The Autonomous Practice of Midwives as a Factor for Improving Quality of Prenatal and Postnatal Care in Bulgaria

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Abstract

Midwives in Bulgaria still cannot practice independently despite the normative documents that have been adopted in accordance with the European directives. Aim: This paper aims at studying midwives’ preparedness for autonomous practice. Methodology: The current study represents a part of a bigger project on the quality of care provided by midwives and perspectives for its development in Bulgaria. An originally developed individual self-administered questionnaire was distributed among 26 obstetricians, 60 midwives and 93 undergraduate students in their last year of education. Results: 68% of midwives and 78.4% of undergraduate students expressed their willingness to work in autonomous practice. Several reasons have been distinguished: providing better care for women, the relationship between the woman and the midwife, the desire for self-employment. According to 53.8% of obstetricians midwives are qualified to observe pregnant women but only under the control of a doctor, which in fact precludes the possibility of independent practice. However, a significant proportion of respondents, both obstetricians and midwives, believe that autonomous practice of midwives would improve the quality of pre- and postnatal care for women. Conclusion: Physicians do not seem to fully support autonomous practice of midwives. Midwives by themselves are not fully informed about their right to autonomous practice. Preparedness for autonomous activities that was expressed by the majority of midwives and students is a precondition for successful reform towards autonomous practice of midwives.

Keywords: midwife, autonomous practice, quality

INTRODUCTION

The World Health Organization determines the quality of care as: “the extent to which health care services provided to individuals and patient populations improve desired health outcomes. In order to achieve this, health care must be safe, effective, timely, efficient, equitable and people-centered.” [22].

Midwives have an important role in providing patient-centered care and health promotion, thus they contribute to the improvement of health systems’ performance.
Centers of autonomous care by midwives have an impact on the promotion of normal deliveries for a healthy life start, on children's development and eventually on family health and well-being. Autonomous practices save financial resources due to its better efficiency and efficacy [20]. To summarize, the activities of midwives assist to improve health, reduce inequalities and reduce financial costs [18].

The scope of midwifery practices is presented in The International Definition of the Midwife provided by The International Confederation of Midwives: “The midwife is recognized as a responsible and accountable professional who works in partnership with women to give the necessary support, care and advice during pregnancy, labor 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” [13]. Midwives’ basic competencies are regulated by The Essential Competencies for Basic Midwifery Practice [15].

Midwives are key professionals who provide care for women during their reproductive period and empirical research data show that they have an impact on women’s welfare and relation to the infant [10, 11]. The activities of midwives are based on the needs of women, critical thinking and the results of scientific studies [15]. The midwife can be viewed as a vital solution to the challenges of providing care of good quality for all women and newborns worldwide [22, 24].

In Bulgaria health care for pregnant women, mothers until the 45th day after delivery and children up to 18 years of age is provided in accordance with the regulations of the Minister of Health [3, 4]. Prenatal and postnatal care is organized through the Programme „Maternity health care” of National Health Insurance Fund which allows contracting only with general practitioners and obstetricians [21]. National programme for improvement of maternal and children health care 2014-2020 states that: "The existing regulatory framework does not stimulate the activity of outpatient obstetricians in coverage, monitoring and testing of pregnant women. The low payment of gynecologists for obstetric observation and counseling of pregnant women reduces their motivation" [19].

Autonomous activities of midwives and opportunities for their realization are regulated by Bulgarian law [2, 12] but patients have to pay these services which restrict women’s freedom of choice and put the midwife in a dependent from the doctors position.

**AIM**

The aim of our work is to study midwives’ preparedness for autonomous practice.

**METHODOLOGY**

An originally developed individual self-administered questionnaire was distributed among 26 obstetricians, 60 midwives from 14 health institutions for obstetric care in Central-North Bulgaria and 93 undergraduate students in their last year of education in 7 medical universities in Bulgaria.

Study instruments were approved by the IRB at the Medical University - Pleven. Data analysis was performed through the software package Microsoft Office Excel 2016 and SPSS v.21.
RESULTS AND DISCUSSION

Fifty of the midwives covered by our study worked in hospital obstetric wards and 10 - in outpatient settings. Most of midwives (46.7%) had a professional experience of over 20 years. Similarly represented were those with less than 5 years of professional experience (18.3%), those between 5 and 10 years (16.7%) and between 10 and 20 years (18.3%). Among obstetricians most represented (69.3%) was the group over 50 years of age and with more than 20 years of professional experience – table 1.

**Table 1. Characteristics of the studied medical specialists**

<table>
<thead>
<tr>
<th>Measure</th>
<th>midwives</th>
<th></th>
<th>obstetricians</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Age years</td>
<td></td>
<td></td>
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<tr>
<td>&lt; 30</td>
<td>14</td>
<td>23.3</td>
<td>-</td>
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</tr>
<tr>
<td>31-39</td>
<td>13</td>
<td>21.6</td>
<td>3</td>
<td>11.5</td>
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<tr>
<td>40-50</td>
<td>11</td>
<td>18.4</td>
<td>5</td>
<td>19.2</td>
</tr>
<tr>
<td>&gt; 50</td>
<td>22</td>
<td>36.7</td>
<td>18</td>
<td>69.3</td>
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<tr>
<td>Professional experience years</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; 5</td>
<td>11</td>
<td>18.3</td>
<td>2</td>
<td>7.7</td>
</tr>
<tr>
<td>5-10</td>
<td>10</td>
<td>16.6</td>
<td>1</td>
<td>3.8</td>
</tr>
<tr>
<td>10-20</td>
<td>11</td>
<td>18.4</td>
<td>5</td>
<td>19.2</td>
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<tr>
<td>&gt; 20</td>
<td>28</td>
<td>46.7</td>
<td>18</td>
<td>69.3</td>
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<tr>
<td>Total</td>
<td>60</td>
<td>100.0</td>
<td>26</td>
<td>100.0</td>
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</tbody>
</table>

Contemporary midwifery practice includes a commitment by each practitioner to update their knowledge and skills continuously, in accordance with *ICM Essential Competencies for Basic Midwifery Practice* (2010) [15], *International Code of Ethics for Midwives* [14] and regulated standards of education and practice as required by the country in which they practice [16]. We found that only 40% of midwives and 46.2% of doctors are aware that midwives can perform autonomously activities regulated by the law in Bulgaria. Partial awareness was found in 45% of midwives and 42.3% of doctors, and 13.9% of respondents were not aware at all – table 2.

**Table 2. Awareness of the autonomous activities of midwives**

<table>
<thead>
<tr>
<th></th>
<th>midwives</th>
<th></th>
<th>obstetricians</th>
<th></th>
<th>total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>Yes</td>
<td>25</td>
<td>40</td>
<td>12</td>
<td>46.2</td>
<td>37</td>
</tr>
<tr>
<td>Not very well</td>
<td>26</td>
<td>45</td>
<td>11</td>
<td>42.3</td>
<td>36</td>
</tr>
<tr>
<td>Not</td>
<td>9</td>
<td>15</td>
<td>3</td>
<td>11.5</td>
<td>12</td>
</tr>
<tr>
<td>Total</td>
<td>60</td>
<td>100.0</td>
<td>26</td>
<td>100.0</td>
<td>86</td>
</tr>
</tbody>
</table>

These results are alarming for several reasons. By the year 2000 Bulgarian midwives had many autonomous activities both in prenatal care and in the monitoring of women and newborns after birth, including at home [23]. The fact that almost half of the doctors and midwives in our study had more than 20 years of professional experience leads to the presumption that they are aware and competent for these activities. On the other hand, according to the requirements of Directive 2005/36/EC of the European Parliament and of the Council of 7 September 2005 on the recognition of professional qualifications [7], the training of midwives is changed to a Bachelor degree. The content of the training of
midwives and the tuition hours set out in the Decree on Unified State Requirements comply with the requirements for mutual recognition of qualifications in the EU. Correlation between duration of professional experience and awareness about autonomous activities of midwives was not found.

Regarding midwife’s rights of autonomous practice in monitoring normal pregnancy, 52% of midwives and 43% of undergraduate students fully supported them. However, only 33% of the midwives and 44.1% of the students were confident in their proper training. Another 7% of midwives and 10.8% of students definitely thought that they couldn’t manage autonomously – figure 2.

![Figure 2](image)

**Figure 2.** Respondents’ opinion about rights of midwives of autonomous practice at normal pregnancy

These results correspond to the insufficient awareness of midwives about regulated autonomous activities – figure 3.

Given that the monitoring activities of women with low-risk (normal) pregnancy in Bulgaria are currently only conducted by doctors, it is important for us to establish their views towards the right of midwives to autonomous practice. Positive opinions were expressed by 50% of obstetricians. Equally represented were the opinions that autonomous practice would decrease physicians’ workload (15.4%) and would provide better care for pregnant women (15.4%). Another 15.4% stated that “this was in fact a well-established practice in our country” which is explainable by the predominant age of our study sample. Only 3.8% of doctors confirmed that this type of activity is an established European and world practice. According to 53.8% midwives may monitor pregnant women only under supervision of a doctor, which in fact precludes the autonomous practice of midwives.

In accordance with the European Directives [1, 7, 8] and the current national legislation, midwives in Bulgaria have the competence and the right to care autonomously for the mother and for the newborn up to the 45th day after the birth [2, 5, 12].
Figure 3. Awareness of midwives’ right of autonomous practice in the puerperium

Approximately 68% of midwives and 78.4% of students expressed their preparedness to work in an autonomous practice – figure 4.

Figure 4. Preparedness to work in an autonomous practice

Respondents were given the opportunity to argument their opinion. Among midwives leading motives were provision of better care and desire for professional improvement (equally represented by 11.7% of the responses). Next most common answer (10 %) focused on the importance of the relationship between the woman and the midwife. Among the undergraduates leading motives were also the desire to provide better care (15%) and the importance of the relationship between the woman and the midwife (12.9%). With 11.8% of the responses third most common argument was the possibility for professional
development. These responses illustrate an adequate knowledge about the mission of the profession and the responsibility towards patients.

Negative opinion on the autonomous practice was expressed by 20% of midwives and 15.1% of students. Only five midwives provided argumentation. According to four of them, only working in a team can ensure a good outcome for the mother and the child. One midwife gave preference to work in a clinic. Eight students provided argumentation of their opinion. Five of them thought that they were not sufficiently prepared, which is understandable providing that they had not graduated yet. Three respondents stated that a specialist-doctor was also needed.

On the question: “In your opinion, how would autonomous midwifery practices affect the quality of pre- and postpartum care of women?” 35 (58%) of midwives replied. According to 25 of them this option would improve patient’s care. Five believed that autonomous practices would prepare better patients for parenthood. Two midwives expected improvement in the relationship between the patient and the midwife.

The following benefits from autonomous midwifery services were determined by the obstetricians in our study:

- Better quality of care for women (38.5%),
- Reduced risk of incompetent advice (61.5%),
- Improved preparation for delivery (46.2%),
- Improved preparation for parenthood (46.2%),
- Increased professional confidence of midwives (42.3%).

Opinions against the autonomous midwifery practices were expressed by 5 doctors: 2 of them considered such practices to be risky with irreversible consequences, another 2 respondents placed importance on the lack of doctor’s control and for one respondent autonomous model was not suitable for the Bulgarian context.

There was insufficient awareness of the autonomous activities of midwives. All groups of respondents expected that the autonomous midwifery practices would improve quality of care, preparation for delivery and parenthood and would reduce the risk of involvement of unqualified persons in women’s care. The majority of midwives expressed preparedness to work in autonomous practice, regardless of their professional experience.

According to the ICM Philosophy and Model of Midwifery Care, “pregnancy and childbearing are usually normal physiological processes [16]. Autonomous midwifery practice enables midwives to fulfil their contract with society by providing up-to-date, evidence-based, high quality and ethical care for childbearing women and their families” [15]. Less represented were the opinions that midwifery activities at normal pregnancy and postpartum period should be conducted under doctor’s supervision. These results show ignorance of the midwifery autonomy and philosophy of midwifery model of care.

The opinions in support of the autonomous midwifery practices, expressed by doctors and midwives, are closely related and they are in favor of good quality care for women and preparation for parenthood.

CONCLUSION

Physicians do not seem to fully support autonomous practice of midwives. The lack of a real opportunity for practices financed by the health insurance system puts midwives in a dependent position and diminishes their professional self-esteem. This, on the other hand, reduces the quality of care provided to women during the pregnancy and delivery.
Midwives by themselves are not fully informed about their right to autonomous practice. Preparedness for autonomous activities that was expressed by the majority of midwives and students is a precondition for successful reform towards autonomous practice of midwives.

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