European Midwives Association (EMA)

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European Midwives Association (EMA) position on the proposal for a
DIRECTIVE OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL amending
Directive 2005/36/EC on the recognition of professional qualifications and
Regulation on administrative cooperation through the Internal Market
Information System (COM(2011) 883)

European Midwives Association (EMA) is a non-profit, non-governmental organisation
representing the voice of over 100,000 midwives in Europe. EMA has membership
associations and contacts in over 30 countries covering the member states of the
European Union (EU) and the European Economic Area (EEA), EU candidate countries
and the Council of Europe.

One of EMA’s objectives is to influence the development and the implementation of EU
wide legislation on midwifery education and practice.

In addition through member associations, EMA listens to women’s voices and acts as
an advocate and lobbyist on issues that affect the health of these women and their
families. European midwives touching lives of over 4.5 million women, babies and
their families.

Midwifery is an autonomous profession and should be recognised as such. The
existence of Midwives’ articles supports the differentiation of midwifery education,
training and practice from that of nurses. The points raised in this position are to
strengthen this autonomy and to have acknowledgment of contemporary midwifery
practice. The International Confederation of Midwives (ICM) in their definition of the
midwife and scope of practice states:

“A 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.”

Furthermore it qualifies an important principle in the scope of practice

“A midwife may practise in any setting including the home, community, hospitals, clinics or health units.”

EMA fully supports these statements and further acknowledges that within the European Union midwives’ practice encompasses the above and more in relation to prevention, promotion and health education within the broader Public Health agenda of women’s health, sexual or reproductive health and child care.

Autonomous midwifery practice is founded on providing up-to-date, evidence based, high quality and ethical care for child bearing women and their families. Professional autonomy, therefore, implies that midwives determine and control the standards for midwifery education, midwifery regulation and midwifery practice. It entails having a unique body of knowledge, processes for decision-making, and having acquired the knowledge and skills for competency to carry out those actions as part of a recognised professional education programme.

Most importantly the concept of professional autonomy does not mean working alone with the woman in isolation other health professionals but working with equality and equity.

EMA welcomes the opportunity to comment on the above document COM(2011) 883 and has some comments to make to be taken into consideration within the revision of the Professional Qualifications Directive (PDQ). The recommendations should inform Rapporteurs and MEPs of issues pertinent to midwives.

1. Access to training 40.2

EMA supports the amended proposal changing the required length of general school education from 10 to 12 years when accessing direct midwifery training of 3 years. This is in congruence of the current requirement in the vast majority of member states. The higher length of general education enables individual to develop more varied study/learning skills and higher level of written/oral literacy and numeracy. These students will be better equipped for autonomous practice, utilising research with analysis and developing independent decision making with action plans and fundamental competencies in contemporary midwifery practice.
2. The following are to provide a contemporary understanding of the sciences associated with midwifery practice and in red

Article 40.3

(a) adequate knowledge of the sciences on which the activities of midwives are based, particularly midwifery, obstetrics, gynaecology and neonatology

(b) adequate knowledge of the ethics of the profession and the professional legislation;

(c) detailed knowledge of biological functions, anatomy, physiology, psychology and pharmacology in the fields of midwifery, obstetrics, paediatrics and neonatology, and also a knowledge of the relationship between the state of health and the physical and social environment of the human being, and of her behaviour; so that they competently carry out all the professional activities of a midwife as set out in the article 42.

(d) adequate clinical experience gained in varied care settings under the supervision of registered midwives;

(e) adequate understanding of the training of health personnel and experience of working with such

3. Minimum duration of training

Article 41(a)

EMA strongly believes that the current Directive is not definitive enough in ensuring that midwifery training (education) is founded by an adequate inclusion of clinical practice. This is crucial for safety of practice as on qualification, a midwife must be competent in knowledge, understanding and clinical skills.

Like many other sectoral professions there should be minimum requirement of hours over the 3 years training and theory/practice split. The theory practice split must exist to ensure for development of competent midwife. Hours are more complex and with basic calculations if you correlate with the route II training requirement as set in Article 41.1(b) and base it on the 3600hrs over two years after having previous qualification of a general nurse; three years training would equate to 5400hrs. It is known that some member states have the higher requirement ≥ 5000 some basing their modules on European Credit Transfer and Accumulation System (ECTS).
Further discussions are taking place with European Network of Midwifery Regulators (NEMIR) re 5000 hours being the minimum requirement which correlates with those countries. EMA calculates that 4800hrs is the minimum acceptable standard. EMA does not perceive that ECTS are uniformly utilised by different member states and as the Directive is going to include this work in the Phase 3, the uncertainty within the legislative part of the documentation is not desirable.

The recommended minimum hours for direct clinical practice is at least 2300 hours

4. The Pursuit of Midwives activities Article 42

There should be strengthening of the wording of paragraph 1 acknowledging the autonomous role of midwife who practises in equity with other health professionals. This would ensure harmonisation and recognition of ‘fit to practice’ within the activities across member states. The following changes are prepared in partnership with the Network of European Midwifery Regulators (NEMIR) and both organisations support the recommendations as follows:

42(1) The provision of this section shall apply to the autonomous activities of midwives as defined by each member state without prejudice to paragraph 2. And pursued under the professional titles set out in Annex V, point 5.5.2

42(2) The Member States shall ensure that midwives are able to gain access to and pursue at least the following activities:

(a) provision of sound information and advice about women’s reproductive health including family planning;

(b) diagnosis of pregnancies, assessing and monitoring normal pregnancies and carrying out necessary examinations and screening;

(c) advising on and prescribing the examinations necessary for the earliest possible identification of pregnancies at risk;

(d) provision of programmes of preparation for parenthood and childbirth including advice on hygiene and nutrition;

(e) caring for and assisting the mother during labour and birth and monitoring the condition of the foetus in utero by the appropriate clinical and technical means;
(f) conducting spontaneous vaginal births including where required episiotomies, suturing and breech births;

(g) recognising the warning signs of abnormality in the mother or infant which necessitate referral to an appropriate health professional 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 wellbeing of the new-born infant;

(j) prescribing medicines as necessary in midwife’s professional practice;

(k) completing all clinical and legal documents as required

5. Delegated Acts (recital 24)

Professional organisations should be consulted and fully involved in the undertaking of ‘Delegated Acts’ and developing Annex V. A specific mechanism for the European Commission to consult the professional stakeholders should be introduced into the ‘PQD’.

6. Partial Access (recital 4)

EMA does not support partial access and supports the article 4.f.2 which allows requests for partial access to be rejected for an overriding reason of general interest. This will apply to midwives in the interests of the public safety of women, their babies and families.

7. Language requirement (Article 53)

We support any verification of language knowledge but it must happen without any monetary burden to registrants and should not prevent employers undertaking verification themselves.
8. **Alert mechanism (Article 56a(1))**

We welcome the introduction of alert mechanism and support any actions to make this a robust and effective system.

7th July 2012

EMA Executive Board