 2 courses of midwifery named Auxiliary Nurse Midwife (ANM) and General Nursing and Midwifery (GNM).^[33]

Ireland

Education, training and regulation

The undergraduate midwifery programs are four-year full-time university programs, with an internship in the final year, leading to an honours bachelor's degree in midwifery (BSc (Hons) Midwifery).^[34] The postgraduate midwifery programs (for registered midwives) lead to master's degrees in midwifery (MSc Midwifery, MSc Midwifery Practice). There are also postgraduate midwifery programs (for registered general nurses who wish to become midwives) leading to a qualification in midwifery (Higher Diploma in Midwifery).

Midwives in Ireland must be registered with the Nursing and Midwifery Board of Ireland (NMBI) in order to practice midwifery and use the title 'midwife' or 'registered midwife'.

The first male midwife was registered in 2009.

Japan

Education, training and regulation

In Japan, midwifery was first regulated in 1868. Today midwives in Japan are regulated under the Act on Public Health Nurse, Midwife and Nurse (No. 203) established in 1948. Japanese midwives must pass a national certification exam. Up until 1 March 2003 only women could be midwives.^[35]

Professional associations/colleges

- Japanese Midwives Association (JMA).^[36]
- Japan Academy of Midwifery (JAM).^[37]
- Japanese Nursing Association (JNA), Midwives' Division.^[38]

Mozambique

When a 16-year civil war ended in 1992, Mozambique's health care system was devastated and one in ten women were dying in childbirth. There were only 18 obstetricians for a population of 19 million. In 2004, Mozambique introduced a new health care initiative to train midwives in emergency obstetric care in an attempt to guarantee access to quality medical care during pregnancy and childbirth. These midwives now perform major surgeries including Cesareans and hysterectomies. As the figures now stand, Mozambique is one of the few countries on track to achieve the United Nations Millennium Development Goal (MDG) of reducing the maternal death rate by 75 percent by 2015.^[39]



Tanzanian midwife weighing an infant and giving advice to the mother

Netherlands

Education, training and regulation

The undergraduate midwifery programs are four-year full-time university programs leading to a bachelor's degree in midwifery (HBO-bachelor Verloskunde).^[40] There are four colleges for midwifery in the Netherlands: in Amsterdam, Groningen, Rotterdam and Maastricht. Midwives are called *vroedvrouw* (knowledge woman), *vroedmeester* (knowledge master, male), or *verloskundige* (deliverance experts) in Dutch.

Practice

Midwives are independent specialists in physiologic birth. In the Netherlands, home birth is still a common practice, although rates have been declining during the past decades. Between 2005-2008, 29% of babies were delivered at home.^[41] This figure fell to 23% delivered at home between 2007-2010 according to Midwifery in the Netherlands, a 2012 pamphlet by The Royal Dutch Organization for Midwives.^[42] In 2014 it has dropped further to 13,4%.perined.nl/jaarboek2104.pdf (<https://assets.perined.nl/docs/353d9249-9875-4cb3-9c86-f078ae3f7aef.pdf>). Scare tactics in the media and by professional boards, saying that there is a 'very high perinatal mortality' in the Netherlands are influencing women on their choice of birthplace. There is no 'higher' perinatal mortality in the Netherlands though, this is a myth, or even an outright lie. The perinatal mortality is the same as in countries like Germany, Sweden and Austria and lower than countries like the UK, Belgium and Denmark. The perinatal mortality has never been this low in history, and is still declining, mostly due to better treatments for (very) premature babies, and yet we're more scared of it than ever. Home birth has no influence on the perinatal mortality and is proven to be safe for babies, and safer for mothers.

Midwives are generally organized as private practices, some of those are hospital-based. In-hospital outpatient childbirth is available in most hospitals. In this case, a woman's own midwife delivers the baby at the delivery room of a hospital, without intervention of an obstetrician. In all settings, midwives will transfer care to an obstetrician in case of a complicated childbirth or need for emergency intervention.

Apart from childbirth and immediate postpartum care, midwives are the first line of care in pregnancy control and education of mothers-to-be. Typical information that is given to mothers includes information about food, alcohol, life style, travel, hobbies, sex, etc.^[43] Some midwifery practices give additional care in the form of preconceptional care and help with fertility problems.^[44]

All care by midwives is legal and it is totally reimbursed by all insurance companies. This includes prenatal care, childbirth (by midwives or obstetricians, at home or in the hospital), as well as postpartum/postnatal care for mother and baby at home.^{[45][46]}

Professional associations/colleges

- Royal Dutch Organisation of Midwives | Koninklijke Nederlandse Organisatie van Verloskundigen (KNOV).^[47]

New Zealand

Midwifery is a regulated profession with no connection to Nursing. Midwifery is a profession with a distinct body of knowledge and its own scope of practice, code of ethics and standards of practice. The midwifery profession has knowledge, skills and abilities to provide a primary complete maternity service to childbearing women on its own responsibility.

Education, training and regulation

The undergraduate midwifery programmes are three-year full-time (three trimesters per year) tertiary programmes leading to a bachelor's degree in midwifery (Bachelor of Midwifery or Bachelor of Health Science (Midwifery)).^[48] These programmes are offered by Otago Polytechnic in Dunedin, Ara Institute

of Canterbury (formally CPIT) in Christchurch, Waikato Institute of Technology in Hamilton and Auckland University of Technology (AUT) in Auckland. Several schools have satellite programmes such as Otago with a programme in Southland, Wanaka, Wellington, Palmerston North, Wanganui, and Wairarapa - and AUT with student cohorts in various sites in the upper North Island.^[49] The postgraduate midwifery programmes (for registered midwives) lead to postgraduate degrees or equivalent qualifications in midwifery (Postgraduate Certificate in Midwifery, Postgraduate Diploma in Midwifery, Master of Midwifery, PhD Professional Doctorate).

The Midwifery First Year of Practice Programme (MFYP) is a compulsory national programme for all New Zealand registered midwifery graduates, irrespective of work setting. The New Zealand College of Midwives (the NZCOM) is contracted by the funder, Health Workforce New Zealand (HWNZ), to provide the programme nationally in accordance with the programme specification.^[50]

Midwives in New Zealand must be registered with the Midwifery Council of New Zealand in order to practice midwifery and use the title 'midwife'.

Practice

Women may choose a midwife, a General Practitioner or an Obstetrician to provide their maternity care. About 78 percent choose a midwife (8 percent GP, 8 percent Obstetrician, 6 percent unknown).^[51] Midwives provide maternity care from early pregnancy to 6 weeks postpartum. The midwifery scope of practise covers normal pregnancy and birth. The midwife will either consult or transfer care where there is a departure from a normal pregnancy. Antenatal care is normally provided in clinics, and postnatal care is initially provided in the woman's home. Birth can be in the home, a primary birthing unit, or a hospital. Midwifery care is fully funded by the Government. (GP care may be fully funded. Private obstetric care will incur a fee in addition to the government funding.)

Professional associations/colleges

- New Zealand College of Midwives.^[49]

Somalia

Increase in midwifery education has led to advances in impoverished countries. In Somalia, 1 in 14 women die while giving birth.^[52] Senior reproductive and maternal health adviser at UNFPA, Achu Lordfred claims, “the severe shortage of skilled health personnel with obstetric and midwifery skills means the most have their babies delivered by traditional birth attendants. But, when complications arise, these women either die or develop debilitating conditions, such as obstetric fistula, or lose their babies.” UNFPA is striving to change these odds by opening seven midwifery schools and training 125 midwives so far.^[53]

United Kingdom

Education, training and regulation

The undergraduate midwifery programs are three-year full-time university programs leading to honours bachelor's degrees in midwifery (BSc (Hons) Midwifery, Bachelor of Midwifery (Hons)).^[54] The postgraduate midwifery programs (for registered midwives) lead to master's degrees in midwifery (MSc Midwifery, MSc Advanced Practice Midwifery). There are also undergraduate and postgraduate midwifery programs (for graduates with a relevant degree who wish to become midwives) leading to degrees or equivalent qualifications in midwifery (BSc (Hons) Midwifery, Bachelor of Midwifery (Hons), Graduate Diploma in Midwifery, Postgraduate Diploma in Midwifery, MSc Midwifery). Midwifery training consists of classroom-based learning provided by select universities^[55] in conjunction with hospital- and community-based training placements at NHS Trusts.

Midwifery students do not pay tuition fees and are eligible for additional financial support while training. Funding varies depending on which country within the UK the student is located in: students are eligible for NHS bursaries in addition to a grant of 1,000 pounds a year, and neither has to be repaid.^[56] Shortened-course students, who are already registered adult nurses, have different funding arrangements, are employed by the local NHS Trust via the Strategic Health Authority (SHA), and are paid salaries. This varies between universities and SHAs, with some students being paid their pre-training salaries, while others are employed as a Band 5 and still others are paid a proportion of a Band 5 salary.

Midwives in the UK must be registered with the Nursing and Midwifery Council in order to practice midwifery and use the title 'midwife' or 'registered midwife', and must also have a Supervisor of Midwives through their local supervising authority.

Practice

Midwives are practitioners in their own right in the United Kingdom. They take responsibility for the antenatal, intrapartum and postnatal care of women up until 28 days after the birth, or as required thereafter. Midwives are the lead health care professional attending the majority of births, whether at home, in a midwife-led unit or in a hospital (although most births in the UK occur in hospitals).

In December 2014 the National Institute for Health and Care Excellence updated its guidance regarding where women should give birth. The new guidance states that midwife-led units are safer than hospitals for women having straightforward (low risk) pregnancies. Its updated guidance also confirms that home birth is as safe as birth in a midwife-led unit or a traditional labour ward for the babies of low-risk pregnant women who have already had at least one child previously.^{[57][58]}

Many midwives also work in the community. The role of community midwives includes making initial appointments with pregnant women, managing clinics, undertaking postnatal care in the home and attending home births.^[59] A community midwife typically has a pager, is responsible for a particular area and can be contacted by ambulance control when needed. Sometimes they are paged to help out in a hospital when there are insufficient midwives available.

Most midwives work within the National Health Service, providing both hospital and community care, but a significant proportion work independently, providing total care for their clients within a community setting. However, recent government proposals to require insurance for all health professionals is threatening independent midwifery in England.^[60]

Midwives are at all times responsible for the women they are caring for. They must know when to refer complications to medical staff, act as the women's advocate, and ensure that mothers retain choice and control over childbirth.

Most practising midwives in the United Kingdom are female: men account for less than 0.5 per cent of midwives on the register of the NMC.^[61]

Professional associations/colleges

- Royal College of Midwives (RCM).^[62]
- Independent Midwives UK (IMUK).^[63]
- Association of Radical Midwives (ARM).^[64]

United States

Education, training and regulation

The undergraduate and postgraduate midwifery programs lead to different professional midwifery credentials.^[65]

- There are undergraduate and postgraduate midwifery programs, accredited by the Midwifery Education Accreditation Council (MEAC),^[66] leading to the Certified Professional Midwife (CPM) credential,^[67] certified by the North American Registry of Midwives (NARM),^[68] that is at the level of a degree in midwifery (AS Midwifery, BSc Midwifery, MSc Midwifery). Completion of a Portfolio Evaluation Process (PEP) or a state licensure program are considered. CPMs have to apply for recertification every three years.
- There are postgraduate midwifery programs (for graduates with a relevant degree who wish to become midwives), accredited by the Accreditation Commission for Midwifery Education (ACME), leading to the Certified Nurse Midwife (CNM) and Certified Midwife (CM) credentials,^[69] certified by the American Midwifery Certification Board (AMCB),^[70] that are at the level of a bachelor's degree or equivalent qualification in midwifery (BSc Midwifery). CNMs and CMs have to apply for recertification every five years.



US Navy midwife checks on a mother

Midwives in the US, according to each state, must be licensed to practice midwifery and use the title 'licensed midwife'.^[71]

Practice

Midwives work with women and their families in many settings. They generally support and encourage natural childbirth in all practice settings. Laws regarding who can practice midwifery and in what circumstances vary from state to state. Many states have birthing centers where a midwife may work individually or as a group,^[72] which provides additional clinical opportunities for student midwives.

CPMs practice as autonomous health professionals working in a network of relationships with other maternity care professionals who can provide consultation and collaboration when needed. They have particular expertise in out-of-hospital settings.

CNMs and CMs work in a variety of settings including private practices, hospitals, birth centers, health clinics, and home birth services. It is possible for CNMs/CMs with entrepreneurial spirits to set up their own practices, establishing themselves as health care providers in the community of their choice.

Professional associations/colleges

- Midwives Alliance of North America (MANA).^[73]
- National Association of Certified Professional Midwives (NACPM).^[74]
- American College of Nurse-Midwives (ACNM).^[75]

Male midwives

Men rarely practice midwifery for cultural and historical reasons. In ancient Greece, midwives were required by law to have given birth themselves, which prevented men from joining their ranks. In 17th century Europe, some barber surgeons, all of whom were male, specialized in births, especially births requiring the use of surgical instruments. This eventually developed into a professional split, with women serving as midwives and men becoming obstetricians. Men who work as midwives are called *midwives* (or *male midwives*, if it is necessary to identify them further). In previous centuries, they were called *man-midwives* in English.^[76]

Men have made contributions to this field, William Smellie is credited with innovations on the shape of forceps. This invention corresponds with the development towards obstetrics. He advised male midwives to wear dresses in order to reduce controversy over having a man present at birth.^[77]

As of the 21st century, most developed countries allow men to train as midwives. However, it remains very rare. In the United Kingdom, even after the passing of the Sex Discrimination Act in 1975, the Royal College of Midwives barricaded men out of the profession until 1983.^[78] As of March 2016, there were between 113 and 137 registered male midwives, representing 0.6% of all practising midwives in the UK.^[79]

In some very small and exceptional Southeast Asian cultures, some or even most of the traditional midwives are men.^[80]

See also

- Marie-Rosalie Cadron-Jetté
- Kristopher Crawford
- Yvonne Cryns
- Health professional
- International Confederation of Midwives
- Midwives Alliance of North America
- Obstetrician-gynecologist
- Justine Siegemund
- Traditional birth attendant
- Doula

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External links

- International Confederation of Midwives (ICM) (http://internationalmidwives.org/)
- Partnership Maternal Newborn and Child Health (PMNCH) (http://www.who.int/pmnch/en/)
- in midwifery can save millions of lives of women and newborns) (http://www.who.int/mediacentre/news/releases/2014/investment-midwifery/en/Investment)
- [1] (http://onlinelibrary.wiley.com.ipacez.nd.edu.au/doi/10.1111/jmwh.12350/abstract))
- Becoming a Midwife) (http://www.midwivesaustralia.com.au/?page_id=224)
- Graduate Diploma of Midwifery) (http://www.nd.edu.au/fremantle/courses/postgraduate/nursing/gdmw.shtml)



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