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Aim & Scope

The European Journal of Midwifery, (Abbr: Eur J Midwifery; ISSN: 2585-2906) is an open-access and double-blind peer-reviewed scientific journal. The aim of the journal is to foster, promote, and disseminate research involving midwifery education and clinical practice. The journal has an international focus and hence welcomes submissions from across the globe. EJM covers all aspects of the practice of midwifery, especially midwifery research, support, care, and advice during pregnancy, labor, and the postpartum period. The journal is proud to be under the auspices of 18 European Midwives Associations and is indexed in PubMed, Embase, Scopus, and the Web of Science - ESCI.

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Why International Midwifery Conferences Matter in Times of Geopolitical Unrest

In June 2026, midwives from across the globe will gather for the International Confederation of Midwives' 23rd Triennial Congress. At a time of geopolitical tension, conflict, economic uncertainty, social division, and growing concerns about climate change, some may question the value of international conferences. Yet it is precisely during periods of global instability that coming together as a profession matters most.

Women and babies are often among those most vulnerable in times of crisis. Across the world, women continue to experience inequities in health, education, safety, and opportunity, with the impacts of conflict, displacement, poverty, and environmental change disproportionately affecting them and their families. Regardless of the circumstances, they continue to need access to safe, respectful, high-quality maternity care.

Midwifery is grounded in human connection. In some of the most challenging settings imaginable, midwives work alongside women, families, and communities during life's most significant moments. While health systems, cultures, and political contexts may differ, the fundamental needs of women and newborns are universal. Across all settings, midwives make a critical contribution to the health, wellbeing, and experiences of women and families.

For this reason, it is vital that the profession remains united. A strong global midwifery community provides a powerful collective voice for women and newborns, advocates for equitable access to care, and promotes respectful, evidence-informed solutions to shared challenges. Whether facing workforce shortages, rising intervention rates, limited resources, climate-related disasters, population displacement, or the consequences of conflict, midwives are developing local solutions with global relevance. International conferences create opportunities for those ideas, innovations, and lessons to be shared beyond individual services, regions, and countries.

These gatherings also foster understanding across differences. In a world where political divisions can deepen mistrust and isolation, professional collaboration offers a powerful alternative. Midwives meeting as colleagues are reminded that they have far more in common than that which separates them. Through respectful dialogue, they build relationships that transcend politics, geography, language, and culture. These connections strengthen not only the profession but also the values of cooperation, mutual respect, and shared humanity.

International conferences play a critical role in advancing the science of midwifery through the dissemination of new evidence, constructive debate, and the development of collaborations that would be difficult to achieve in isolation. They bring together clinicians, researchers, educators, students, policymakers, professional organisations, and consumer representatives, ensuring that knowledge remains connected to the realities of practice and the needs of women and families.

Just as importantly, conferences nourish those who attend. Midwifery is deeply rewarding work, but it can also be demanding. Hearing how colleagues have overcome challenges, improved services, influenced policy, or advanced research can reignite purpose, optimism, and creativity. For many midwives, attending a conference helps "fill their cup"—reminding them why they entered the profession and renewing the energy they bring back to their communities and workplaces.

In uncertain times, the need for dialogue, collaboration, and solidarity becomes even greater. International midwifery conferences are not a distraction from the challenges facing the world; they are part of the response. By bringing people together across borders, they strengthen the relationships, knowledge, and leadership needed to improve maternity care and advance the profession globally. Now more than ever, we need places where midwives can come together—not despite the challenges of the world, but because of them.

Introduction

On behalf of the Scientific Professional Programme Committee (SPPC), we are pleased to introduce a compilation of the 1158 abstracts related to the oral, poster, workshops and 3-minute presentations included in the scientific programme of the 34th ICM Triennial Congress (Lisbon, from 14 to 18 June 2026).

After a rigorous review process that involved 137 volunteer reviewers who speak English, French and Spanish, this book of abstracts has been submitted by 1010 participants, coming from 93 countries representing the 6 ICM regions. The rich and comprehensive scientific programme comprises 4 plenaries, 114 concurrent sessions, and 67 workshops.

ICM's Congress theme, One Million More Midwives, sends a strong message globally about the importance of enough midwives to meet the health care needs of women and their newborns during childbirth continuum and beyond. This imperative will be addressed in many sessions and solutions discussed. The scientific programme will raise important topics including midwifery models of care[1], midwifery faculty education[2], midwifery and climate change, midwives working in humanitarian settings, interprofessional collaboration, and many more.

We hope you will enjoy reading the abstracts and that you will network with colleagues from around the globe by engaging with their work.

We thank each member of the SPPC and the Congress Management Team, C-IN, for their dedication and their professionalism. Bringing this programme together has been a pleasure and we are excited to see the calibre of current midwifery research and the generation of midwifery knowledge.

With best regards,

Deborah Davis
SPPC Chair

Sally Pairman
Congress Coordinator

1 WHO, UNFPA, Unicef, ICM, Bill&Melinda Gates Foundation, Burnet, CIANE, COINN,JhPiego, IPA (2024). Transitioning to midwifery models of care: global position paper. Geneva: World Health Organization; 2024. Licence: CC BY-NC-SA 3.0 IGO
2 ICM, (2025). ICM Global Standards for Midwife Faculty Development 2025

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ORAL PRESENTATIONS

ABUSE – DOMESTIC VIOLENCE

0081

Barriers to implementing screening for intimate partner violence in Papua New Guinea: Health care providers perspectives

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BACKGROUND
Intimate partner violence (IPV) is a significant global public health and human rights issue. Papua New Guinea (PNG) has the highest prevalence of IPV in the Western Pacific Region (WPR). Efforts to address IPV in PNG have been ongoing with various strategies and programs aimed at enhancing the healthcare sector's capacity to respond effectively to IPV.
OBJECTIVES
This study identifies the barriers to implementing screening for IPV in the antenatal period by healthcare providers (HCPs) in PNG.
METHODS
This study is the qualitative component of the broader research inquiry that evaluated the knowledge, attitudes and preparedness of HCPs to respond to IPV in PNG. This study utilised a mixed methods design to examine HCPs knowledge, attitudes and preparedness to respond to IPV. This presentation will focus on the qualitative component only. We conducted 21 semi-structured interviews with a range of HCPs from May to September 2024. Interviews were digitally recorded, transcribed verbatim, and analysed thematically using Braun and Clarke's (Braun and Clarke, 2022) approach and guided by the World Health Organization's socioecological framework (World Health Organization, 2010). Ethics approvals were obtained from University of Technology Sydney ETH23-8572 and from PNG MRAC#24.5.
RESULTS
This study found that PNG under resourced health system is the overarching barrier to implementing IPV screening by HCPs. Key challenges include workforce shortages, high workload, limited knowledge and lack of training, time and space constraints, and absence of a national clinical guidelines. Additional barriers identified were cultural norms to violence, lack of leadership and poor interagency collaboration all of which prevent routine IPV screening during antenatal care.
CONCLUSIONS
These findings emphasize the urgent need to strengthen PNG's health system to address IPV as a public health priority.
KEY MESSAGE
Efforts to address IPV within the health sector should be informed by local research findings.
Eur J Midwifery 2026;10(Supplement 1):A1

0082

The identification of coercive control by midwives

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PURPOSE
This session will draw on findings from a stakeholder and patient experience informed scoping review to consider how midwives can discuss healthy relationships and identify and discuss the experience of coercive control with women in their care.
DISCUSSION
Coercive control is an aspect of domestic abuse in which a perpetrator seeks to gain and maintain control of a victim. It is a crime in many countries and the EU has reported on the criminalization of psychological violence in member states (European parliament FEMM committee, 2020). The acts involved in this sort of abuse can vary but may include the control of the victim's finances and employment, isolating them from others, control of their activities and daily life, for example control of sleep, intimidation, coercion to involvement of the victim in criminality, reproductive coercion and criminal damage (CPS, 2023;Stark, 2019). Coercive control has many negative sequalae, it is a predictor of potential future serious impacts, for example homicide, even in the absence of prior violence (Monckton Smith, 2020) and ongoing mental health impacts for victims and developmental damage for children. Domestic abuse and coercive control are likely to start or escalate during pregnancy; meaning that midwives have an ideal opportunity to open discussions and provide support to victims. Coercive control differs from other forms of abuse because of its hidden and victim specific nature, not only is it difficult to identify from outside but victims may be unaware of what is happening.
EVIDENCE WHERE RELEVANT
Evidence will be provided resulting from a recently completed scoping review that was informed by midwives and survivors of coercive control.
KEY MESSAGE
Pregnancy is an ideal time to open discussions with women about healthy relationships and coercive control. Midwives have a key role in doing this but need to be offered support and organizational systems to facilitate this happening.
Eur J Midwifery 2026;10(Supplement 1):A2

0083

Childhood adversities and negative childbirth experiences: A population-based retrospective cohort study of women in Iceland

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BACKGROUND
Adverse childhood experiences (ACEs) have consistently been associated with adult health complications, including adverse mental and physical health during pregnancy.
OBJECTIVES

The aim of this study was to assess the relationship between ACEs and women's birthing experiences leveraging data from a large population-representative cohort of Icelandic women.
METHODS
In this retrospective cohort study, we used data from 22293 births among 10759 women (8588 primipara, 13705 multipara) in the Stress-And-Gene-Analysis (SAGA) with a record in the Icelandic Medical Birth Register. At baseline (2018-19) women responded to the ACE-International Questionnaire (ACE-IQ) and questions on birth experiences in the follow-up questionnaire (2024) while objective markers on birth complications were obtained from the Medical Birth Register. We used Poisson regression to assess the association between ACEs and a negative birth experience, calculating crude and adjusted prevalence ratios (PR) and 95% confidence intervals (CI).
RESULTS
The prevalence of a negative birth experience was 22.5% (n=1717) and 8.5% (1021) among primipara and multipara, respectively. Exposure to ACEs was associated with an increased prevalence of a negative birth experience in a dose-dependent manner: exposure to 4 or more ACEs was associated with a 2.1-fold higher prevalence of a negative birth experience (PR=2.08, 95%CI 1.81-2.40), with an elevated PR among women experiencing an uncomplicated birth, 3·62 (2.62 – 4.99), vs uncomplicated birth, 1.66 (1.42 – 1.95).
CONCLUSIONS
Women exposed to adverse childhood events report increased prevalence of negative birth experiences, both after complicated and uncomplicated births. This highlights the need for screening and targeted early interventions for this vulnerable group of women.
KEY MESSAGE
This population-based study highlights the long-term impact of adverse childhood experiences (ACEs) on women's childbirth experiences, underscoring the challenges that women with a history of childhood trauma may face during the transformative experience of childbirth, with potential consequences for maternal wellbeing and infant bonding.
Eur J Midwifery 2026;10(Supplement 1):A3

0084

Lessons learned from implementing digital screening and midwife-led support for IPV in antenatal care

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BACKGROUND
Intimate partner violence (IPV) during pregnancy poses serious risks for maternal mental health and well-being. Digital screening and support may improve identification and access to care, but their acceptability and perceived relevance for pregnant women remain underexplored.
OBJECTIVES
To explore how pregnant women in Denmark experienced digital IPV screening and midwife-led video counselling, with a focus on perceived barriers and facilitators for participation.
METHODS
This qualitative study was nested in the STOP project. Pregnant women attending antenatal care were screened for IPV using a digital questionnaire. Women who screened positive were offered 3–6 video-based counselling sessions with trained midwives and access to a safety planning app. Twenty women who received the intervention were interviewed. Data were analysed thematically using Braun and Clarke's reflexive approach.
RESULTS
Digital screening was considered acceptable and less confronting, allowing women to disclose violence at their own pace. Many participants appreciated being asked about IPV and valued that support was offered in a calm, non-judgmental manner. Trust in midwives and prior relationships with the healthcare system facilitated engagement. Barriers included concerns about digital control by partners, limited relevance of the safety app, competing responsibilities during pregnancy, and emotional overwhelm. Some women preferred support outside the healthcare system or from informal networks. A single screening point was seen as insufficient, as readiness to disclose could change over time.
CONCLUSIONS
Digital IPV screening and midwife-led video counselling are acceptable and meaningful to many pregnant women. For successful implementation, follow-up is essential, and support must be adaptable to women's individual situations, needs, and timing.
KEY MESSAGE
Antenatal care is a key opportunity to identify and support women exposed to IPV. Many do not disclose unless asked. Digital screening helps reach more – but meaningful support requires verbal follow-up and adaptation to individual needs.
Eur J Midwifery 2026;10(Supplement 1):A4

ABUSE - SURVIVORS SEXUAL VIOLENCE

0183

An integrated midwifery model of continuity of care for pregnant survivors of sexual and gender based violence in DR Congo

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PURPOSE
Women previously exposed to sexual violence are at higher risk for adverse pregnancy and obstetric outcomes, risk of re-traumatization during birth, and for difficulties to attach to their newborns. To suit the complex needs of women and girls who have become pregnant as a result of sexual violence, this presentation demonstrates a person-centered, and transformative model of midwifery care in a low-income and conflict-affected setting with high precedence of sexual violence. The model was developed at the Panzi hospital in eastern DRC and evolved through collaboration between the midwives, the inter-professional team and survivor mentors .
DISCUSSION
Well-educated and trained midwives working in an enabling environment are key in person-centered sexual and reproductive health care across the life course. This is true

also in the most difficult humanitarian and conflict-affected settings.
The model strengthens midwifery skills, professional autonomy, and collaboration, working conditions and satisfaction benefiting all women giving birth at the facility. It cultivates a deeper understanding and competence of the impacts of sexual violence in pregnancy and childbirth and provides continuity of care in all areas of expertise needed for a safe birth experience that empowers rather than re-awakens the initial sexual violence trauma. Between 2021-2024 625 women have experienced this model of care in Panzi Hospital. In 2024 77% were minors. Indicative results show a decrease in C-section rates from initial 50% in 2020 to 40% in 2024.
KEY MESSAGE
This midwife led model of care illustrates an opportunity for pregnant survivors of sexual violence to not only survive childbirth but to thrive and transform in the process. It inspires action, utilizes innovative approaches and stresses the need for capacity building and interprofessional collaboration. It presents a strategy in line with Agenda 2030, and the SDGs, to reach those furthest behind that can be scaled up in other similar contexts.
Eur J Midwifery 2026;10(Supplement 1):A5

O185

Addressing the challenge of how to provide sensitive midwifery care to a silent hidden population

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PURPOSE
This presentation discusses challenges associated with providing sensitive midwifery care to those who have experienced child sexual abuse (CSA). This is a silent, hidden population in maternity services, at increased risk of common physical and mental health conditions, pregnancy complications and adverse outcomes. Maternity care often triggers memories of abuse and sensitive, responsive care is needed.
DISCUSSION
Failure to listen has been a common criticism of the UK maternity services in recent years. However, the Women's Health Strategy in England recognised the need to ensure women are heard and tackle taboos. Those who have experienced CSA rarely disclose to healthcare professionals (HCPs) as they fear judgement. One in five women experience CSA, so they are prevalent in our services. Silent, hidden service users are hard to hear. The issue is compounded by the lack of education available for HCPs. How to respond when a history of CSA is suspected is a cause of concern for many. Care of women who have experienced abuse was included in the updated Nursing and Midwifery Council Standards of proficiency for midwives and will now be on the curriculum, but resources are lacking. We have co-produced an e-resource on trauma-informed maternity care for those who have experienced CSA. It incorporates the powerful words of survivor participants of our previous research, ensuring they are heard. and discusses principles of trauma-informed care that apply irrespective of disclosure. We are conducting a study, funded by the Burdett Trust for Nursing, to test the implementation of our resource in pre-registration midwifery programmes in England.
EVIDENCE WHERE RELEVANT
Montgomery E, Duckworth L. Perspectives on trauma-informed maternity care for those with a history of child sexual abuse. Front Glob Womens Health. 2025;6:1597924. doi:10.3389/fgwh.2025.1597924
KEY MESSAGE
Trauma-informed care is important for survivors of CSA. Our resource addresses the challenge of how to provide sensitive midwifery care to this silent hidden population.
Eur J Midwifery 2026;10(Supplement 1):A6

O186

Trauma informed midwifery: Transforming care for women and maternity colleagues: Mitigating the impact of childhood sexual abuse on women's pregnancy, birth and the maternity workforce

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PURPOSE
At least one in four women has a history of childhood sexual abuse (CSA). Women make up 98% of midwifery workforce. Therefore, midwives care for survivors of sexual trauma every day and many midwives are also survivors of sexual trauma. Survivors of CSA often experience complex and long-lasting psychological trauma into adulthood. Trauma-informed care (TIC) must therefore be embedded within maternity services as a priority, for the safety and wellbeing of both women and the maternity workforce.
DISCUSSION
Trauma-informed care is no longer optional, it is essential. This presentation will delve into the critical need for trauma-informed approaches through an in-depth analysis of a compelling case study. The case study centres on the lived experience of a survivor of CSA, tracing her journey through four very different births. Her story illustrates, with clarity and urgency, how both trauma-insensitive and trauma-skilled care can shape a woman's experience and recovery, and what we, as midwives, must do differently.
EVIDENCE WHERE RELEVANT
The evidence is compelling. Leeners et al. (2010) found a strong association between a history of CSA and complications such as premature labour, cervical insufficiency, and obstructed labour. Montogomery (2025) states there is a higher prevalence of CSA survivors within maternity workforce that are negatively impacted by lack of awareness of TIC and recognition.
KEY MESSAGE
Survivors of CSA can experience significant psychological trauma during pregnancy and birth. When midwives are trauma-skilled and practice within a trauma-informed framework, they can mitigate re-traumatising women. As the ICM 2026 theme "One Million More Midwives" calls for

rapid workforce expansion, it is critical to share trauma-skilled education and knowledge. By equipping both new and experienced midwives with the tools to recognise and respond to trauma, we not only improve outcomes for women, we retain staff and care for our maternity workforce who are also survivors SRHR – FGM.

Eur J Midwifery 2026;10(Supplement 1):A7

ADOLESCENT CARE (INCLUDING THREE-MINUTE PRESENTATION COMPETITION)

0011

An innovative community-based mentoring intervention to reduce maternal and perinatal mortality among adolescent girls (2YoungLives): A pilot cluster-randomised trial in Sierra Leone

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BACKGROUND

Sierra Leone has high maternal and neonatal mortality rates, particularly among adolescent girls, who are most vulnerable due to poverty, lack of education, and limited employment opportunities.

OBJECTIVES

To evaluate the feasibility and impact of a community-based mentoring intervention from pregnancy to one year postpartum for adolescents and their babies (2YoungLives).

METHODS

A pilot cluster-randomized hybrid trial of the introduction of 2YoungLives in rural and urban communities served by twelve peripheral health units in five districts of Sierra Leone. The primary outcome was a composite of maternal and perinatal deaths (stillbirths and neonatal deaths). Analysis by intention to treat (ISRCTN 32414369).

RESULTS

Between July 2022 and November 2023, 673 girls were included in the trial; six clusters (372 girls) allocated to 2YoungLives (intervention group) and six clusters (301 girls) allocated to the control group. Loss to follow up <10% in both groups. The incidence of the primary composite outcome was significantly lower in the intervention group (23 [6.4%]) compared to the control group (35 [12·5%]); aRR 0·52, 95% CI 0·34 to 0·81); RD-0·05%, 95% CI -0·10 to -0·01. The number needed to treat with 2YoungLives to prevent one maternal/perinatal death was 18.

CONCLUSIONS

Our study demonstrates that 2YoungLives, a community-based mentoring intervention for adolescents from pregnancy up to one year after birth, was feasible to implement in urban and rural communities in Sierra Leone and signiJcantly reduced acomposite of maternal deaths, stillbirths and neonatal deaths.

KEY MESSAGE

2YoungLives, a locally developed community based mentoring intervention for adolescent girls in Sierra Leone, saves lives!

Eur J Midwifery 2026;10(Supplement 1):A8

0012

Midwives in the margins: Mentoring youth through education, health and connection

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PURPOSE

Midwives have the unique ability to enhance educational and community systems to improve adolescent mental health. Young people face escalating challenges in mental health, educational engagement, and reproductive well-being. With rising school avoidance, widening health literacy gaps, and increasing mental health challenges, there is a clear need for a bold and innovative response. This presentation highlights this need and shows how positioning midwives not only as healthcare providers, but also as frontline educators, mentors, and mental health allies can improve outcomes.

DISCUSSION

Reproductive health education can be a valuable tool in addressing mental health literacy by providing youth with a comprehensive understanding of health, reducing stigma, and equipping them with the skills to manage emotional wellbeing effectively. The Core of Life (COL) youth program, on the Central Coast, NSW Australia is a midwifery-led, evidence-informed reproductive health initiative delivered in schools. It engages young people via storytelling and role play while building essential life skills. Midwives bring clinical expertise and lived experience, creating trusted spaces for learning and dialogue. They also foster partnerships between education, health and community. This unique program has a culturally adaptive delivery method, easily reaching a diverse audience, importantly, our Aboriginal and Torres Strait Islander communities.

EVIDENCE WHERE RELEVANT

Nearly 40% of Australians aged 16–24 have experienced a mental health disorder in the past year, highlighting the urgency of early, preventive education. Evaluations of COL implementation shows improved knowledge leading to increases in health literacy. It's alignment with Gen Z's focus on self-awareness and mental wellbeing further enhances its relevance and impact.

KEY MESSAGE

By embedding midwifery expertise into educational and community systems, we can close health literacy gaps, strengthen emotional resilience, and empower the next generation. Midwives are not just birth workers—they are educators, advocates, vital architects of healthier, more equitable futures.

Eur J Midwifery 2026;10(Supplement 1):A9

APPROACHES TO CARE

0317

Adapting TeamBirth to urban Nepal: A service and strategic design study on respectful maternity care

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PURPOSE

The purpose of this oral presentation is to explore how TeamBirth, an intervention designed to promote respectful care, effective communication, and shared decision-making (SDM) during labor, can be adapted to improve health outcomes and birth experiences for mothers in urban Nepal.

DISCUSSION

Many women giving birth at Nepali health facilities experience at least one form of disrespect or abuse during labor (Ghimire et al., 2021). Disrespectful and abusive behaviors are linked to significantly reduced quality of care and help-seeking behavior, therefore negatively impacting health outcomes (Jemal et al., 2021). TeamBirth is an intervention designed to promote respectful care, effective communication, and SDM during childbirth. Through in-country field work, we aimed to discover how TeamBirth could be implemented in Nepali midwife-led birth units with the goal of identifying challenges and opportunities with the existing product, and exploring what adaptations should be made, while maintaining TeamBirth's core components.

EVIDENCE WHERE RELEVANT

This project utilized a strategic design approach, employing methods from participatory design and ethnographic research. The approaches were used to form a holistic understanding of the current maternal healthcare system in urban Nepal, with the end-users' needs and experiences in focus. By using semi-structured interviews, focus groups, workshops with local midwives, user journey mapping, and SWOT-analyses, we identified pain points for the targeted users as well as opportunities and barriers for adapting and implementing the TeamBirth model of care into midwife-led units in urban Nepal.

KEY MESSAGE

We propose adaptations and considerations required for TeamBirth to fit the Nepali midwife-led birth units, while aligning with local constraints, future trends, and Ariadne Labs' overall project timeline. The result was shaped through an iterative process of testing with end users and getting feedback from Ariadne Labs and Laerdal Global Health to create a strategic plan with a short, mid, and long-term perspective that includes suggestions for future work.

Eur J Midwifery 2026;10(Supplement 1):A10

0318

Scaling up midwifery-led evidence-based roup ntenatal are in Malawi

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BACKGROUND

Scaling up midwifery-led, evidence-based care to improve perinatal outcomes in low- and middle-income countries is a global priority. However, many implementation models are inaccessible to those with little implementation experience. In Blantyre District, Malawi, we adapted a 3-Step Implementation Plan to guide and scale up a midwifery-led Centering-based group antenatal care (ANC) model through an effectiveness-implementation trial (IRB #2018-0845; COMRECP.10/18/2498).

OBJECTIVES

To describe our Group ANC implementation process and foundations for scale-up.

METHODS

Our structured approach followed a 3-Step Implementation Plan with key strategies to build capacity for Group ANC. Guided by the RE-AIM and CFIR frameworks, we use multiple data sources (coordinator notes, fidelity, and benchmarks) to describe implementation success and sustaining.

RESULTS

Strategies included the 3-step implementation model, training and mentoring, support for clinical teams and meeting training costs. To prepare, 299 individuals from seven ANC clinics completed facilitator and mentor training workshops. During rollout (June 2019-March 2023), 84 ANC groups were completed with high fidelity. Those in Group ANC reported greater empowerment and satisfaction with ANC, uptake of health-promoting practices and improvements in mental health. During sustain, all seven clinics continued offering groups. The midwife mentors trained 103 more individuals, initiating expansion to six additional clinics. The Malawi Ministry of Health is integrating Group ANC into district-level trainings while exploring nationwide scale-up.

CONCLUSIONS

Midwives and pregnant women are increasingly embracing Group ANC because it meets expectations for a positive pregnancy experience. The 3-Step Implementation Plan was successful, effective, and built capacity to work toward national scale-up.

KEY MESSAGE

This initiative demonstrates that the 3-Step Implementation Plan and associated capacity-building strategies can help diverse clinics overcome challenges and maintain fidelity so that continuity of care, respect, and quality are high. This work provides a replicable framework for scaling similar interventions to advance midwife-led care models.

Eur J Midwifery 2026;10(Supplement 1):A11

0319

Group ante- and postnatal care: Implementation lessons from the GC_1000 project

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BACKGROUND
Group ante- and postnatal care (GC) offers a transformative model of maternity care that integrates clinical assessments with interactive learning and peer support. Facilitated primarily by midwives, GC fosters community building through shared experiences, addressing participants' needs and reducing traditional care hierarchies. The EU Horizon 2020 GC_1000 project implemented, and/or scaled-up GC in Belgium, Ghana, the Netherlands, Kosovo, Suriname, South Africa, and the United Kingdom.
OBJECTIVES
To synthesize and share knowledge on how to implement GC as part of health services, based on implementation experiences in seven countries.
METHODS
For each participating country, data was collected from several sources, including service users and service providers – interviews, observations, clinical and meeting notes. Data was coded inductively and synthesised using the Consolidated Framework for Implementation Research (CFIR). Findings were validated through stakeholder meetings and contributed to lesson learnt reports and a global GC Implementation Toolkit.
RESULTS
Lessons learnt include the critical role of health system infrastructure for hosting group-based care models, the importance of policy / local leadership support as well as support and training in participatory care approaches for providers such as midwives. Community engagement is essential for reaching disadvantaged groups and cultural sensitivity is critical for contextual adaptation. Staff engagement to identify local champions and to generate buy-in for the implementation of GC, are also vital for successful implementation.
CONCLUSIONS
Despite contextual differences, the study demonstrated that GC can be effectively adapted while maintaining its core principles. Adapting the model to address specific cultural, healthcare service, and space-related challenges while also maintaining integrity of the approach, enhances the model's relevance and accommodates needs posed by the specific implementation context. The resulting and freely available Implementation Toolkit supports further adoption of GC globally.
KEY MESSAGE
GC can be successfully implemented in diverse settings by aligning with local needs while preserving its core principles.

Eur J Midwifery 2026;10(Supplement 1):A12

0320

The pioneer comprehensive community midwifery service model in Taiwan

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PURPOSE
This model aims to provide holistic, community-based care for pregnant and postpartum women, enhancing the well-being of both mothers and infants.
DISCUSSION
Since January 2025, the Taoyuan City Midwives Association has operated the Maternal Care Center with the support of the Maternal and Child Development Bureau, pioneering a holistic and community-driven approach to maternal and infant health in Taiwan. In just six months, the center has reached 852 mothers and families, providing over 730 telephone consultations, 70 in-person assessments, 48 home visits, and nine childbirth education sessions—demonstrating robust community engagement and meaningful improvements in access to care.
EVIDENCE WHERE RELEVANT
Staffed by experienced midwives and nurses, the center delivers integrated support encompassing clinical care, educational initiatives, psychological counseling, and resource coordination. Special attention is given to high-risk groups, including teenage mothers, families lacking prenatal care, and those facing mental health or economic challenges, through interdisciplinary case management and coordinated home visits.
KEY MESSAGE
The center's success rests on its innovative model of cross-sector collaboration and its commitment to tailored, family-centered service. By integrating resources and fostering seamless teamwork, the program ensures that every pregnant woman receives dignified, continuous, and responsive care—setting a new standard for maternal health services in the region.

Eur J Midwifery 2026;10(Supplement 1):A13

ASSOCIATION STRENGTHENING 1 (INCLUDING THREE-MINUTE PRESENTATION COMPETITION)

0044

Strengthening the Independent Midwives Association Lesotho through digital empowerment, advocacy, and community engagement: Building brand awareness through IMAL's social media platforms

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PURPOSE
The Independent Midwives Association Lesotho (IMAL) embarked on a transformative journey to enhance visibility, sustainability, and member engagement through the ICM BRIDGE Lightful Programme. The goal was to build fundraising capacity, strengthen digital presence, and foster policy-level and community advocacy to elevate midwifery in Lesotho.
DISCUSSION
Through the Lightful Programme, IMAL gained critical digital and strategic communication skills. These empowered the association to launch its website (www.imal.org.ls), active Facebook and Instagram platforms, and increase membership significantly. IMAL successfully mobilised resources by selling branded merchandise (raising M2,875.00) and engaged midwives in grassroots fundraising. Under this program, two key public health events were organised: the Perinatal Mortality Awareness Campaign at Mabote Filter Clinic and the International Day of the Midwife (IDM) celebration at Nazareth Health-Center, attended by high-level stakeholders including the Director General-MOH, Principal Secretary, WHO, UNFPA and PEPFAR representatives, as well, midwives and the community at large. These events amplified national awareness of maternal and new-born health issues and IMAL's role in addressing them. Media engagement prior and post via national TV and radio further extended their impact. IMAL's work not only educated the public but also created platforms for community dialogue, policy discussions, and midwifery recognition. Despite challenges such as limited infrastructure and financial constraints, the association has grown stronger demonstrating resilience, innovation, and leadership.
EVIDENCE WHERE RELEVANT
Quantifiable successes include increased membership, a digital footprint, financial returns from fundraising, successful event execution, and national media appearances. All items funded through the BRIDGE grant were procured and used as planned.
KEY MESSAGE
Empowering midwives' associations through digital capacity-building, strategic partnerships, and grassroots advocacy can transform midwifery leadership in low-resource settings. IMAL's story shows how intentional support and community mobilisation can drive sustainable progress, piece by piece, midwife by midwife, ultimately strengthening health systems, increasing visibility, and inspiring others to invest in midwifery-led solutions across similar contexts.
Eur J Midwifery 2026;10(Supplement 1):A14

0045

Independent Midwives Association of Namibia's digital presence for championing midwifery in Namibia

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PURPOSE
The Independent Midwives Association of Namibia (IMANA) has a mission to promote and strengthen the practice of midwifery to highest levels of professionalism, thus improving the health of women, newborns and families. As a not-for-profit association, the operations of the association are conducted through the collective effort of the board members on a voluntary basis and with very limited to bare minimal resources. As a member association of ICM, IMANA was privileged to have been awarded the opportunity to participate in the Lightful-BRIDGE programme. The purpose of participating in this Lightful- BRIDGE programme was to assist IMANA members to be trained and learn about data driven approaches and digital techniques used to promote digital presence and help increase funding effectiveness to ensure the smooth operation of the association.
DISCUSSION
Upon the successful completion of the lightful programme, the association has successfully designed and launched a website that is now used as a central hub for amplifying the voices of midwives and promoting the vital role of midwives in the promotion of sexual, reproductive and health rights of women, girls and adolescents in Namibia. The website platform ensures the associations digital presence by featuring important information about IMANA's vision, mission and objectives, the role of IMANA in improving and championing maternal and newborn care in Namibia. The website has an online donation feature which provides an opportunity for IMANA supporters to connect, engage and help donate funds.
EVIDENCE WHERE RELEVANT
The digital presence through the website enables IMANA to reach midwives, policy makers, funders and collaborators.
KEY MESSAGE
IMANAs digital presence through a dedicated website is a lifetime opportunity that was made possible by the generous support of ICM through the Lightful programme. This digital presence enhances the associations visibility while creating an opportunity for online funding and donations that will ensures work of midwives is supported.
Eur J Midwifery 2026;10(Supplement 1):A15

0046

Strengthening midwifery through twinning: Reflections from a 9-month in-country expert-led experience

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PURPOSE
Twinning is a cross-cultural, reciprocal process where two individuals / groups of people work together to achieve a joint goal. In a bid to strengthen professional development, peer learning, and collaboration among midwives, the National Midwives Association of Uganda (NMAU) implemented a 9-month in-country twinning project. Led by twin experts, the initiative aimed to adapt the international confederation of midwives twinning model to the Ugandan context—fostering a culture of mentorship, teamwork, and practical skill sharing among midwives from different regions in Uganda.
DISCUSSION

A national call for participation was issued through NMAU's platforms, attracting a large number of applicants. Using clear selection criteria—such as geographic proximity, willingness to learn, communication skills, and professional standing—well-matched twin pairs were formed. The pairs reflected diverse backgrounds and experiences, creating space for shared learning. To guide their collaboration, participants engaged in a SMARTI goal-setting workshop, helping them refine their initial ambitions into specific, achievable workplans. Regular virtual and Physical meetings kept the momentum alive, offering platforms for sharing challenges, celebrating progress, and peer mentoring. One-on-one support was provided where needed, allowing for tailored solutions and flexible planning.
EVIDENCE WHERE RELEVANT
Midwives reported improved self confidence, communication, leadership and practical skills. All of them appreciated the opportunity to learn from peers in different settings, adopt new practices, and gain visibility in their professional roles at National Midwives Association of Uganda. It was evident that the collaborative environment created a safe space for innovation, problem-solving, and motivation.
KEY MESSAGE
The in-country twinning experience significantly enriched the professional growth of participating midwives. By promoting reciprocal learning, goal-oriented collaboration, and sustained peer support, the project demonstrated that twinning can be a powerful model for strengthening midwifery practice. There is need to scale up twinning among other midwifery associations.
Eur J Midwifery 2026;10(Supplement 1):A16

ASSOCIATION STRENGTHENING 2 (INCLUDING THREE-MINUTE PRESENTATION COMPETITION)

0224

A toolbox for midwifery twinning

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PURPOSE
This midwifery twinning toolbox offers practical guidance for midwives, midwifery associations, and other organizations establishing international partnerships to strengthen health systems or professional associations. Drawing on the Royal College of Midwives (RCM)'s decade of experience in twinning with midwifery associations in the global South (e.g., Bangladesh, Cambodia, Nepal, Uganda), this resource is further informed by evaluation of a five-year twinning partnership with the Bangladesh Midwifery Society (BMS), funded by UNFPA. The toolbox supports all phases of twinning partnerships: planning, delivery, learning, and phasing out, while signposting to additional resources.
DISCUSSION
The toolbox is structured into four key sections: 1. Deciding to twin: building foundations. Emphasizes thorough preparation, including goal setting, risk assessment, and clear decision-making involving senior leaders. Includes a quick decision-making guide. 2. Implementing twinning: delivering together. Focuses on effective management of people, time, and funds. Highlights best practices like equitable resource mobilization, project planning tools, effective communication, and shared governance. 3. Learning together: reflective twinning practice. Stresses the importance of continuous reflection and learning, with explicit components for knowledge creation and research. 4. Sustaining outcomes: scaling up, or moving on from, twinning. Addresses best practices for partnership conclusion, including clear communication, shared decision-making on exit and sustainability, and disseminating lessons learned.
EVIDENCE WHERE RELEVANT
The RCM/BMS partnership evaluation demonstrated impact on thinking, policy, practice, and network building, significantly enhancing BMS's organizational capacity and empowering participating midwives into leadership roles. This partnership also provided reciprocal learning for the RCM and the wider UK midwifery community. Recognized for its commitment to gender equity and social inclusion, the RCM/BMS partnership exemplifies how strengthening midwives' associations can contribute to achieving the Sustainable Development Goals (SDGs).
KEY MESSAGE
Twinning can foster innovative systems to support the growth and function of midwives' associations. This toolbox provides a practical framework for successful, impactful, and sustainable twinning partnerships.
Eur J Midwifery 2026;10(Supplement 1):A17

0225

United for midwifery: Advancing equity, access, and autonomy through partnership between the American College of Nurse-Midwives and the National Association of Certified Professional Midwives

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PURPOSE
This abstract proposes a unifying vision for midwifery that aligns the missions of ACNM and NACPM while respecting the unique contributions of each credential. Collaboration strengthens the midwifery voice in healthcare policy, expands access to midwifery-led care, and promotes equity in maternal health. By fostering mutual respect, shared standards, and integrated pathways for education, certification, and practice, the midwifery community is working to overcome longstanding divisions and collectively advocate for systemic change.
DISCUSSION
The midwifery profession in the United States has long

been divided between two primary organizations: the American College of Nurse-Midwives (ACNM) and the National Association of Certified Professional Midwives (NACPM). These organizations represent different pathways to midwifery—Certified Nurse-Midwives (CNMs), who are trained in nursing and midwifery, Certified Midwives (CMs) and Certified Professional Midwives (CPMs), who are trained exclusively in midwifery. Despite these differences, both groups share a common goal: to provide safe, evidence-based, person-centered care and to improve maternal and newborn outcomes in the U.S., particularly in underserved communities.
EVIDENCE WHERE RELEVANT
There are three nationally recognized credentials for midwives in the United States representing a total of 18000 of underutilized healthcare providers.
KEY MESSAGE
A united midwifery profession can better address disparities in maternal health outcomes, particularly for black, indigenous, and rural communities, by leveraging the strengths and community reach of both CNMs, CMs and CPMs. Uniting ACNM and NACPM is not about erasing differences, but about building a stronger, more inclusive future. Through strategic collaboration, shared leadership, and a commitment to health equity, the midwifery profession can transform perinatal care in the U.S. and ensure that all families have access to compassionate, skilled birth care providers.
Eur J Midwifery 2026;10(Supplement 1):A18

BREASTFEEDING - CONTEXT

O014

Investigating the marketing of infant feeding bottles designed to replicate breastfeeding and the evidence that underpins them

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BACKGROUND
The latest Lancet 2023 Breastfeeding Series emphasises how global exploitative marketing of formula milk has a catastrophic impact on breastfeeding. Scant attention however has been given to the marketing of infant feeding bottles and teats and their claimed equivalence to breastfeeding. Such bottles are marketed as being interchangeable with breastfeeding. However, the introduction of a bottle to a breastfed baby can lead to reduced breastfeeding duration and early breastfeeding cessation.
OBJECTIVES
To appraise the evidence that underpins bottles and teats marketed in the UK to replicate breastfeeding
METHODS
We searched online to identify the most popular bottles marketed for breastfeeding in the UK and imported respective marketing materials into NVivo11 for data analysis. We coded data in relation to features of bottles associated with breastfeeding and used Joanna Briggs Institute critical appraisal tools to appraise the evidence used to underpin the bottle features.
RESULTS
We identified ten bottle brands and eight main advertised features of bottles that claimed to align to breastfeeding. Features included bottles that simulated the human breast, imitated breastfeeding physiology and aided combined breast and bottle feeding. However, scientific evidence to support the bottle features was scarce, misleading, and inadequate.
CONCLUSIONS
Infant feeding bottles are being marketed as equivalent to breastfeeding which contravenes the WHO Code. In addition, scientific evidence used to support features of these bottles is almost non-existent. This is not an issue exclusive to the UK, given that the bottles are marketed globally. Research on the impact of the marketing of bottles and teats on breastfeeding and more effective controls of advertising are needed to prevent a detrimental impact on breastfeeding.
KEY MESSAGE
Infant feeding bottles and teats are being marketed as'equivalent' to breastfeeding The scientific evidence used to underpin claims around the bottle and teat features is extremely limited, almost universally of low quality and at times misleading.
Eur J Midwifery 2026;10(Supplement 1):A19

O015

A cross-sectional study on key clinical practices to support breastfeeding: Inequalities across Europe?

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BACKGROUND
The perinatal period is critical for establishing lactation and ensuring breastfeeding success. The WHO/UNICEF Baby-friendly Hospital Initiative (BFHI) developed the Ten Steps to Successful Breastfeeding to improve breastfeeding outcomes. However, implementation of key clinical practices supporting breastfeeding is rarely monitored systematically across Europe.
OBJECTIVES
To explore the implementation of BFHI breastfeeding support practices in 11 European countries using data from the IMAgiNE GLOBAL survey.
METHODS
Women aged ≥18 who delivered in a healthcare facility in the WHO European Region between May 2023 and March 2025 completed a validated, WHO standard-based online questionnaire. Eight questions related to BFHI steps 4,5,6,7, and 10 were analysed and combined into a primary single composite outcome. Between-country differences were tested using chi-square tests and multivariate logistic regressions.
RESULTS
Of 21798 women, just 24.0% reported experiencing all key

breastfeeding practices (composite outcome), ranging from 2.2% in Croatia to 37.0% in Belgium. Substantial variations were observed between countries and across BFHI steps. Immediate skin-to-skin contact and early breastfeeding (Step 4) were reported by 72.4% and 71.8% of women, respectively. Support with breastfeeding and information on milk expression (Step 5) were reported by 67.0% and 51.8%. Exclusive breastfeeding during hospitalisation (Step 6) was reported by 47.3%. Rooming-in was practised by 75.6%, and 94.1% were allowed to stay with their baby as desired (Step 7). Finally, 72.0% received information on where to access timely support after discharge (Step 10). All between-country differences were statistically significant in both bivariate and multivariate analyses.

CONCLUSIONS

Key clinical practices supporting breastfeeding are not consistently implemented across Europe, highlighting the need for standardised monitoring systems and targeted quality improvement strategies.

KEY MESSAGE

Greater efforts and investment are needed to protect, promote and support breastfeeding during childbirth hospitalisation, ensuring that all women receive adequate support, regardless of their chosen method of infant feeding.

Eur J Midwifery 2026;10(Supplement 1):A20

O016

Strengthening midwives' associations in Indonesia through adherence and compliance with the international code of marketing of breast-milk substitutes

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BACKGROUND

The aggressive marketing of breast-milk substitutes (BMS) continues to undermine breastfeeding practices globally. In Indonesia, where midwives are key agents in promoting maternal and child health, professional associations play a vital role in setting standards of conduct. However, these associations especially at the central level have engaged in various forms of collaboration with BMS manufacturers, including sponsorships, joint events, and indirect promotions. Such actions violate the International Code of Marketing of Breast-milk Substitutes ("the Code") and pose a direct threat to breastfeeding advocacy.

OBJECTIVES

This policy analysis aims to evaluate the current policy frameworks governing midwifery professional conduct in Indonesia, benchmarked against international standards, and to identify institutional vulnerabilities that compromise adherence to the Code.

METHODS

A comparative analysis of national and international policies was conducted. Indonesian regulations, ethical codes, and professional guidelines related to BMS marketing and midwifery practice were reviewed and assessed against the Code.

RESULTS

Findings show that while some alignment with the Code exists in Indonesian policy, enforcement is minimal and poorly institutionalised. Midwives' associations lack independence due to financial and structural ties with BMS industries. Conflict of interest provisions are either weak, inconsistently implemented, or absent. This lack of regulatory rigour contributes to internal fragmentation, diminished credibility, and weakened organisational systems within the profession. The absence of clear conflict-of-interest safeguards has also fueled mistrust and divisions among midwives at various levels of leadership and practice.

CONCLUSIONS

Institutional independence and strong conflict-of-interest policies are critical to restoring trust, cohesion, and credibility in midwifery leadership and advancing breastfeeding advocacy.

KEY MESSAGE

Strengthening midwifery associations in Indonesia requires full alignment with the International Code, particularly in ensuring independence and regulating conflicts of interest. Policy reforms must institutionalize accountability, sever commercial ties, and foster ethical unity to protect breastfeeding and rebuild professional integrity.

Eur J Midwifery 2026;10(Supplement 1):A21

BREASTFEEDING – MILK DONATION

O105

Exploring human milk donation: A cross-sectional study

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BACKGROUND

There is a global consensus about the superiority of breast milk as the optimal source of nutrition for infants. It is strongly recommended that infants be exclusively breastfed for the first six months of life.

OBJECTIVES

To explore and describe milk donation practices and perspectives.

METHODS

A cross-sectional study (online survey). A sample of 873 Belgian women and their partners during preconception, pregnancy and up to one year postpartum.

RESULTS

A surplus (4.6 ±1.0) or shortage (3.9 ±1.7) of milk is the primary factor influencing the intention to donate or receive human milk, reported by 88% and 78% of respondents, respectively. Most donations (85.7%) occur through social media (50%)

and personal networks (47.6%). Key perspectives of milk donation include healthcare providers' familiarity (3.7 ± 0.5), public awareness (3.6 ±0.5), mandatory blood testing (3.50 ±0.7), and donor screening (3.5 ±0.6). Human milk banks are perceived as valuable resources (3.5 ±0.6), while altruism (3.4 ±0.6) is a key to donating. There is broad support for making donor milk accessible to all infants, not just those who are premature or ill (3.4 ±0.6).
CONCLUSIONS
Personal attitudes and intentions shape informal, self-regulated milk donation. Healthcare providers need to consider these perspectives when advising on milk donation practices.
KEY MESSAGE
Informal, self-regulated milk donation is often used by women. Current legislation focuses on pathology. It is recommended to also regulate milk donation within physiology Breastfeeding. - Milk donation
Eur J Midwifery 2026;10(Supplement 1):A22

O106

Establishment of Hong Kong's first breast milk bank – Key roles of midwives

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PURPOSE
Breastfeeding is one of the most effective ways to ensure child health and survival. The feeding of low birth weight and preterm infants with mothers' own milk is the first choice. When this isn't available, the use of pasteurized donor human milk from an established milk bank should be the first alternative. Here describes the establishment of the first-ever breast milk bank in Hong Kong with midwives' active participation.
DISCUSSION
With a year of service planning and commissioning, the Hong Kong Breast Milk Bank (HKBMB) commenced service in January 2025. Midwife leaders participated actively in planning the operational model of the HKBMB and led the promotion of the breastmilk donation program. The multidisciplinary team started with formulating the local guideline, which outlines the rigorous standards, protocols, and procedures that will govern the HKBMB's operations and ensure the highest levels of safety, quality, and ethical practices, then followed with constructing the operational workflows in midwife-led lactation clinics, HKBMB and NICUs. The breastmilk donation program is a novel concept in the territory. Midwives play a crucial role in the promotion. The promotional strategy emphasized staff training and the development of various online and offline resources to support educational and promotional efforts. Meanwhile, midwives advocate and participate in donor recruitment and education in eight public birthing hospitals.
EVIDENCE WHERE RELEVANT
The HKBMB received strong support from the community. As of Jun 2025, more than 240 mothers have successfully registered as donors, donating a total of over 950 litres of breastmilk, benefiting 120 clinically needy infants. This achievement marks a significant milestone in providing the best care for the most vulnerable lives.
KEY MESSAGE
Midwives have been devoted to support and empower mothers to breastfeed. Their unwavering commitment has ensured the smooth operation of HKBMB and this protected the most vulnerable lives by sharing the gift of life.
Eur J Midwifery 2026;10(Supplement 1):A23

O107

Enhancing donor human milk sustainability in Switzerland: Analysis of guidelines, policy documents, and stakeholder experience

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BACKGROUND
Donor human milk is a recommended beneficial alternative for feeding vulnerable infants, particularly preterm newborns, when mothers' own milk is scarce. Despite the growth of human milk banks globally, including in Switzerland, demand often exceeds supply, resulting in inequitable access. Compared to other forms of donation, such as blood, the sustainability of donor human milk remains underexplored.
OBJECTIVES
This two-part mixed-methods study explore factors influencing the sustainability of donor human milk across the social, economic, and environmental pillars, and at macro (systems, policy and guidelines), meso (institutional, milk bank stakeholders), and micro (individual donors) levels.
METHODS
In phase one, a systematic literature search (June 2023-June 2024) via Medline (PubMed) and CINAHL identified eight key global, European, and Swiss documents. These were analysed using a multi-level sustainability framework. Phase two comprised semi-structured interviews (January-July 2024) with 14 key stakeholders. Data were thematically analysed to identify barriers, facilitators, and strategies for sustainable practice. Human Research Ethics Approval was obtained from the University of Queensland (#2023/HE000267).
RESULTS
Document analysis revealed inconsistent attention to sustainability across levels. Social aspects were most frequently addressed, with fewer economic considerations, and minimal environmental focus. Swiss guidelines focused primarily on the meso level, offering context-specific recommendations. Stakeholder interviews identified five

themes central to sustainability: (1) governance, (2) excellence and innovation, (3) operational structures, (4) procedural standardisation, and (5) the broader donation context.
CONCLUSIONS
A coherent, multi-level approach is needed to enhance donor human milk sustainability. Integrating document analysis with stakeholder expertise may help develop evidence-based strategies to strengthen milk donation systems and help meet the demand.
KEY MESSAGE
Donor human milk sustainability is unevenly addressed in current documents framing milk donation, with limited focus on environmental aspects. Future guidelines should promote an integrated approach across policy, organisational, and behavioural levels, supported by further research.
Eur J Midwifery 2026;10(Supplement 1):A24

BREASTFEEDING - SUPPORT (INCLUDING THREE-MINUTE PRESENTATION COMPETITION)

O211

Breastfeeding Success Predictors Inventory (BSPI): Development and validation of a predictive tool for breastfeeding success in women with pregnancy risk factors

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BACKGROUND
Breastfeeding is essential for maternal and neonatal health, offering immunological, nutritional, and psychological benefits. The WHO recommends exclusive breastfeeding for the first six months, yet many mothers discontinue early due to several modifiable factors. Early identification of at-risk women during pregnancy is crucial to provide timely support.
OBJECTIVES
This study aimed to develop and validate the Breastfeeding Success Predictors Inventory (BSPI), a multidimensional predictive tool to identify pregnant women at risk of early breastfeeding cessation.
METHODS
A longitudinal cohort study was conducted at San Raffaele Hospital in Milan, involving 103 pregnant women. The BSPI questionnaire was administered at four time points: during pregnancy (T0), hospital discharge (T1), and one (T2) and two (T3) months postpartum. Items were derived from known risk factors in literature. Univariate and multivariate logistic regression analyses were conducted. The 75th percentile was used to define BSPI cut-offs.
RESULTS
The BSPI identified risk factors with p-values below 0.05: maternal (p=0.05) and family preferences (p=0.076), intended breastfeeding duration (p=0.0234), and polycystic ovary syndrome (p=0.0031) in primiparous women; in multiparous women, previous breastfeeding experience (p=0.038), excessive pregnancy weight gain (p=0.0265), and pregnancy stress (p=0.0043) also show significant associations. Primiparous women scoring above 9 and multiparous above 14 had a higher risk of discontinuing breastfeeding. The tool showed strong predictive value.
CONCLUSIONS
The BSPI is an evidence-based tool that supports early identification of mothers at risk of breastfeeding failure. Its application can guide personalized support and enhance breastfeeding outcomes.
KEY MESSAGE
Midwives are essential in applying the BSPI during pregnancy to identify at-risk women, provide targeted breastfeeding support and continuity of care breastfeeding - support (including three-minute presentation competition).
Eur J Midwifery 2026;10(Supplement 1):A25

O212

Early breastfeeding in Victoria, Australia: The influence of antenatal and intrapartum care providers and hospital type

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BACKGROUND
Breastfeeding is crucial for infant health and is recommended to begin within the first hour of birth, continuing exclusively for six months. Maternity care providers play a key role in postnatal breastfeeding support. In Australia, where care is available through diverse public and private systems, early breastfeeding may be influenced by provider and hospital type, but the extent of this impact remains unclear.
OBJECTIVES
We examined associations between type of antenatal care and intrapartum care provider, hospital type, and breastfeeding rates in Victoria, Australia.
METHODS
We conducted a retrospective cohort study of all live, singleton term births in Victoria, Australia, from 2010 to 2020 (n = 638809). Associations were analysed using bivariate and multivariable logistic regression.
RESULTS
Most women (96%) initiated breastfeeding after birth, with 77% exclusively breastfeeding at the time of hospital discharge. Around 27% of infants received commercial milk formula during their hospital stay. Women who received antenatal or intrapartum care from a midwife or general practitioner showed more favourable outcomes across all three breastfeeding indicators, compared to those who received care from an obstetrician. Likewise, mother-infant dyads who received care in public hospitals had better breastfeeding outcomes than those in private hospitals. The most favourable breastfeeding outcomes were observed among those who received private midwifery care, although this group represented only a small proportion (0.2%) of the sample.

CONCLUSIONS
Early breastfeeding outcomes in Victoria vary by healthcare provider and hospital type, reflecting disparities in breastfeeding support.
KEY MESSAGE
Most women initiate breastfeeding after birth, but rates vary in relation to antenatal and intrapartum care provider and hospital type.
Eur J Midwifery 2026;10(Supplement 1):A26

0213

The impact of breastfeeding education provided to family members supporting mothers in the postpartum period on breastfeeding parameters: A randomized controlled trial

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BACKGROUND
Social support provided to mothers during the postpartum period plays a crucial role in the success of breastfeeding. However, the lack of knowledge among family members may hinder rather than help the process. There is limited research on the effect of educating family members on breastfeeding outcomes.
OBJECTIVES
This study aimed to evaluate the impact of breastfeeding education provided to family members supporting mothers in the postpartum period on various breastfeeding parameters.
METHODS
This randomized controlled experimental study was conducted between January 1, 2021, and April 30, 2022, at a state hospital in Konya, Turkey. The study included 133 family members supporting mothers with infants aged 0–6 months (67 experimental, 66 control). Mothers in both groups received standard breastfeeding counseling; in addition, family members in the experimental group received structured breastfeeding education. Data were collected using the BBAT, IIFAS, and PBSES scales.
RESULTS
The exclusive breastfeeding rate at one month was significantly lower in the control group (p = .003). BBAT scores were significantly higher in the experimental group before discharge (p = .001). After discharge, both mothers' and family members' IIFAS scores were significantly higher in the experimental group (p = .007, p = .0001, respectively). PBSES scores were also significantly higher in the experimental group (p = .001).
CONCLUSIONS
Breastfeeding education provided to family members positively influences maternal breastfeeding success, attitudes, and self-efficacy.
KEY MESSAGE
Structured breastfeeding education programs targeting family members in the postpartum period may serve as an effective strategy to improve breastfeeding outcomes.
Eur J Midwifery 2026;10(Supplement 1):A27

0214

Association between breastfeeding and neurodevelopment at 6 years of age in the French PELAGIE birth cohort

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BACKGROUND
Breastfeeding has been shown to be associated with improved child cognitive performance, but the causality of this association is still debated because it tends to disappear when accounting for maternal cognitive performance and socioeconomic status.
OBJECTIVES
We aimed to explore the relationship between breastfeeding and the cognitive performance of children in the French general population.
METHODS
From the PELAGIE woman-child cohort, which included pregnant women between 2002 and 2006 in Brittany (France), 286 children were evaluated using the Wechsler Intelligence Scale for Children (WISC-IV) and the Developmental Neuropsychological Assessment (NEPSY) scales at age 6. Associations between breastfeeding and cognitive performance were assessed using multivariable linear regression models adjusted for maternal verbal cognitive performance and education level, familial stimulation and environment (home scale), and Rey's Social Deprivation Index (contextual indicator). In addition, we performed structural equation modeling (SEM) to investigate the complex interrelation between these variables.
RESULTS
Children who were breastfed for at least 4 months had significantly higher scores on the WISC Verbal Comprehension Index (WISC-VCI) than those who were never breastfed or who were breastfed less than 15 days (βadjusted=4.95 [0.54; 9.37]). Among the 193 children who were breastfed, the duration of breastfeeding, in particular during the first 4 months, was increasingly associated with the WISC-VCI score. We also observed statistically significant associations between breastfeeding itself or the duration of breastfeeding and better performance on several NEPSY subtests, including visual attention, design copying, arrows, and narrative memory. SEM analysis confirmed these associations. No statistical association was observed between breastfeeding and the WISC Working Memory Index or other NEPSY subtests.
CONCLUSIONS
These data support current national and World Health Organization global 2025 targets of promoting breastfeeding for at least 4 to 6 months.
KEY MESSAGE
A longer duration of breastfeeding is associated with better performance in various neurocognitive domains in 6-year-old children, supporting current breastfeeding recommendations.

Eur J Midwifery 2026;10(Supplement 1):A28

CLIMATE CHANGE 1

O118

Building maternal resilience: Mapping research priorities on maternal and infant nutritional health and wellbeing in the context of climate change in Pakistan

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BACKGROUND
Climate change threatens health, food, and nutrition, particularly in low- and middle-income countries. Pakistan is especially vulnerable due to its limited resources and preparedness. Women and infants are particularly at risk, as pregnancy and childbirth increase vulnerabilities. While some interventions are suggested, maternal health targets remain largely unmet due to a lack of a stakeholder-informed research agenda that guides research, policy and practice.
OBJECTIVES
This study aimed to identify and rank research priorities for maternal and infant nutritional health in the context of climate change in Sindh, Pakistan. We sought input from communities, service users, healthcare providers, and policymakers to guide future research strategies toward achieving the country's SDGs.
METHODS
We used a mixed-methods exploratory design, integrating a survey with workshops to gather quantitative and qualitative perspectives. In total, 133 people participated in the survey (n=88) and the co-production workshops (n=45). The participants included community members, doctors, lady health workers, nurses, nutritionists, climate change experts, advocates, and researchers. The qualitative data, including qualitative comments in the survey, were analysed using thematic analysis, and the survey data were analysed using the STATA statistical package.
RESULTS
The study highlights food insecurity, malnutrition, and maternal mental health as top priorities. Climate-related stressors, such as extreme heat, floods and poor food access, exacerbate these vulnerabilities. Sustainable, culturally appropriate, climate-resilient interventions and policy responses that account for structural determinants of health were identified as top recommendations.
CONCLUSIONS
Climate change is deepening health inequalities in Pakistan, particularly for vulnerable women and infants. Rising food insecurity, growing poverty, and disrupted health services contribute to poor health outcomes. Our study underscores the urgency of developing climate-informed research, policy and practice to protect the health of mothers and infants.
KEY MESSAGE
Collaboratively identifying and addressing climate-related priorities for maternal and infant health is essential to strengthening health equity and resilience in vulnerable communities.

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O119

Midwives' views on the impact of the climate crisis on reproductive health: A qualitative study

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BACKGROUND
Global warming and climate change pose significant health risks, including air pollution, heat-related illnesses, and waterborne diseases. The World Health Organization sees climate change as one of the 21st century's most critical issues. Environmental pollution and climate disasters lead to health problems in vulnerable groups, such as gestational diabetes, preeclampsia, and preterm birth. Midwives play a crucial role in protecting these groups by providing care, counseling on climate change, and implementing preventive strategies. They support women and children during climate disasters with both physical and emotional care. The International Confederation of Midwives calls for midwives to receive training on emergency interventions and promote awareness, reduce carbon footprints, and ensure the health and safety of vulnerable populations.
OBJECTIVES
The aim of this study is to determine midwives' views on the effects of the climate crisis on reproductive health.
METHODS
The study is a phenomenological research design with a qualitative research design. In the study, 17 midwives working in X hospital were interviewed. The study was reported in accordance with the Consolidated Criteria for Reporting Qualitative Research (COREQ) guidelines. The data were analyzed using Colaizzi's phenomenological analysis method.
RESULTS
The analysis identified four categories: individual effects of the climate crisis, its impact on reproductive health, measures to mitigate these effects, and midwives' awareness-raising activities. Three main themes emerged from participants' experiences: physical, psychological/spiritual, and economic/social effects of the climate crisis on individuals.
CONCLUSIONS
It has been concluded that midwives are aware of the spread of climate crises and that the conditions of this situation continue and that negative psychological deteriorations continue.
KEY MESSAGE
Midwives' perspectives on the effects of the climate crisis and their solution suggestions.

Eur J Midwifery 2026;10(Supplement 1):A30

O120

The resilience of reproductive health services in the context of climate-induced disasters in Indonesia: A mixed method

study in Central Sulawesi

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BACKGROUND
Central Sulawesi is one of the most severely affected areas in Indonesia in terms of reproductive health because of climate-induced disasters. The impact of climate change following the 2018 tsunami and earthquake has further exacerbated the challenges in accessing reproductive health services in the region.
OBJECTIVES
To assess the vulnerability and resilience of reproductive health services in Central Sulawesi by applying the World Health Organization (WHO) Vulnerabilities in Healthcare Facilities in the Context of Climate Change framework, focusing on energy, water, human resources, and infrastructure.
METHODS
A mixed-method approach with a convergent parallel design was applied. Quantitative data were collected through a cross-sectional survey and analysed using descriptive frequencies; ordinal data were converted to interval scale using the successive interval method. The qualitative component employed a phenomenological design, with data gathered through in-depth interviews with healthcare workers and analysed using a narrative approach. The study included 19 health facilities (four hospitals and 15 primary healthcare centres) across four ecological zones (urban, forest, coastal, and mountainous) in Central Sulawesi.
RESULTS
The findings revealed moderate to high vulnerability levels across facilities, indicating low resilience. Eighteen of 19 facilities lacked backup electricity sources during disasters. Six facilities experienced water shortages and contamination, while three facilities suffered structural damage. Health workers reported prioritising personal safety over service provision during disasters, with trauma affecting their motivation. Palu, as the main referral centre, also demonstrated significant vulnerabilities in all four domains.
CONCLUSIONS
Reproductive health services in Central Sulawesi show low resilience against climate-induced disasters. Strengthening infrastructure, ensuring reliable utilities, and building healthcare worker capacity are essential to improving service continuity.
KEY MESSAGE
Climate resilience must be integrated into health system planning to safeguard reproductive health services during disasters.

Eur J Midwifery 2026;10(Supplement 1):A31

CLIMATE CHANGE 2 (INCLUDING THREE-MINUTE PRESENTATION COMPETITION)

0270

Visualizing the role of midwives in planetary health: A proposed graphic model

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PURPOSE
This abstract introduces a conceptual graphic model illustrating the role of midwives in advancing planetary health. The model visually represents how midwifery care, grounded in ecological awareness, social justice, and community-centered practice, aligns with planetary health goals and serves as a tool to support education, reflection, and policy transformation. The model is designed to be used in educational settings, professional development, and advocacy efforts to help midwives operationalize planetary health principles in practice.
DISCUSSION
Midwifery is well-positioned to address the intersection of environmental degradation, reproductive justice, and public health. Yet planetary health remains underrepresented in midwifery education and practice. Drawing from the Planetary Health Education Framework, midwifery core competencies, and global sustainability goals, the model presents six interconnected domains: policy advocacy, ecological sustainability, reproductive justice, social determinants of health, environmental justice, and education and empowerment. These domains emerged through an iterative synthesis of literature, organizational position statements, and interdisciplinary frameworks. The model emphasizes midwives' unique capacity to reduce healthcare's environmental footprint, educate patients on exposures, and promote sustainable, equitable systems of care.
EVIDENCE WHERE RELEVANT
This model is informed by current research linking climate change to adverse maternal outcomes (e.g., heat-related preterm birth, pollution-related complications), and by organizational guidelines from the WHO, ACNM, and ICM calling for greater environmental stewardship in reproductive healthcare. Recent studies also highlight gaps in planetary health content within midwifery education and the urgency of integrating ecological awareness into curricula and clinical practice.
KEY MESSAGE
Midwives have a critical role in advancing planetary health. This graphic model offers a practical, adaptable framework to guide midwifery education, practice, and policy in responding to the ecological crisis while centering justice and equity.

Eur J Midwifery 2026;10(Supplement 1):A32

0271

Climate-sensitive midwifery – A practical textbook from a planetary health perspective

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PURPOSE

The main objective of this newly developed German-language textbook is to identify areas of action through which midwives can contribute to planetary health in their care and support of women and families. In doing so, midwives reflect on their professional responsibility and actively participate in the societal transformation processes that are urgently needed.
DISCUSSION
This book addresses the pressing challenges posed by climate change and the transgression of planetary boundaries, which have profound implications for midwifery. It aims to foster a deeper understanding of these complex interconnections through the framework of Planetary Health, highlighting the key role midwives play in prevention, education and sustainable care delivery. Experts from various disciplines describe the health impacts of climate change on pregnancy, childbirth, and early parenthood, offering practical guidance based on current scientific findings and case studies for integrating Planetary Health principles into midwifery practice. The book provides evidence-based strategies to strengthen competencies and underscores the need for continuous education and cross-disciplinary collaboration.
EVIDENCE WHERE RELEVANT
The environmental crisis and exceeding of planetary boundaries increasingly affect maternal and neonatal health, exposing midwives to new and complex challenges. Addressing these requires adaptive, interdisciplinary strategies in both research and practice. Positioned at the intersection of health equity, social justice, and ecological responsibility, midwives are uniquely equipped to foster resilience and support community adaptation efforts.
KEY MESSAGE
Midwives are key agents of change in responding to the climate crisis. Embracing a Planetary Health perspective empowers them to navigate the evolving demands of their profession while promoting sustainable care. Inspiring midwives to engage in proactive, environmentally conscious practice is essential to safeguarding both human and planetary well-being.
Eur J Midwifery 2026;10(Supplement 1):A33

O272

Studying the biological pathways of heat exposure in pregnant women, newborns, and young children

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PURPOSE
The Laboratory of Hygiene and Epidemiology, University of Thessaly, participates in the Horizon Europe-funded project 'HIGH Horizons', and is responsible for investigating the biological and pathophysiological mechanisms through which heat stress impacts the health of pregnant women, postpartum mothers, newborns, and infants, developing and identifying biomarkers that will quantify and monitor these effects. This research is part of a broader effort to design interventions and public health strategies that promote safe and resilient maternal and newborn care.
DISCUSSION
A prospective cohort study is being conducted, aiming to recruit 500 mother–child pairs. Pregnant women are enrolled during the first trimester and followed through specific time points of gestation, delivery, and postpartum. At each stage, a range of biological samples—including blood, urine, saliva, hair, placenta, umbilical cord blood, and breast milk—are collected to measure various biomarkers. Participants also complete questionnaires capturing demographic, lifestyle, dietary, and environmental exposure data, alongside clinical records such laboratory tests and ultrasound results. Participants are recruited through public hospitals and private clinics in different cities in Greece from midwifes. During recruitment, participants are also provided with small portable devices that record environmental temperature throughout the day.
EVIDENCE WHERE RELEVANT
Although epidemiological studies have identified associations between prenatal heat exposure and increased risks of preterm birth, stillbirth, and low birth weight and pregnancy complications, the underlying biological mechanisms remain poorly understood and further research is needed.
KEY MESSAGE
Climate change and increasing ambient temperatures poses a public health threat, with heat waves increasingly affecting vulnerable groups. The impacts of high temperatures on pregnant women and infants, and the biological pathways behind these effects, remain poorly understood. The HIGH Horizons project will contribute evidence by quantifying heat exposure impacts and biomarker alterations. These data will support the development of climate-adaptive strategies for integrated climate adaptation interventions to protect maternal and neonatal health.
Eur J Midwifery 2026;10(Supplement 1):A34

O273

The effect of climate change anxiety on fear of childbearing in women

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BACKGROUND
Climate change is considered one of humanity's most important environmental problems. During times of crisis, women and children are considered "shock absorbers" and face risks such as malnutrition, poor mental health, and reproductive health problems. The ACOG has reported that higher temperatures and toxic environmental factors associated with climate change can lead to outcomes such as infertility, premature birth, and low birth weight. Studies conducted in China, the USA, and Southeastern Anatolia have shown that heat waves increase pregnancy complications and reduce ovarian reserve. Furthermore, difficulties accessing water and food, the risk of infectious diseases, and barriers to accessing obstetric care weaken women's mental resilience as well as their physical health. These biological and psychosocial impacts cause some women to question

their decisions to have children and lead them to perceive childbirth as a more challenging and risky experience in the future. Climate change-related stress and anxiety can have serious impacts on the individual and societal aspects of childbearing.
OBJECTIVES
This study aimed to determine the effect of climate change anxiety on the fear of childbirth in women.
METHODS
This descriptive, cross-sectional study (June 15-September 15, 2025) is being conducted at a university hospital using face-to-face interviews with women aged 18-49. Data are collected using a questionnaire to determine the women's socio-demographic and descriptive characteristics, a "Climate Change Anxiety Scale for Women's Health," and a "Childbirth Fear Scale." Ethics committee approval was obtained before the research. Statistical analysis will be conducted on a computer using a suitable software package.
RESULTS
Data collection for the study is ongoing, and 200 participants between the ages of 18 and 49 have been reached so far.
CONCLUSIONS
Definitive findings will be presented through comprehensive analyses following the completion of data collection.
KEY MESSAGE
Climate change may affect women's fear of childbearing.
Eur J Midwifery 2026;10(Supplement 1):A35

CLIMATE CHANGE 3

0350

Emergency preparedness and response systems in Japan

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PURPOSE
We will share the mechanisms through which healthcare professionals, particularly midwives, participate in the processes of planning, training, implementing, and evaluating community-level disaster responses, along with their experiences in Japan's disaster-prone environment. The Japanese Nursing Association's key initiatives include: Participating in discussions on national disaster preparedness; Developing and publishing a guide for creating disaster response manuals aimed at midwives working in childbirth facilities; and Establishing systems for dispatching nursing personnel to evacuation shelters during disasters. Drawing on our experience with natural disasters such as the 2011 Great East Japan Earthquake and the 2024 Noto Peninsula Earthquake, we aim to explore the critical role of midwives in addressing global health crises and identify the resources needed to effectively serve their communities.
DISCUSSION
What roles are midwives expected to fulfill in overcoming health crises, including natural disasters? What is needed for midwives to fully apply their expertise and meet community needs during health crises?
EVIDENCE WHERE RELEVANT
ICM position statement: The Role of Midwives in Humanitarian Crises (2024).
KEY MESSAGE
Midwives are essential in both the planning and execution of community disaster preparedness efforts.
Eur J Midwifery 2026;10(Supplement 1):A36

0351

Preventing one million more plastics: Born Green Generation

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PURPOSE
Led by HCWH Europe, a community of maternity and paediatric healthcare providers have united across Europe to deliver Born Green Generation, a commitment to mitigating exposure of endocrine disrupting chemicals (EDC) during pregnancy and infancy through plastic reducing initiatives. Midwifery led projects include transitioning from plastic to glass feeding bottles, introducing reusable cloth nappies and wipes and ensuring full efficacy of medical devices.
DISCUSSION
The climate emergency is the greatest global health emergency (The Lancet, 2024a) and a frequent concern regarding climate change is the prevalence of fossil-origin derived plastics. The healthcare sector is responsible for 4.4% of global emissions (HCWH, 2019), and is one of the largest consumers of single use plastics (SUPs). As well as the emissions from the life cycle of plastics, the materials contain high levels of EDCs, adding additional health risks at the point of use.
EVIDENCE WHERE RELEVANT
A growing body of evidence has discovered micro and nano-plastics in placental tissue, umbilical cords, amniotic fluid, meconium and breastmilk (Halfar et al., 2023; Lie et al., 2023; Xue et al., 2024) meaning plastics are now ubiquitous and exposure to EDCs is commonly occurring during the first 1,000 days, where a child's environment impacts their formative development (WHO, 2016; UNICEF 2017; The Lancet, 2024b). Micro and nano plastics obstruct nutritional transfer at the placental barrier, leading to complications such as placental insufficiency, prematurity and IUGR. For the most vulnerable, additional care needs often means additional, prolonged EDC exposure from indwelling devices correlating to impaired respiratory and neurodevelopment (Panneel et al., 2022).
KEY MESSAGE
Clinicians require greater awareness of the health and toxicity risks from plastics. Unnecessary EDC exposure is occurring in clinical settings despite availability of safer, plastic-free alternatives. Plastic reducing initiatives have demonstrated financial, health and environmental benefits. With global interest, Born Green Generation initiatives have impact potential the world over.
Eur J Midwifery 2026;10(Supplement 1):A37

COMPLICATIONS - DECISION MAKING

0001

Redefining safety: Autonomy and risk in breech birth decision-making

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BACKGROUND
Conventional perinatal care often centers on biomedical definitions of risk, prioritizing neonatal outcomes and adherence to clinical protocols. Yet individuals with breech pregnancies may define safety more broadly, emphasizing autonomy, dignity, and relational care. There is limited research on how those who decline planned cesarean assess and navigate risk.
OBJECTIVES
To explore how individuals with term breech pregnancies conceptualize safety and assess risk when choosing birth options that diverge from medical recommendations, including planned home birth.
METHODS
We conducted a qualitative study using interpretive description informed by situational analysis. Participants (n=25) were U.S.-based women with a term breech pregnancy who initially planned a hospital birth but chose to pursue a planned breech birth at home. Data were generated through open-ended surveys and in-depth, semi-structured interviews.
RESULTS
Participants defined safety through a multidimensional lens that extended beyond biomedical outcomes. Three key themes emerged: upholding autonomy and personal values, safeguarding holistic health and well-being, and ensuring respectful, high-quality care. Participants described feeling at risk in hospital settings due to coercive counseling, lack of skilled breech providers, restrictive protocols, and previous trauma. In contrast, home birth was often perceived as safer because it aligned with participants' values, offered continuity and relational trust, and protected bodily autonomy and dignity. Despite trade-offs, decisions were viewed as informed, deliberate, and grounded in a broader understanding of safety.
CONCLUSIONS
Participants' definitions of safety reflected individualized assessments shaped by experience, values, and systemic barriers. These findings underscore the need to expand definitions of perinatal safety and ensure care models that support autonomy, relational trust, and informed choice across all birth settings.
KEY MESSAGE
To provide truly person-centered care, midwives must engage with each individual's own understanding of safety. This requires not only offering skilled, respectful care that supports autonomy and informed choice, but also recognizing and working to address the systemic barriers that constrain those choices.

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0002

'A parallel system of care' - Women's and caregivers' perspectives of decision-making for mode of births: A qualitative descriptive study

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BACKGROUND
There are growing concerns around rising rates of Caesarean Births (CB) with limited understanding of factors that influence decision-making for CB. It is essential to understand the care providers' and women's perspectives of factors that influence the decision to perform CB in nulliparous women.
OBJECTIVES
To identify and explore factors that influence the decision to perform CB in nulliparous women.
METHODS
A qualitative descriptive design was used. Following ethical approval, 20 women, 15 midwives and 20 obstetricians were recruited from three maternity units in the Republic of Ireland to participate in one-to-one semi-structured interviews in 2017 and 2018. Interview data were thematically analysed.
RESULTS
Three key themes emerged from integration of findings from interviews with clinicians and women: (i) 'A system within the system' describing a lack of clarity around reasons to perform a CB, lost skill to perform vaginal breech births, influence of (or lack of) hospital guidelines and a difference in public versus private system of care; (ii) 'Women's involvement in the process' shed light on perceived safety concerns among women, acquiescence and their request and preference for a CB; and (iii) 'Clinician driven factors' narrating clinicians' perceived fear, preferences/attitudes, practice patterns, experience/skills, midwife being an advocate and role of communication.
CONCLUSIONS
Findings revealed a 'parallel system' within the existing system of maternity care, where, on one side, clinicians believed their decisions to be appropriate and safe, and made in consultation with women, and on the other side, women described themselves as 'agreeing' or 'going along with' the professionals' decisions.
KEY MESSAGE
Factors that contribute to the decision to perform CB are complex. Understanding these factors has the potential to help reduce the rising rates of CBs. This can be achieved by revisiting policies and implementation of strategies to reduce CBs in nulliparous women, ultimately reducing the number of repeat CBs in subsequent pregnancies.

Eur J Midwifery 2026;10(Supplement 1):A39

0003

Evidence and experience in home and birth center birth transfers: An integrative review from high-resource countries to strengthen person-centered maternity systems

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BACKGROUND
Transfers from home and birth center settings to hospitals

are a critical yet complex part of maternity care systems. While quantitative studies focus on specific clinical outcomes, qualitative research highlights the lived experiences of birthing people and providers, an area less frequently synthesized. Understanding both dimensions is essential to improving transfer processes, enhancing person-centered care, and supporting interprofessional collaboration.
OBJECTIVES
This integrative review synthesizes quantitative, qualitative, and mixed-methods research on community-to-hospital birth transfers. The goal is to identify patterns in maternal outcomes and lived experiences of birthing people and providers to inform improvements in safety, communication, and system integration across birth settings.
METHODS
Following Toronto and Remington's six-step integrative review framework, we analyzed peer-reviewed literature published between 2014 and 2025 from multiple high-resource countries. Fifty-four studies were included: 35 quantitative, 12 qualitative, and 7 mixed-methods. Quantitative and mixed methods studies were assessed for transfer indications, timing, rates, and maternal outcomes. Qualitative and mixed-methods studies underwent thematic analysis using Braun and Clarke's approach. Themes included emotional and systemic impact, preparation and decision-making, relational dynamics, and post-transfer processing.
RESULTS
Most transfers were non-emergent, often prompted by slow labor progression or requests for pain management. Transfer rates were higher among nulliparous and those with elevated risk factors. Qualitative findings revealed wide-ranging experiences shaped by preparation, midwife continuity, hospital interactions, and communication. Experiences ranged from collaborative and supportive to distressing and marginalizing.
CONCLUSIONS
Findings underscore the dual importance of clinical safety and emotional experience. Clearer protocols, stronger interprofessional collaboration, and structured debriefing may improve outcomes. Future research should evaluate interventions that integrate clinical, relational, and systemic dimensions of care to support respectful, person-centered maternity systems globally.
KEY MESSAGE
Community-to-hospital transfers involve more than clinical outcomes—they are shaped by relationships, communication, and systems. Integrating evidence across methodologies reveals opportunities to improve respectful, person-centered care during transfers.
Eur J Midwifery 2026;10(Supplement 1):A40

0004

Exploring women's views on the concept of shared decision making in a subsequent pregnancy following a traumatic birth experience

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BACKGROUND
Shared decision making (SDM) is accepted as a vital component of woman-centred care. Women with a traumatic birth experience often feel they had no choice or control in their maternity care and wish for a more empowered experience in a subsequent pregnancy.
OBJECTIVES
To explore women's views on the concept of SDM in a subsequent pregnancy following a traumatic birth experience.
METHODS
Fourteen women were recruited to participate in a semi-structured interview exploring their views on SDM. Women were given a project designed maternity planning guide to support SDM in antenatal care. The guide included a definition of SDM and information for women to consider what was important to them to discuss for pregnancy, labour and birth, caesarean, postnatal care and going home with baby. This included a SDM template. Interview data were recorded, transcribed, and de-identified. Data were analysed using reflexive thematic analysis.
RESULTS
Women who primarily received holistic pregnancy care from a known midwife and/or obstetrician experienced SDM thematically as 'Trust and Control'. However, in the absence of relationship-based care, women found that SDM was not a component of their maternity care, thematically expressed as 'powerlessness'. For some women, the maternity planning guide gave them 'a voice'.
CONCLUSIONS
Shared decision-making was found to be an acceptable term, with most women having an understanding that they are the ultimate decision-makers. Continuity of care in the antenatal period, with a holistic approach, promotes a reciprocal relationship of trust that empowers each woman to make decisions that are best for her and her baby.
KEY MESSAGE
Relationship-based care in pregnancy, with the aid of a maternity planning guide, empowers women to be active decision-makers for their entire maternity care.
Eur J Midwifery 2026;10(Supplement 1):A41

COMPLICATIONS - GDM 1

0029

Does length of residency in a host country and ethnicity increase a migrant woman's risk of gestational diabetes?

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BACKGROUND

Australia has one of highest migrant populations in the world. Approximately a third of women in Australia who give birth are migrants. There is an association between length of residence (LOR) for migrants and increased risk of adverse perinatal outcomes including preterm birth, low birthweight and for some groups, a higher risk of stillbirth. Little is known of the association between LOR and risk of gestational diabetes mellitus (GDM) for migrant women amongst different ethnic groups.

OBJECTIVES

Investigates the relationship of GDM risk for specific migrant ethnic groups compared to native-born of each group as well as LOR.

METHODS

This midwifery led observational cohort study in ten Australian hospitals covered June 2020 to November 2023. Ethnicity was self-reported by participants. Migrants were grouped into new arrivals of <5 years, those ≥5 years and Australian born of each ethnic group. Logistic regression adjusted for confounders including age, BMI, parity and history of GDM.

RESULTS

Data for 60701 participants were analysed. There were 32391 (53.4%) Australian born women and 28,310 (46.6%) were migrants. The GDM prevalence was 18.2% (n=11076) in the total cohort. Recent migrant GDM rate was 2068/9028 (22.9%), LOR ≥5 years migrants were 4835/19282 (25.1%) with Australian born 4173/32391 (12.9%). The adjusted relative risk (aRR) for GDM in migrants with a LOR<5 years was 1.37(95%CI 1.31–1.43) when compared to Australian born. Among the ethnic groups, Middle Eastern women with LOR<5 years had the highest risk for GDM compared to those from the same ethnic group born in Australia (aRR 1.86; 95%CI 1.84–1.88).

CONCLUSIONS

This study provides new insights that potentially considering migrant LOR in GDM risk assessment and health promotion, may mitigate the inequalities of outcomes observed.

KEY MESSAGE

We identified a variation in GDM risk between migrant groups, with most ethnic migrant groups at higher risk than those of the same ethnicity born in Australia.

Eur J Midwifery 2026;10(Supplement 1):A42

0030

Using the COM-B model to support dietary behaviour change and improve glucose management during pregnancy and the postnatal period in women with gestational diabetes

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PURPOSE

To introduce the COM-B model of behaviour change theory and explore how it can be adapted during pregnancy and the postnatal period to support sustainable dietary changes that enhance self-efficacy, improve glucose management, and prevent type 2 diabetes mellitus (T2DM) in women with a history of gestational diabetes mellitus (GDM).

DISCUSSION

This abstract draws on reflective insights from professional experience and current literature to explore how the COM-B model of behaviour change can be meaningfully adapted within midwifery practice. Gestational diabetes mellitus (GDM), the most common complication in pregnancy, significantly increases the risk of developing type 2 diabetes mellitus (T2DM) later in life. While clinical guidelines recommend lifestyle modification, sustained engagement with dietary changes remains challenging for many women. The COM-B model, centred on Capability, Opportunity, and Motivation as the core components influencing Behaviour, offers a valuable framework for understanding and addressing the complex factors that affect dietary behaviours. Rather than applying a one-size-fits-all approach, this model encourages individualised, context and culturally sensitive care. These insights can be used to tailor dietary advice and enhance women's confidence in managing their own health. Midwives are ideally placed to deliver such interventions, particularly during the postnatal period when long-term health planning becomes more relevant to women and their families. Adapting the COM-B model within midwifery does not require a major systemic overhaul but rather a shift toward embedding behavioural awareness into everyday practice. In doing so, midwives can play a critical role in empowering women to adopt realistic, sustainable dietary changes that improve glucose management.

EVIDENCE WHERE RELEVANT

Preliminary findings from pilot studies indicate improved dietary behaviours and increased engagement with follow-up care when behaviour change principles are applied.

KEY MESSAGE

Enabling women to change dietary behaviours during and after pregnancy reduces the risk of developing T2DM and fosters a culture of healthier eating within families and communities.

Eur J Midwifery 2026;10(Supplement 1):A43

0031

Reimagining gestational diabetes care: A reflective, midwifery-led model for holistic, digitally enhanced support

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PURPOSE

Gestational Diabetes Mellitus (GDM) is the most common complication of pregnancy, often managed within narrow biomedical frameworks. Drawing on reflective clinical insights and interdisciplinary dialogue, this abstract proposes an original, theoretical midwifery-led model that integrates digital technologies and family-centred care to support women with GDM clinically, emotionally, and culturally.

DISCUSSION

Traditional approaches to GDM management often prioritise biomedical outcomes and glycaemic control while under-addressing the psychosocial, educational, and cultural needs of women. In practice, midwives frequently witness the psychological burden, cultural tensions, and fragmented care that women with GDM experience. Inspired by real-world challenges—including limited access to dietetic counselling in rural areas and increased anxiety around glucose monitoring—this model reimagines care pathways. Midwives act as coordinators within interdisciplinary teams (endocrinologists, dietitians, mental health professionals) while leveraging digital health tools: mobile apps, remote glucose monitoring, teleconsultations, and culturally tailored dietary education. What distinguishes this model is its dual focus: it merges clinical safety with a relational, empowering philosophy rooted in midwifery values—continuity, cultural humility, emotional well-being, and informed choice. Digital technologies are framed not as replacements for care but as extensions of the midwife's presence, particularly in underserved settings. By addressing structural barriers and embedding trauma-informed and family-inclusive approaches, the model enables midwives to act not only as clinical caregivers but also as facilitators of health literacy, emotional well-being, and psychosocial resilience.
EVIDENCE WHERE RELEVANT
Though theoretical, this model builds on qualitative studies in digital midwifery, WHO guidance on integrated GDM care, and feedback from women expressing the need for more compassionate, coordinated support. It also reflects lessons learned from midwifery practice in both urban and remote communities.
KEY MESSAGE
Reflecting critically on current gaps in GDM care, midwives can lead innovative, interdisciplinary, and digitally supported models that bridge clinical excellence with compassionate, culturally responsive, and empowering support.
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0032

Strengthening gestational diabetes mellitus (GDM) screening and management in India

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PURPOSE
India is witnessing a rising burden of GDM, which now affects an estimated 9-16% of pregnancies (Mantri et al., 2024), with projections suggesting this could increase to 20%, potentially impacting one in five pregnancies (MoHFW). Although universal screening for GDM has been integrated into India's national guidelines, suboptimal implementation and shortage of trained sexual and reproductive healthcare professionals (SRHPs) highlight urgent need to improve GDM care (Sahu et al., 2021).
DISCUSSION
To address this, Maternity Foundation, in collaboration with government and World Diabetes Foundation, launched an initiative in Madhya Pradesh, India to build the SRHPs capacity in GDM screening and management to ensure it becomes part of routine maternal care. Under this initiative, two modules on GDM and antenatal care (ANC) were designed and added to the Safe Delivery App (SDA), a digital self-learning tool which provides SRHPs with access to evidence-based and up-to-date clinical guidelines on managing birth and related emergencies. A structured cascade training model was implemented, integrating the SDA as a core component of the training. 67 SRHPs from two aspirational districts were trained as master trainers, who subsequently trained 1016 healthcare professionals on GDM and ANC.
EVIDENCE WHERE RELEVANT
Post-training assessments showed a 20-percentage point increase in knowledge scores, and confidence in performing GDM-related tasks improved from 33.9% to 47.6%. SDA usage data confirmed active engagement during and after training for self-directed learning. So far, 169000+ SRHPs have used SDA in India, with GDM content accessed 138543 times by users. Health Management Information System (HMIS) suggest improved uptake of GDM screening practices following the intervention.
KEY MESSAGE
Digital learning platforms like the SDA, when embedded in structured capacity-building initiatives, can effectively strengthen GDM screening and management. The Safe Delivery+ approach supports improved maternal and newborn health outcomes by enabling timely diagnosis, treatment, and continuity of care.
Eur J Midwifery 2026;10(Supplement 1):A45

COMPLICATIONS – GDM 2

0219

Effect of home midwifery care given to pregnant women diagnosed with gestational diabetes on their attitudes and self-care

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BACKGROUND
Home monitoring and prenatal care of these pregnant women diagnosed with gestational diabetes, who are followed up as outpatients without hospitalization, are of great importance. Individual and continuous midwifery care provided at home will increase the woman's adaptation to both pregnancy and the health problem she is experiencing, reduce possible complications and provide a cost-effective service.
OBJECTIVES
This randomized controlled experimental study was conducted to determine the effect of home midwifery care given to pregnant women diagnosed with gestational diabetes based on the continuous midwifery care model on the attitudes and self-care of pregnant women.
METHODS
The study was conducted with 27 intervention groups and 28 control groups. Data were collected with the Pregnant Women Introduction Information Form, Gestational Diabetes

Intention, Attitude and Behavior Scale (DIAB-Q) and Diabetes Self-Care Activities Questionnaire (DSCAQ). The intervention group received 6 home visits and received care and education based on the continuous midwifery care model, while the control group received routine clinical care.
RESULTS
It was determined that there was a statistically significant difference in the pre-test and post-test GDIAB-S sub-dimension scores of the intervention and control groups, and that the pregnant women in the intervention group had higher attitude, subjective norm, perceived social control, intention and planning sub-dimension means ($p<0.05$). It was determined that there was a statistically significant difference in the pre-test and post-test DSCAQ sub-dimension scores of the intervention and control groups, and that the pregnant women in the intervention group had higher intention, exercise, blood glucose and foot care sub-dimension means ($p<0.05$).
CONCLUSIONS
As result of the study, it was found that home visits based on the continuous midwifery care model was a positive effect on the attitudes and self-care of pregnant women towards diabetes.
KEY MESSAGE
gestational diabetes, home care, midwifery care, attitude, self-care
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O220

Pushed to the limit, driven by love: A qualitative study of women's experiences of pregnancy with Type 2 Diabetes Mellitus

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BACKGROUND
Pregnancy with Type 2 Diabetes Mellitus (T2DM) requires intensified medical management and self-care. However, little is known about how women experience pregnancy while living with T2DM.
OBJECTIVES
To explore the pregnancy experiences of women living with T2DM.
METHODS
A qualitative interview study was conducted at a specialist antenatal clinic in a university hospital in Sweden. Eleven women with a pre-pregnancy diagnosis of T2DM participated in semi-structured interviews. Data were analysed inductively using Braun and Clarke's reflexive thematic analysis.
RESULTS
One overarching theme was identified: Pushed to the limit, driven by love, supported by four sub-themes. (1) A familiar diagnosis, but an unfamiliar experience described how women felt unprepared for the physical and emotional demands of pregnancy. (2) Blood glucose levels: intense monitoring and inconsistent communication highlighted how continuous monitoring was both supportive and overwhelming, with conflicting advice contributing to uncertainty. (3) Feeling seen or overlooked captured mixed care experiences, including weight stigma and lack of holistic support. (4) Pregnancy as a mental and physical trial reflected the strain of managing T2DM, while also showing the women's determination, fuelled by care for the unborn child.
CONCLUSIONS
Women with T2DM experience pregnancy as clinically and emotionally demanding, often receiving inconsistent support. Nevertheless, their motivation to protect their babies drives their perseverance. Antenatal care should be adapted to their specific needs, with emphasis on routine preconception counselling, coherent care pathways, and person-centred communication.
KEY MESSAGE
Women with T2DM navigate pregnancy with strength and determination, yet may feel overwhelmed and unsupported. Compassionate care, clear communication, and continuity beginning with pre-conception care can make a meaningful difference for maternal wellbeing.
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O221

Midwifery-led innovation in predicting gestational diabetes mellitus: The role of biomarkers and perinatal risk profiling

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BACKGROUND
Gestational Diabetes Mellitus (GDM) is the most prevalent metabolic complication of pregnancy, associated with increased maternal and neonatal morbidity. Current diagnostic practices, such as the Oral Glucose Tolerance Test (OGTT), are limited by late application and diagnostic inconsistency. There is growing evidence that integrating biomarkers with maternal risk profiles may enhance early identification of GDM, allowing midwives to initiate timely, individualized care.
OBJECTIVES
To evaluate the prognostic value of selected biomarkers in combination with clinical and non-clinical variables for the early identification of GDM, and to assess their association with adverse perinatal outcomes within a midwifery-led care model.
METHODS
This is a prospective, longitudinal, midwifery-led case-control study conducted in a tertiary hospital in Cyprus. A total of 120 pregnant women (60 GDM-cases and 60 normoglycemic-controls) matched for age and body mass index are being enrolled. Maternal blood is collected across all trimesters, and umbilical cord and neonatal samples are obtained postpartum. Biomarkers related to glucose metabolism, inflammation, and placental function are analyzed using enzyme-linked immunosorbent assay (ELISA). Detailed data on obstetric history, laboratory parameters, and perinatal outcomes are documented. Statistical analysis explores the predictive capacity of biomarker combinations and their correlation with maternal/neonatal morbidity.

RESULTS
Data collection and analysis are ongoing. The final analysis will assess the predictive utility of selected biomarkers, alongside clinical and non-clinical variables, in identifying the risk of developing GDM. Preliminary findings suggest that biomarker-informed screening may be a feasible adjunct to routine antenatal care. This approach could enhance antenatal practice by enabling earlier, targeted interventions and underscores the vital role of midwives in risk stratification and prevention.
CONCLUSIONS
Early identification of GDM through a biomarker-informed model holds promise for transforming antenatal care. By enabling earlier intervention and tailored monitoring, this approach may significantly reduce adverse outcomes and reinforce midwives' central role in personalized maternity care.
KEY MESSAGE
Midwifery-led integration of biomarker screening may revolutionize early GDM detection, enabling proactive, individualized antenatal care.
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0222

The impact of neonatal intensive care admission at term following Gestational Diabetes Mellitus: A neglected area

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BACKGROUND
Gestational diabetes mellitus (GDM) is the most common complication of pregnancy, with rising prevalence driven by increasing maternal age and global obesity. GDM has been linked to neonatal morbidities, including admission to neonatal intensive care (NICU).
OBJECTIVES
This research aimed to explore the relationship between GDM and NICU admission for term babies.
METHODS
Methodology Phase 1 involved a scoping literature review to assess whether GDM increased the risk of NICU admission at term. Phase 2 was a narrative review comparing GDM screening and diagnostic methods, examining the impact of inconsistent approaches on policy development. Phase 3 used a qualitative online survey to explore women's perceptions of NICU admission, analysed thematically.
RESULTS
Three integrated papers reported the findings. Paper 1: Eight studies were included; all showed a positive association between GDM and NICU admission, with three reaching statistical significance. Only one was UK-based and used outdated diagnostic criteria. Paper 2: Screening and diagnostic approaches for GDM varied significantly. The UK uniquely employs risk-based screening. This variability hindered international research comparison and weakened the evidence supporting women's education and choices. Paper 3: Eighteen women participated. Two key themes 'experience and understanding' emerged, with sub-themes highlighting the need for improved clinical care post-diagnosis, a lack of knowledge and informed decision-making.
CONCLUSIONS
Evidence suggests a possible link between GDM and NICU admission at term, though UK-specific data were limited. Heterogeneity in diagnosis and screening approaches reduce the reliability of outcome comparisons. Future UK-based research is needed, alongside improved education and resources to support women's understanding of GDM and the potential for outcomes that may require treatment in NICU.
KEY MESSAGE
Collaborative research, education, and policy development are essential to understand GDM-related NICU admissions nationally and internationally, address care disparities, and co-create meaningful, inclusive resources that improve maternal and neonatal outcomes whilst remaining reflective of individual demographics where necessary.
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COMPLICATIONS – HYPERTENSION

0339

The PREMOM II study: What is the added value of remote monitoring in prenatal follow-up for women at risk of hypertensive disorders of pregnancy?

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PURPOSE
The PREMOM II study investigates the added value of remote monitoring (RM) in the prenatal follow-up of pregnant women at increased risk of developing hypertensive disorders of pregnancy (HDP). While earlier observational data from the PREMOM I study were promising, a randomized controlled trial (RCT) was needed to confirm the clinical, economic, and experiential benefits of RM.
DISCUSSION
RM may improve the detection and management of HDP, but concerns remain about healthcare overuse, cost-effectiveness, and potential overtreatment. This study also explores whether patient self-monitoring (PSM) offers a lower-intensity alternative with similar outcomes, and how different follow-up models affect maternal satisfaction and perceived competence in the maternal role.
EVIDENCE WHERE RELEVANT
In this multicenter RCT, 1,095 pregnant women (≥18 years, HDP risk ≥1/100) were randomized to RM (n=366), PSM (n=365), or standard care (CG, n=366). The RM group underwent more ultrasounds (8.06 vs. 7.49 [CG] and 7.33 [PSM]; p=0.011) and cardiotocographies (2.73 vs. 2.33 [CG] and 2.24 [PSM]; p=0.04), and had more gestational hypertension diagnoses (23.75% vs. 17.97% [CG] and 15.87% [PSM]; p=0.023). However, no significant differences emerged in labor onset or delivery mode. PSM was linked to less favorable perinatal outcomes, with a lower gestational age at birth (p=0.010). PROMs showed higher postpartum satisfaction and maternal confidence in the RM group (p<0.05); PSM participants reported lower satisfaction during pregnancy.
KEY MESSAGE

RM does not significantly improve gestational outcomes when risk selection and aspirin prophylaxis are initiated early. However, it enhances patient satisfaction and confidence. Personalized, midwife-supported prenatal care remains essential. Further research should explore contextual factors and the role of advanced practice midwives in optimizing outcomes for women at risk of HDP.

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0340

"No one's explained that this is going to happen to me": Enhancing health literacy and addressing women's knowledge gaps on long-term health after hypertensive pregnancy

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BACKGROUND

Hypertensive disorders of pregnancy (HDP) affect 5-10% of all pregnant women. These women have 2-3 times increased risk of heart attack, stroke and diabetes, as soon as 5-10 years after pregnancy. This risk persists lifelong and puts women at risk of premature disease and death. Previous findings suggest low knowledge levels amongst women and healthcare providers (HCP) about post-HDP health and long-term risks. Transition from maternity to primary healthcare has been found to be suboptimal, contributing to knowledge gaps.

OBJECTIVES

This study explored women's perceptions of a post-HDP educational package with follow-up prompts.

METHODS

As part of a wider mixed-methods study, women with prior HDP engaged with a personalised online educational platform and completed three surveys over one year. Following completion at 12 months postpartum, participants were invited to take part in a semi-structured interview. These explored views on content relevance, delivery format, reminder systems, and the role of education shared by their primary HCP. Data were analysed qualitatively using thematic analysis.

RESULTS

Twenty-one women participated in semi-structured interviews, with three key themes emerging: "Processing past versus future health capacity post-HDP diagnosis" "Transitioning to parenthood" and "Accessing comprehensive evidence-based information". The first theme reflected women's evolving understanding of HDP and its long-term implications, prompting greater engagement with preventive health. The second theme highlighted how parenting demands influenced the uptake of postpartum education. The third theme underscored the value women placed on accessible, trustworthy resources to enhance their knowledge and support informed health decisions.

CONCLUSIONS

Aligning targeted educational interventions and follow-up resources with women's preferences, well-being post-HDP and challenges of transition to parenthood, effectively enhanced women's knowledge, health literacy, and health management post-HDP.

KEY MESSAGE

Access to tailored education and follow-up support post-HDP helped women feel empowered and take greater ownership of their long-term health, enhancing health literacy, engagement with HCP, and proactive risk management.

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0341

Psychosocial burden of preeclampsia and eclampsia on women and their families in a tertiary hospital in Ghana

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BACKGROUND

Pre-eclampsia is a hypertensive disorder that develops after 20 weeks of pregnancy. It may progress to eclampsia. These disorders account for 14% maternal mortality globally, and 18% in Ghana. Biomedical aspect of these conditions has been widely studied, but there is a dearth of research on the psychosocial burden of these conditions on women and their families.

OBJECTIVES

To assess the psychosocial burden of preeclampsia and eclampsia on women and their families in a Tertiary Hospital in Ghana.

METHODS

Concurrent triangulation mixed-methods design was used. Total population study was conducted with 52 participants, comprising all 26 pregnant and puerperal women managed for either preeclampsia or recovered from eclampsia, and a family member each (26) in the quantitative part of the study. Fourteen of these women and their family members (28) were selected purposively for the qualitative aspect of the study. Following ethical approval, quantitative data were collected using the modified Zarit Burden Questionnaire, while in-depth interviews were used for the collection of qualitative data from 14 women and 11 family members, determined by data saturation. Quantitative data were analyzed using descriptive statistics, and qualitative data were analyzed thematically.

RESULTS

Qualitative data analysis revealed these themes from the women: emotional distress, feeling of hopelessness, fear of unknown outcomes, and burden on family relationships. Quantitatively, 80% of the women were emotionally distabilised by their diagnosis and afraid of future pregnancies; 92% reported strained family relationships; family members (100%) were emotionally distressed about the diagnosis, and 100% were financially and physically burdened, respectively.

CONCLUSIONS
Preeclampsia/eclampsia goes beyond the biomedical burden. It also substantially exerts psychosocial burdens on both the women and their families.
KEY MESSAGE
Biopsychosocial care is imperative for mothers with preeclampsia/eclampsia. Attention should also be given to the psychosocial needs of their families to enhance their support for these mothers to strengthen family-centred care.
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COMPLICATIONS – OTHER

0394

Preventable tragedy: A case study of postpartum Pregnancy ssociated Acute Kidney Injury following haemorrhage in a young Zambian woman

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PURPOSE
Pregnancy-ssociated Acute Kidney Injury (PrAKI) remains a silent contributor to maternal morbidity and mortality in low-resource settings, often arising from preventable causes like obstetric haemorrhage. This case study illustrates the long-term consequences of missed opportunities for early detection and intervention.
DISCUSSION
A 20-year-old G2P2 woman, developed end-stage kidney disease following severe postpartum haemorrhage and delayed management after a vaginal birth in a tertiary facility in Zambia. Despite early signs of uterine atony and scanty urine output post-delivery, she was discharged without adequate monitoring or follow-up. Persistent anuria was culturally normalised, and health-seeking was delayed by informal advice and poor access to diagnostic services. Eventually, she re-presented in critical condition with severe anaemia, oedema, and fluid overload, requiring emergency dialysis. Renal ultrasound confirmed irreversible kidney damage, and she now requires long-term haemodialysis three times weekly. Systemic barriers, including fragmented referral systems, delayed diagnosis, inadequate documentation, and health insurance access issues, further compounded her recovery. The impact on her mental, social, and economic well-being has been profound, including prolonged separation from her newborn.
EVIDENCE WHERE RELEVANT
This case underscores the importance of postpartum surveillance, particularly fluid balance and urine output monitoring. Midwives play a vital role in early detection and escalation. The absence of routine renal function monitoring and specialised care pathways for PrAKI in maternity care results in preventable long-term disability.
KEY MESSAGE
PrAKI is preventable. Investing in midwife-led surveillance, prompt recognition of complications, improved documentation, and equitable access to renal care can save lives and preserve futures.
Eur J Midwifery 2026;10(Supplement 1):A53

0395

Midwifery leadership in advancing lobal aternal idney ealth: Establishing the Global PrAKI Consortium

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PURPOSE
Pregnancy-associated Acute Kidney Injury (PrAKI) is a life-threatening but under-recognised complication of pregnancy. Despite being associated with significant maternal and neonatal morbidity, it remains poorly understood, under-diagnosed, and largely excluded from mainstream obstetric and nephrology research. This is compounded by a lack of pregnancy-specific diagnostic thresholds, limited availability of renal biomarkers in routine care, and the historical exclusion of pregnant women from clinical studies.
DISCUSSION
The Global PrAKI Consortium is a midwifery-led, international initiative established to address these critical gaps. Anchored in principles of equity, collaboration and implementation science, the Consortium aims to strengthen early identification and management of PrAKI through high-quality research, context-appropriate diagnostic innovation, and inclusive education. Midwifery leadership is central to this agenda, recognising the profession's unique role in antenatal, intrapartum and postpartum care, and its potential to drive earlier recognition and response. The Consortium's multi-disciplinary membership includes midwives, obstetricians, nephrologists, nurses, obstetric physicians, public health specialists and more. The Consortium and embedded Academy co-develop implementation research and education strategies that are applicable in all settings. The current primary targets are the development and dissemination of a Global PrAKI Toolkit, designed to be practical, culturally sensitive and midwife-led. This includes validation of gestation-specific reference values for serum creatinine, and feasibility testing of point-of-care creatinine devices in routine maternity care.
EVIDENCE WHERE RELEVANT
The Global Midwifery Accelerator is designed to strengthen midwifery leadership, education and workforce capacity. The World Health Assembly adopted a resolution recognising kidney disease as a global public health priority, preventing avoidable PrAKI and facilitating early action in midwifery care models aligns with both of these global drivers.
KEY MESSAGE
Already uniting over 120 global experts across disciplines and regions, the Consortium exemplifies midwifery leadership in global health systems strengthening. Our work demonstrates that investment in midwife-led, evidence-informed, and community-responsive strategies is essential to reduce avoidable harm and improve maternal kidney outcome.

Eur J Midwifery 2026;10(Supplement 1):A54

0396

The RSVoyage vaccine in pregnancy, a collaboration of clinical research teams, aiming to prevent RSV infections in babies by vaccinating their mothers

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PURPOSE

Here at Cardiff and Vale NHS Trust we were fortunate to be involved and successfully recruit a participant for the RSVoyage vaccine in pregnancy. The trial was a Phase 2, randomized, observer-blind, placebo-controlled, dose-escalation study to evaluate the reactogenicity, safety, and immunogenicity of mRNA-1345, an mRNA vaccine targeting respiratory syncytial virus, in pregnant women, and safety and immunogenicity in infants born to vaccinated mothers. The vaccine aimed to assess whether an investigational vaccine, mRNA-1345, given to pregnant mothers could offer immunity to their babies from respiratory syncytial virus (RSV) infection.

DISCUSSION

RSV is a common cause of lower respiratory tract infections in children, especially infants under 6 months old. RSV can lead to serious respiratory tract problems, especially in young children. RSV annually is associated with over 100,000 deaths of children across the world and is the most common cause of young children being admitted to hospital. The significance and impact to patients of the infection is what allowed us a team to drive through and successfully recruit a participant.

EVIDENCE WHERE RELEVANT

The significance and impact to patients of the infection is what allowed us a team to drive through and successfully recruit a participant, the only participant in Wales.

KEY MESSAGE

The significance and impact to patients of the infection is what allowed us a team to drive through and successfully recruit a participant. The window for recruitment was limited with difficult recruitment, due to the sensitivity of the patient group and the rollout of the NHS RSV vaccine. Not only was the study a collaboration with Moderna worldwide but the study allowed for collaborative working across individual teams within our CRF (maternity, vaccine, paediatrics and laboratory teams), which was incredible to be part of allowing research to flourish across all teams involved allowing for greater patient care, satisfaction and enhanced working relationships.

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0397

Maternal immunization readiness in Kenya: A comprehensive assessment for RSV and GBS vaccine introduction

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BACKGROUND

Respiratory syncytial virus (RSV) and Group B Streptococcus (GBS) infections significantly contribute to neonatal morbidity and mortality globally. Maternal vaccination offers prevention through passive antibody transfer. Kenya's declining routine immunization coverage (DTP3: 85% to 68% between 2023-2024) indicates system challenges requiring assessment before introducing new maternal vaccines.

OBJECTIVES

To systematically assess Kenya's health system barriers impeding maternal immunization delivery and develop evidence-based recommendations for strengthening system components prior to maternal vaccine introduction.

METHODS

Multi-phase situational analysis using WHO Situational Analysis Workbook and MIACSA checklist with Ministry of Health stakeholders. Two iterative desk review cycles (three months each) were conducted, with findings validated through a 35-participant multi-stakeholder workshop. A second review addressed US funding cuts' impact. Seven core domains were evaluated: program management/financing, human resources, supply chain, service delivery, health information systems, disease surveillance, and demand generation.

RESULTS

Kenya achieved AMBER classification (moderate readiness). Strengths included established immunization infrastructure (85% facility coverage), functional governance, and high provider acceptance (99% antenatal providers willing to administer maternal vaccines). Barriers were donor funding over-reliance with GAVI graduation approaching, staffing shortages across rural/urban areas, supply chain vulnerabilities (15% facilities lacking cold chain equipment), and substantial equity gaps (40-percentage point regional coverage differences for maternal tetanus vaccination).

CONCLUSIONS

While Kenya demonstrates foundational readiness for maternal vaccine introduction, targeted interventions addressing financing sustainability, human resource capacity and supply chain strengthening are essential before implementation. The comprehensive assessment framework provides Ministry of Health with actionable recommendations for system strengthening.

KEY MESSAGE

Kenya has basic infrastructure for maternal vaccine introduction, there is need for targeted investments in financing sustainability, human resources and supply chain strengthening before introducing new maternal vaccines.

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CONTINUITY OF CARE – IMPLEMENTATION 1

0075

Ghanaian midwives readiness for transitioning to continuity of midwifery care

models: A quantitative feasibility study

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BACKGROUND
Continuity of Midwifery Care Models (CoMCM) has been shown to improve maternal and neonatal health outcomes, and its implementation is recommended by WHO in settings with well-functioning Midwifery programs. In high-income settings, midwives working in CoMCM report reduced burnout and enhanced job satisfaction. However, evidence on its acceptance and feasibility in Low -and Middle -income Countries (LMICs) remains scarce.
OBJECTIVES
This study aimed to assess factors influencing the feasibility and acceptance of CoMCM among midwives in Southern Ghana.
METHODS
A cross-sectional quantitative survey was conducted among midwives from 9 randomly selected public healthcare facilities. Data were collected using structured, validated questionnaires. Descriptive statistics (frequencies, means, SDs) and inferential statistics using Structural Equation Modelling (SEM) were conducted in SPSS version 27 and AMOS version 23.
RESULTS
The 281 midwives who answered were mainly from polyclinics (37.0%), regional hospitals (28.5%), health centers (18.9%), and district hospitals (15.7%). The mean ±SD age was 36.1±7.2 years. There was high acceptance rate of 90.7% of the model, with a mean intention score of 17.49 (SD= 2.23) out of a possible 20. Intention was the strongest predictor of (CoMCM) (β = 0.902, p < .001), significantly influenced by self-efficacy (β = 0.104, p < .001), professional attitude (β= 0.057, p = .002); experience level above 5 years (β = 2.405, p = .006) and travel time (β = -0.014, p = .044) whiles social influence was not a significant factor. However, 46.3% of respondents expressed concerns about work-life balance, while 26% indicated that caseload management could pose a challenge.
CONCLUSIONS
CoMC model was highly acceptable among midwives in Southern Ghana, with positive professional attitudes and self-efficacy predicting willingness to adopt the model.
KEY MESSAGE
However, successful implementation requires addressing workload concerns, burnout risks, and support systems.

Eur J Midwifery 2026;10(Supplement 1):A57

0076

Labouring under strain: Midwifery and the history of maternity care crisis in Canada

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BACKGROUND
Canada is experiencing a maternity care crisis (MCC), driven by a shortage of healthcare providers, the closure of labour and delivery units in rural and remote regions, and the centralization of services in predominantly southern areas of the country.
OBJECTIVES
We conducted a historical review of the literature to define the origins of MCC in Canada, to identify when and how the MCC was first introduced in academic discourse. We traced its evolution over time and synthesized the range of solutions.
METHODS
We employed a historical review framework. Five academic databases were systematically searched for literature published from 1995 to the present. Peer reviewed journal articles (n=20) were thematically and chronologically analyzed.
RESULTS
The MCC was first acknowledged in 1996, but limited progress has been made to address its root causes. Declining family practitioners and obstetricians providing maternity care, the slow growth in midwifery, and the lack of systems to foster interprofessional care plans, has meant maternity services are shutting down across the nation. Although some collaborative care models have succeeded, differences of philosophy of care and remuneration issues inhibit change.
CONCLUSIONS
Investing in maternity care is not only a moral imperative; it is a collective commitment to community health. Maternity care in Canada must be built upon a shared vision rooted in respectful, accessible, and community-centered care.
KEY MESSAGE
Canada serves as a cautionary example of the consequences of failing to address a long-standing MCC and underscores the urgent need for sustained investment in midwifery. As international midwifery movements have demonstrated, investing in comprehensive, midwife-led models of care leads to improved outcomes for birthing people and families.

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0077

A framework for investing in midwifery: Resource needs and benefits of care provided by midwives across three countries

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PURPOSE
The framework supports development of country investment cases for scaling up or establishing care provided by midwives at country level. The primary audience includes health planners and policymakers aiming to build a

compelling case for investing in midwifery models of care (MMoC), which can improve maternal and neonatal health, efficiently utilize healthcare resources, and yield economic gains. The framework is a tool for analying and articulating the benefits of investing in care provided by midwives, and it provides methods to estimate the impacts, economic costs benefits, and investment requirements for scaling up or establishing care provided by midwives within a country context. This presentation will report findings from applying the framework in three countries: Zambia, Sierra Leone, and Egypt. We will examine the findings from each country, highlighting the economic benefits associated with expanded care provided by midwives, and further discuss policy implications for transition to MMoC.
DISCUSSION
The framework outlines seven steps to build an investment case for MMoC. These steps include situation analysis, defining the care package, estimating health impacts and costs, workforce development, and calculating benefits and return on investment. The framework also highlights the importance of an enabling environment for midwives, alongside robust monitoring and evaluation systems, to ensure sustainable investment. While acknowledging limitations in modeling the full scope of midwifery practice, the framework focuses on quantifiable impacts such as lives saved, morbidity reduced, and unintended pregnancies averted.
EVIDENCE WHERE RELEVANT
Midwives, when fully integrated into health systems, can deliver approximately 90% of essential sexual, reproductive, maternal, newborn, child, and adolescent health interventions, offering a cost-effective solution to improve outcomes and strengthen health systems. This presentation fills critical country-specific evidence gaps, particularly in low and middle-income settings.
KEY MESSAGE
Strategic investment in MMoC is essential for improving health outcomes and advancing socioeconomic development while realizing significant economic benefits.
Eur J Midwifery 2026;10(Supplement 1):A59

0078

Implementing midwifery continuity of carer (MCoC) in England: Key findings for the midwifery workforce

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BACKGROUND
Improving maternity care remains a long-standing political and NHS priority. Responding to concerns raised about safety and quality, the 2016 Better Births review aimed to reform maternity care in England. Central to its recommendations was the Midwifery Continuity of Carer (MCoC) model, already deployed in some NHS services, but not yet widely adopted. Guidance issued following Better Births aimed to establish MCoC as the 'national default model of care'.
OBJECTIVES
Despite policy commitments, MCoC implementation progress varied, with concerns being raised by professional bodies, within commissioned reviews, and by the midwifery workforce. The SIMCA study (Study of Implementation of Midwifery Continuity of Carer) was designed to investigate the local, regional, and national factors shaping MCoC implementation across England.
METHODS
We conducted 65 staff interviews and 32 service-user interviews across six geographically varied NHS Trusts in England. We observed meetings and collected key documents including implementation plans, trust policies, and public reports. Our analysis was guided by two theoretical frameworks: the Consolidated Framework for Implementation Research (CFIR) and Normalisation Process Theory (NPT). Full NHS ethical approval was obtained.
RESULTS
We show how local, regional, and national factors shaped the implementation of MCoC. Though sites demonstrated varied implementation pathways, none achieved full, sustained implementation, and all experienced delays, interruptions, or restarts. Key characteristics of the MCoC model – including the emphasis on intrapartum care and mandated team structures – proved particularly challenging. Despite facing such difficulties, maternity services demonstrated adaptability, and resilience.
CONCLUSIONS
SIMCA highlights challenges involved in implementing wide-scale healthcare policy change (here, MCoC), where key structural and contextual factors limit sustained implementation.
KEY MESSAGE
Implementation success requires an understanding of context and well-supported local systems. The Better Births MCoC model did not align with local, regional and national maternity contexts. Whilst widespread, at-scale implementation of MCoC was not achieved, innovative forms of continuity persist.
Eur J Midwifery 2026;10(Supplement 1):A60

CONTINUITY OF CARE – IMPLEMENTATION 2

0151

Implementing midwife-led care in low-middle income countries: Lessons from two countries, a systematic review

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BACKGROUND
In 2020, around 800 women died due to pregnancy and childbirth-related complications, with 95% of these deaths occurring in low-middle-income countries (LMIC). Southern Asia and Sub-Saharan Africa were estimated to account for 87% of global maternal deaths in 2020(World Health Organisation, 2023). Implementing Midwifery-led care (MLC)

is supported by evidence as a low-cost strategy for reducing maternal and child mortality, even in LMIC (Michel-Schuldt et al., 2020). However, despite its proven cost-effectiveness, the implementation of MLC is not widespread in LMICs. Understanding the methods implemented in countries such as Bangladesh and India in implementing MLC can provide insights into replicable tools for upscaling and effectively reducing maternal and child mortality in other LMICs.
OBJECTIVES
To identify and analyse the strategies and tools employed in Bangladesh and India to implement and adopt MLC.
METHODS
A mixed-method review was undertaken, using a systematic approach to search databases, using inclusion and exclusion criteria to select data. Keywords were derived from the review question, which was defined in terms of setting, population/perspective, intervention, comparator, and evaluation.
RESULTS
This review, using the WHO Health Systems Thinking Framework, identified key factors in MLC implementation: respectful maternal care(rmc), mentoring, international-standard education, and strong legal frameworks. Bangladesh's centralized system enabled smoother integration than India's. Challenges included workforce shortages, limited leadership, poor community engagement, and inconsistent access to essential medicines.
CONCLUSIONS
Successful MLC implementation in LMICs relies on strong policies, standardized education, mentoring, and systemic approaches. Bangladesh and India offer replicable models, but further research is needed on cost-effectiveness, outcomes, and financing. A coordinated, person-centered, integrated system is vital for global MLC scale-up and sustainability.
KEY MESSAGE
Key success factors include rMC, mentoring, standardised education, and strong legal frameworks. Bangladesh's centralized approach enabled smoother MLC integration. More evidence is needed on cost-effectiveness, outcomes, and sustainable financing in LMICs. Coordinated, person-centered systems are vital for global scale-up.
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O152

Midwifery resilience, resistance, and the enduring commitment to physiological birth

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BACKGROUND
Midwifery is a living, evolving profession, shaped in relationship with women and their communities. This research offers a rare historical account of midwifery in New Zealand from the 1970s to 2023, capturing the narratives of domiciliary midwives and home birth women, whose activism and dedication were instrumental in achieving legislative change. Their work laid the foundation for New Zealand's current midwifery-led model of care.
OBJECTIVES
To explore how these midwives sustained their commitment to physiological birth and professional autonomy across decades of systemic resistance, and how their legacy continues to shape midwifery practice today.
METHODS
Narrative inquiry was used to gather in-depth stories from midwives who practised across this transformative period. Ethical approval was granted by Auckland University of Technology Ethics Committee. Purposeful sampling focused on those with long-standing involvement in community-based, independent practice. Data were collected between March to July 2023 and analysed using an interpretive feminist framework.
RESULTS
Participants' narratives revealed unwavering dedication to midwifery values, sustained through collective resistance and deep belief in the power of natural birth. They navigated marginalisation within a medicalised system while mentoring new midwives and educating the public. Their reflections chronicled the passage of the Nurses Amendment Act (1990), and their pioneering role in shaping a model of care centred on relational continuity, community trust, and women's autonomy.
CONCLUSIONS
This research honours the enduring contribution of a generation of midwives who not only changed the law but sustained the profession through passion, purpose, and solidarity. It documents a living history of resistance and renewal.
KEY MESSAGE
Midwifery thrives through community, courage, and historical consciousness. Intergenerational storytelling preserves midwifery knowledge and strengthens future practice. Policy change begins with practitioners who dare to imagine and deliver better. Strengthening midwifery globally requires recognition of the emotional, relational, and political work midwives perform every day.
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O153

Evaluation of the implementation of the Iris continuity of midwifery care team in Dundee, Scotland

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BACKGROUND
Based on evidence of the positive outcomes for mothers and infants, the Scottish government recommends implementation of continuity of midwifery carer. The Iris continuity of midwifery care team was launched in NHS Tayside in January, 2024 to provide care for women in Dundee city.
OBJECTIVES
1. to explore the acceptability, adoption, feasibility, fidelity and sustainability of the Iris team; 2. to identify barriers and facilitators during implementation of the Iris team; 3. to

investigate the impact of the Iris team on equity and quality of care
METHODS
The mixed methods implementation study comprised qualitative interviews with pregnant women who have received care from the Iris team, Iris team midwives, other relevant stakeholders including midwives not working in the Iris team, medical staff, maternity support workers and maternity care managers; quantitative analysis of routinely collected data, and a survey of 150 mothers who have received care from the Iris team using the Quality Maternal and Newborn Care Index. Qualitative data were analysed using the framework approach and quantitative data were analysed using descriptive statistics
RESULTS
Preliminary results suggest that transitioning to a sustainable model of continuity of midwifery care throughout the childbirth continuum requires a significant shift in how midwives are deployed and supported. Initial implementation requires additional resource. While continuity of care is acceptable to women, there are many barriers to achieving this including increased workload for midwives and demands of the wider maternity service.
CONCLUSIONS
Midwifery continuity of care models are appreciated by women, but need to address significant resource barriers to protect midwives' physical and mental health
KEY MESSAGE
Implementation of midwifery continuity of care models requires workforce planning and additional resource.
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0154

Sustaining midwifery continuity of carer in practice: A system-wide mixed-method evaluation of a local maternity and neonatal service in North-West England

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BACKGROUND
Midwifery continuity of carer (MCoC) is central to global maternity and perinatal care policy, offering improved outcomes for childbearing women, people, babies, and midwives. In England, MCoC implementation varies widely and sustainability remains challenging linked to local context, resourcing and management. Few evaluations have explored system-wide experiences across all staff groups and service-users to identify shared solutions.
OBJECTIVES
To evaluate barriers, enablers, to establishing and sustaining MCoC across a whole geographical maternity system (4 hospital providers), capturing perspectives from midwives, students, managers, leaders, and service-users, and to provide practice-based solutions to shared opportunities and challenges.
METHODS
A system-wide mixed-method evaluation was undertaken across a North-West England Local Maternity and Neonatal System (LMNS) during 2020–2021. Data were collected via an online survey (n=123; midwives, maternity support workers, students) and qualitative interviews (n=28; midwives, a service-user, stakeholder). Descriptive statistics summarised survey responses; thematic network analysis of qualitative data identified common themes.
RESULTS
Findings generated one global theme—Making it work: Sustaining continuity of carer—with three organising themes: making a difference, making a start, and making it count. MCoC was valued for fostering relationships, improving outcomes, and enhancing professional satisfaction. Shared challenges included workload pressures, variable leadership support, and resource constraints. The study offers practice-based solutions, including strategies for leadership, team autonomy, collaborative working, and structured support to optimise collective opportunities and sustain MCoC.
CONCLUSIONS
This system-wide evaluation offers original insights into shared experiences across all staff groups and service-users, providing actionable solutions to strengthen and sustain MCoC in diverse contexts. Findings are relevant to international efforts to implement and embed continuity of care models.
KEY MESSAGE
Sustaining MCoC in practice demands context-sensitive strategies, investment in leadership and workforce wellbeing, and commitment to collaborative, flexible service delivery. Findings highlight the importance of investing in flexible, autonomous teams, staff wellbeing, and inclusive communication strategies to sustain MCoC across diverse maternity settings.
Eur J Midwifery 2026;10(Supplement 1):A64

CONTINUITY OF CARE – IMPLEMENTATION 3

0346

Reimagining continuity of midwifery care in Indonesia through twinning with Canada

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PURPOSE
This initiative aims to enhance the Continuity of Care (CoC) model in Indonesia by adapting evidence-based midwifery-led practices from Canada through a structured twinning partnership. The project develops localized modules and

policy recommendations to support integrated, midwife-led care at the primary level.
DISCUSSION
Midwifery services in Indonesia remain fragmented and primarily guided by quantitative targets, such as requiring a minimum of six antenatal visits. However, no regulation mandates consistent carers or a relational model of care throughout pregnancy, birth, and postpartum. This undermines the core principles of CoC and limits its effectiveness. Although the Health Minister's Regulation No. 21 of 2021 promotes uninterrupted care to reduce maternal and neonatal morbidity and mortality, its operationalization such as the "six hands" requirement (doctor, midwife, nurse) for all births, even at the primary care level adds complexity and contradicts global best practices. Through a three-year twinning project, Indonesian and Canadian midwifery institutions engage in mutual learning, mapping CoC structures, exchanging knowledge, developing context-specific modules, and producing policy briefs to support a relational, midwife-led model.
EVIDENCE WHERE RELEVANT
A 2024 systematic review by Sandall et al., involving over 18,500 women in five countries, found that midwife-led CoC significantly reduced caesarean rates and increased spontaneous vaginal births. These findings align with global standards and support Indonesia's need to strengthen midwifery autonomy and adopt relationship-based care. This project illustrates how global evidence can be contextualized to build a more sustainable model of physiological birth.
KEY MESSAGE
Twinning enables innovation and local adaptation. This project offers a roadmap for Indonesia to implement midwife-led CoC models that are evidence-based, context-responsive, and aligned with international best practices to improve maternal and newborn outcomes.
Eur J Midwifery 2026;10(Supplement 1):A65

0349

Bridging the gap: The role of skilled midwifery in reducing maternal and neonatal mortality in Lesotho

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PURPOSE
Lesotho continues to grapple with alarmingly high maternal and neonatal mortality rates, currently estimated at 530 maternal deaths per 100,000 live births and 33 neonatal deaths per 1000 live births (WHO, 2023). In a largely rural and mountainous country with limited access to health facilities, skilled midwifery stands as a vital pillar in the fight against preventable deaths. This presentation explores the midwifery practice in Lesotho through the lens of rural outreach, evidence-based intrapartum care, and culturally sensitive interventions.
DISCUSSION
Drawing from the experience of frontline midwives stationed in primary health center and communities, we highlight critical midwifery practices such as timely identification and referral of high-risk pregnancies, use of the partograph, active management of the third stage of labor (AMTSL), postnatal home visits, and community health education. These efforts have led to a noticeable increase in facility-based deliveries and antenatal attendance, contributing to improved maternal and new-born outcomes.
EVIDENCE WHERE RELEVANT
Lessons learned include the need for policy-level recognition of midwives as autonomous professionals, investment in midwifery education and rural deployment, and the power of community trust in enhancing care-seeking behavior. Strengthening midwifery is not only essential for achieving Sustainable Development Goal 3 which aims to reduce the global maternal mortality ratio to less than 70 per 100000 live births by 2030 (United Nations, 2024) but is a human rights imperative.
KEY MESSAGE
The relevance of this experience to midwifery lies in its demonstration of how midwife-led models of care can effectively reduce mortality, even in low-resource contexts. It emphases the importance of continuous professional development, supportive supervision, and integration of midwives into broader health systems planning.
Eur J Midwifery 2026;10(Supplement 1):A66

CONTINUITY OF CARE - OUTCOMES 1

0310

Exploring community-based midwifery continuity of care for women in an ethnically diverse and deprived area of London using an intersectional approach

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BACKGROUND
Ethnic minority women and those living in deprived areas face disproportionately poor perinatal outcomes, including stillbirth, preterm birth, and experiences of disrespectful care. The NHS CORE20PLUS5 strategy identifies continuity of care as a key intervention to address these disparities. However, limited evidence exists on how such models are experienced by the women they intend to benefit. Applying an intersectional lens can help reveal how overlapping social structures shape experiences and outcomes.
OBJECTIVES
To explore whether a place-based model of midwifery continuity of care can improve experiences for women in a highly diverse, socially deprived area, and critically examine how power operates within maternity care using intersectional theory.
METHODS
A longitudinal qualitative study was conducted with fifteen women who received care through a community-based midwifery continuity model. Participants were interviewed at three timepoints: during the third trimester of pregnancy, within three months postpartum, and again at 9–12 months

after birth, resulting in 34 interviews. Data were analysed using narrative analysis and informed by an intersectional lens to examine how women's social identities, structural disadvantage, and care relationships intersected across time and setting.
RESULTS
Two core narrative themes were identified: (1) Organisational power, where participants described feeling disempowered within hospital-based systems but reported increased access, responsiveness, and coordination of care in the community setting; and (2) Interpersonal power, where continuity enabled trusting relationships with midwives that fostered personalisation, advocacy, and respectful communication. These narratives revealed how power relations were experienced and navigated by women.
CONCLUSIONS
Community-based midwifery continuity models can help mitigate inequalities by addressing structural and relational dimensions of care. Intersectionality offers a valuable lens for understanding experiences and informing equitable policy and maternity care models.
KEY MESSAGE
Midwives delivering continuity of care in community settings play a critical role in reducing inequalities by fostering trust, improving access, and enabling respectful, relational care for marginalised women.
Eur J Midwifery 2026;10(Supplement 1):A67

0311

Measuring maternal satisfaction with continuity models of midwifery care

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BACKGROUND
Continuity of midwifery models of care are producing excellent clinical outcomes. While consumer satisfaction is acknowledged as an important indicator of quality; there is no consistency in the way satisfaction is measured and captured.
OBJECTIVES
To develop a valid, reliable standardised questionnaire for use in measuring maternal satisfaction within continuity models of midwifery care.
METHODS
A sequential, mixed methods approach was used. A systematic integrative review of instruments used to measure maternal satisfaction, identified the need for an instrument focusing on continuity of midwifery care. A systematic review of qualitative studies with meta-synthesis was undertaken, to understand what women value in the continuity of midwifery care models. Next a Delphi technique with representation from midwifery, obstetrics and service users, was employed to develop a questionnaire focusing on maternal satisfaction, which was then validated using factor analysis. Ethical approval was sought and granted prior to the commencement of the research by the Ethics committees governing the clinical services involved in recruiting the participants.
RESULTS
The 'Continuity of Midwifery Care Satisfaction Survey' (COMcareSS) was developed and found to be valid and reliable. Cronbach's alpha coefficient for the scale was 0.96 suggesting some redundancy in items. In factor analysis, only one factor could feasibly be attempted. This accounted for 76% of variation in responses.
CONCLUSIONS
Continuity of midwifery care is central to midwifery practice. This tool provides a means for services to seek robust feedback on the continuity of midwifery care models they offer.
KEY MESSAGE
The development of a reliable and valid tool specifically designed to measure maternal satisfaction with midwifery continuity of care models, the COMcareSS, is a timely contribution both nationally and internationally.
Eur J Midwifery 2026;10(Supplement 1):A68

0312

Midwifery continuity of care in a crisis: How New Zealand's model of maternity care safely supported a surge in home births during the Covid-19 lockdown

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BACKGROUND
During the COVID-19 pandemic, many high-income countries restricted home birth services due to system pressures. In contrast, Aotearoa New Zealand's midwifery-led continuity of care (MLCC) model – where publicly funded, caseloading, community midwives provide care across home, midwifery-led units and hospitals – enabled women to retain choice in birthplace.
OBJECTIVES
To examine the impact of New Zealand's 2020 lockdown on maternity care and clinical safety, with a focus on how the MLCC model supported adaptation.
METHODS
A population-based interrupted time-series analysis of 172511 singleton, live births (2018–2020) compared pre-lockdown, lockdown (7 weeks), and post-lockdown periods for maternity and neonatal indicators. Analyses were stratified by ethnicity (Māori/NZ European).
RESULTS
During lockdown, the home birth rate rose to 7.41% nationally (+3.94 percentage points from the predicted rate, 95% CI 3.30–4.57, p<0.001), with the largest increase among Māori women (+5.46%, p<0.001). Midwifery-led unit use declined overall and among NZ European women but remained stable for Māori women; hospital births decreased. There were no significant changes in maternal morbidity (composite of postpartum haemorrhage, obstetric anal sphincter injury, ICU admission) or neonatal morbidity (Apgar score <7 at 5 minutes, respiratory support >4 hours, neonatal unit admission).
CONCLUSIONS
New Zealand's MLCC model provided critical flexibility and

maternity service stability during a global pandemic which significantly disrupted health service delivery. Continuity of care, midwifery autonomy, and a contractual relationship with the woman rather than the institution, enabled midwives to adapt rapidly to women's changing birth preferences while maintaining safe clinical outcomes for indigenous and non-indigenous women. Women's and babies' safety was further supported by the integrated maternity service model, whereby caseloading midwives collaborate with hospital midwives and obstetric services when needed.
KEY MESSAGE
Midwifery continuity of care, supported by adequate funding, professional autonomy and collaborative care, is a workforce retention and crisis preparedness strategy, aligning with the global "One Million More Midwives" goal.
Eur J Midwifery 2026;10(Supplement 1):A69

0313

Closing the inequality gap: Impact of midwife continuity of care on stillbirth rate and first feed for women in England

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BACKGROUND
In 2017 NHS England started rolling out a model where women have continuity of carer with the same midwifery team integrated into mainstream services throughout the perinatal period. Current policy in England aims to provide continuity of midwife care in the most deprived neighbourhoods, and areas of high ethnic diversity providing additional support for the women that most need it reduce the gap in poor outcomes for women and babies. More evidence is needed on outcomes.
OBJECTIVES
To compare outcomes for all women placed on a midwife continuity of care model by 24 weeks compared to women receiving standard care, and for women living in disadvantaged areas or from a minoritised ethnic group.
METHODS
We compared stillbirth rates and rates of first feed of breast milk stillbirth for women placed on midwife continuity of care model and women receiving standard care in England, with logistic regression standardising between groups. We used the Maternity Services Dataset covering 922149 women conceiving between 2020 and 2022.
RESULTS
Women on a midwife continuity of carer model have a higher first feed of breast milk rate, but do not show a difference in stillbirth rate, compared to women receiving standard care. Black women on a midwife continuity of care model have significantly lower stillbirth rates compared to Black women receiving standard care.
CONCLUSIONS
Accelerating plans to provide enhanced continuity of care in the most deprived neighbourhoods, providing additional support for the women that most need it is a policy priority in 2025. This is one of the largest studies using real world national data which can look at impact on specific groups of women.
KEY MESSAGE
Midwife continuity of care is a potential intervention to close the inequity gap in outcomes.
Eur J Midwifery 2026;10(Supplement 1):A70

CONTINUITY OF CARE – OUTCOMES 2

0174

My midwife implementation of a continuity of care model for vulnerable women in Malmö, Sweden: Evaluation of women's experience, and medical and health outcomes

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PURPOSE
Implementing and evaluating My Midwife Malmö, a Midwifery Continuity of Care (MCoC) model for women with vulnerabilities during pregnancy, birth and the early postnatal period.
DISCUSSION
In Sweden, standard care during pregnancy, birth and the postnatal period is fragmented, and the centralization further restricts the availability of MCoC. Within My Midwife, approximately 300 women in Malmö are currently given the opportunity to receive MCoC each year. My Midwife is available for women with vulnerabilities such as fear of birth, mental health issues, and when facing language barriers. My midwife ensures relational continuity of care with availability around the clock. A primary midwife surrounded by a small team of midwives provides care during pregnancy, birth, and the early postnatal period. The model of care includes antenatal check-ups during pregnancy and offers home-based care during late pregnancy and the latent phase. During labour the women receive one-to-one care, and the midwives also provide home-based care in the early postnatal period.
EVIDENCE WHERE RELEVANT
Several studies have demonstrated positive effects of MCoC with a reduced need for medical interventions during labour and birth, and improved outcomes for women and their babies. Existing research on MCoC in Sweden suggests potential benefits, but the evidence is limited. Notably, there is a significant knowledge gap regarding the provision of targeted care for vulnerable women within a structured continuity of care model. Evaluation of women's experiences and medical outcomes within My Midwife Malmö is currently being conducted.
KEY MESSAGE
The implementation of My Midwife has proven feasible, encompassing antenatal check-ups, one-to-one care during labour and birth, as well as home-based care during late pregnancy, the latent phase, and the postnatal period. Preliminary results show that women receiving care through My Midwife report increased feelings of participation, safety, accessibility, and overall satisfaction compared to standard care.
Eur J Midwifery 2026;10(Supplement 1):A71

0175

Midwife continuity of care model in regional Australia - Connections and social care for better pregnancy and birth outcomes

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PURPOSE
Gateway Health's Endorsed Midwife Care Program provides holistic support for women's clinical needs and social and emotional well-being. This encourages client empowered to self-advocate for their pregnancy, labour and birth choices. The purpose of the presentation is to showcase an innovative midwife-led continuity of care model in regional Australia supporting vulnerable pregnant women with a focus on multicultural clients. The model is trauma-informed, client-centred and responsive to lived experiences of clients. The presentation outlines how this model is the gold standard for pregnancy care internationally.
DISCUSSION
This program is an exceptional model of care for vulnerable, regional and diverse women for three reasons: 1) It was developed after a midwife walked into the organisation with an idea for a clinic, passionate about continuity of care for regional, marginalised women. 2) It has been delivered for 3 years without any government funding. 3) It allows women the time needed to feel and safe supported in each session, wrapping social support around the clinical care needed to ensure safer births and better outcomes. Vanessa Page is an endorsed midwife providing an award winning, nationally recognise model of care. Vanessa has seen approximately 60 clients annually, with close to 230 clients accessing her service since 2021. 30% of clients are from a refugee or Aboriginal background. The program works with cultural and pregnancy specialist organisation to ensure high risk, vulnerable women are provided gold class,midwife led continuity of care. Vanessa walks alongside women as a care partner, providing all clinical interventions through a social lens.
EVIDENCE WHERE RELEVANT
Client testimonials, birth outcome data and 2025 evaluation findings.
KEY MESSAGE
-Continuity of midwife care is gold standard for pregnant women, particular high risk vulnerable groups. -Better clinical and social outcomes are achieved with midwife care. -Women with histories of trauma and social complexities have a right to midwife led care.

Eur J Midwifery 2026;10(Supplement 1):A72

0176

Midwives generating evidence: Exploring water birth outcomes through professionally governed data

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BACKGROUND
The New Zealand College of Midwives has developed and maintained a comprehensive national midwifery outcomes dataset focused on continuity of care, derived from midwives' clinical care records. When midwives govern the data they generate, they can use it to answer questions that matter to the profession and the families they care for.
OBJECTIVES
To demonstrate how midwives can use quantitative research methods and a midwifery-governed dataset to contribute to the evidence base for water birth.
METHODS
Methods: This retrospective cohort study analysed low-risk births (term, singleton, cephalic, spontaneous vaginal birth without induction, augmentation, or regional anaesthesia) from the College's national dataset (2012–2014). Logistic regression and non-inferiority analyses were used to compare maternal and neonatal outcomes between water births and conventional births.
RESULTS
Among 47651 women, 15.3% had water births. Water birth was associated with significantly better maternal outcomes, including reduced blood-loss (AOR 0.81, p≤0.001), fewer severe perineal tears (AOR 0.60, p≤0.001), and fewer episiotomies or tears overall (AOR 0.71, p≤0.001). Neonatal outcomes showed slightly higher odds of Apgar <7 at 1 and 5 minutes (NNH 3333), but non-inferiority tests were inconclusive. Babies born in water were less likely to require resuscitation (AOR 0.85, p=0.001).
CONCLUSIONS
Water birth is a safe option for women and babies at low risk of complications in labour and birth. Completed in 2018 but not previously reported, this study highlights the value of midwives asking practice-based questions using robust quantitative methods. It underscores the importance of midwives collecting, maintaining, and having control over their practice data – a key requirement for the College when it recently agreed to move to a multidisciplinary, community and hospital shared maternity care record.
KEY MESSAGE
Professionally maintained datasets can generate midwifery-led evidence to inform practice and policy, and also affirm the value of midwifery research and leadership in shaping the future of maternity care.

Eur J Midwifery 2026;10(Supplement 1):A73

0177

The Midwifery Group Practice Project

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BACKGROUND
The unique model of maternity care in Aotearoa New Zealand, with midwives providing community-based continuity of care, is most often supported by Midwifery Group Practice (MGP). Although this model has existed for over 30 years, there is still no practical resource kit to guide midwives in their group

practices. Multiple models of MGP are used across Aotearoa, with diverse organisational and management approaches—there is no single 'right' way to run an MGP or practise as an LMC. The MGP project focused on identifying what midwives say works best. This presentation explores, with examples, the processes, strategies and tools that support real-world practices across Aotearoa, and introduces a comprehensive, usable, acceptable, equitable, and accessible resource kit.
OBJECTIVES
- to identify effective MGP organisation and management strategies - to identify what works well for existing longstanding practices in different contexts and regions (e.g. rural, urban, young, homebirth) - to highlight and identify specific cultural practices that sustain Māori MGPs.
METHODS
- Online national survey of all midwives in Aotearoa - Kanohi ki te kanohi (face to face) meetings with Māori midwives - Discussion groups with longstanding practices in different contexts and regions.
RESULTS
Our research found that Midwifery Group Practices (MGPs) thrive with shared philosophy, strong team dynamics, and decision-making autonomy. Sustainable practices set clear boundaries, share responsibility, and resolve conflict effectively. Challenges include workload, finances, and wellbeing. Some prioritise team sustainability over individual care. Each MGP is shaped by local context—there is no one-size-fits-all model.
CONCLUSIONS
This project shows that shared philosophy, supportive relationships, and adaptability are key to sustaining MGPs. Despite workload and emotional challenges, strong collegial support and clear boundaries build resilience. There's no single model—successful MGPs are grounded in relational care and context.
KEY MESSAGE
The project is directly relevant for LMC midwives across Aotearoa providing a wide range of effective, practical ideas for midwifery group practices.
Eur J Midwifery 2026;10(Supplement 1):A74

CULTURAL SAFETY

0122

Empowered to empower: Midwives, relationships, and systemic change in Ethiopia

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BACKGROUND
Women from Sub-Saharan Africa still accounted for 70% of all maternal deaths in 2023. Poor quality maternity care now surpasses lack of access to care as a primary barrier to reducing maternal mortality rates. However, Ethiopia continues to achieve improved maternal outcomes, with a 46% reduction in maternal mortality between 2016-2023. As declining official development assistance threatens quality care, Ethiopian midwifery offers critical insights into community-level maternal health solutions that bridge gender divides, particularly in rural contexts.
OBJECTIVES
This study explores culturally relevant empowerment in Ethiopian midwifery practice. It addresses three core objectives: to identify how Ethiopian midwives conceptualise empowerment, how empowerment is integrated into their practice, and what challenges they face in doing so.
METHODS
A qualitative approach captured rich narratives from midwives in Hamlin Fistula Ethiopia and the Ethiopian Midwives Association (N=26 female, 25 male) and rural women attending midwifery clinics (N=107). Mixed methods included semi-structured interviews (N=55), focus groups (N=13), and participant observation. Fieldwork proceeded as initial inquiry in 2022. Data were analysed inductively using NVivo before being presented to participants for feedback during a 2024 confirmation phase. Responses were further analysed thematically.
RESULTS
Both female and male midwives foster empowerment through familial-style relationships, mentoring, role modelling, and mobilising women peer-to-peer. Women-centered care is grounded in 'compassionate respectful care' and 'Mikirke', a two-way model of dialogue and sharing. Contraceptive supply shortages erode trust. Collaboration with community leaders, other health professionals, and professional advocacy overcome significant institutional restraints.
CONCLUSIONS
Sustainable midwifery systems must be locally led and relationally embedded in communities, supported by institutional advocacy and resourcing. Empowering midwifery relationships span genders and institutions—linking communities, midwives, mentors, local authorities, educators, associations and ministries.
KEY MESSAGE
Sustainable change arises through interdependent relationships between individual agency, cultural transformation, and system-wide support. Ethiopia's midwifery system demonstrates that empowered midwives empower women, who in turn empower communities.
Eur J Midwifery 2026;10(Supplement 1):A75

0123

Utilising a dual moderator approach in focus groups to evaluate maternal health programmes in diverse communities

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PURPOSE
This study aimed to evaluate the effectiveness of using a dual moderator approach in focus groups to explore the experiences of service users and providers within the Starting Well Partnership Programme (SWPP), a community-led maternal and child health intervention in Luton, UK. Given the ethnically diverse and socioeconomically deprived setting, the research required a methodology that promoted psychological safety, inclusion, and authentic dialogue, particularly among minoritised mothers, expectant mothers,

and frontline practitioners.
DISCUSSION
Focus groups and semi-structured interviews were conducted (n=29) to evaluate the implementation and delivery of SWPP interventions (Pregnancy Club, Early Days, Little Explorers). A dual moderator model—one moderator to manage content and another to support group process and emotional comfort—was adopted to reduce power imbalances, foster cultural sensitivity, and accommodate participants' linguistic and emotional needs. This approach was especially critical in virtual environments during post-COVID restrictions, where digital communication risked diminishing non-verbal cues and relational engagement. The methodological stance was grounded in critical realism and pragmatism, aligning with the study's conceptual framework, which acknowledged intersectionality and super-diversity.
EVIDENCE WHERE RELEVANT
Participants expressed a high level of trust and emotional openness during sessions, attributing their comfort to the non-judgemental atmosphere and support provided by the second moderator. Themes such as "Safe Space," "Emotional Well-being," and "Tailored Support" emerged strongly. The dual moderation method enhanced the richness of the data, enabling deeper exploration of barriers like language, stigma, and system navigation. This aligns with wider literature supporting community-based, participatory maternal health methodologies.
KEY MESSAGE
The dual moderator method is a powerful, inclusive tool for qualitative maternal health research, especially in underserved, ethnically diverse populations. It enables cultural safety, empowers participant voice, and generates richer, more actionable insights for health policy and practice.
Eur J Midwifery 2026;10(Supplement 1):A76

0124

Birth as a cultural experience: Pain, rituals, and knowledge through the lens of traditional midwifery. Based on my anthropological research and fieldwork across the world

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PURPOSE
Birth as a cultural experience: Pain, rituals, and knowledge through traditional midwifery. This qualitative research is based on over 20 years of ethnographic fieldwork conducted in diverse global settings, including South Dakota, Madagascar, Alaska, The Gambia, India, Indonesia, the Muslim communities in the Middle East and Israel, and other places. Using participant observation and in-depth interviews, I studied traditional midwifery practices, beliefs, and embodied knowledge surrounding pregnancy and childbirth. The main objective is to preserve ancestral, embodied wisdom that is rapidly disappearing, and to explore its meaningful integration into modern maternity care. Recurring themes include cultural perceptions of pain, birth rituals as rites of passage, the role of social support in alleviating fear, faith in spiritual forces, and tensions between midwifery and medical models of care. These themes are deeply intertwined with women's lived experiences, community values, and intergenerational transmission of knowledge, offering a rich lens into how birth is shaped by both belief and environment.
DISCUSSION
By recognizing the neratives of childbirth practises healthcare providers can promote more respectful, holistic, and culturally sensitive approaches that better meet the diverse needs of birthing people globally. I found it very important in labor room to speak to the woman in birth in her own language. Not only the speaking language like English or such, but in her out cultural language. To be aware of her own wishes, beliefs and background.
EVIDENCE WHERE RELEVANT
This research conclods theoretical frameworks. Arnold van Gennep and Victor Turner's rites of passage, Foucault's concepts of biopower and medical authority, Michel Odent's. Robbie Davis-Floyd's analysis of technocratic versus holistic birth models. It is also supported by the ethnographic work of Birgitta Granqvist that made research at the beginning of the 20th century about the life among the Arabas at Palestine alongside many other scholars in anthropology and medical humanities.
KEY MESSAGE
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Eur J Midwifery 2026;10(Supplement 1):A77

0125

Rebuilding the Aboriginal and Torres Strait Islander workforce to provide culturally responsive continuity of midwifery care

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PURPOSE
The Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) is the peak national body for Indigenous nurses, midwives, and students in Australia. The purpose of this presentation is to share about CATSINaM and its representation, advocacy and support to grow the Aboriginal and Torres Strait Islander midwifery workforce.
DISCUSSION
Aboriginal and Torres Strait Islander babies have been born in Australia for over 60000 years, supported by senior women with expertise in cultural practices that foster physical, social and emotional wellbeing during pregnancy, birth and postpartum. Colonisation has disrupted cultural practises, and Aboriginal and Torres Strait Islander women report poor experiences and have poor outcomes in contemporary maternity care. Community-led, culturally safe, continuity of midwifery care models ('Birthing on Country' models) significantly improve experiences and health outcomes for

Aboriginal and Torres Strait Islander women and babies. There are national calls for widespread implementation and scale up of these models, however a critical shortfall in Aboriginal and Torres Strait Islander midwives is a major barrier to achieving this goal. This is due to policies that have excluded Aboriginal and Torres Strait Islander people from educational pathways for generations, resulting in entrenched intergenerational disadvantage.
EVIDENCE WHERE RELEVANT
CATSINaM was established over 25 years ago by pioneering Aboriginal and Torres Strait Islander nurses and midwives committed to improving health care for Indigenous communities. Governance includes an Elders Circle, a diverse Aboriginal and Torres Strait Islander board, and Aboriginal and Torres Strait Islander strategic and operational leadership. Key objectives include advocacy and engagement to drive national change; cultural safety training; leadership programs; advisory groups; and scholarships.
KEY MESSAGE
Community-led strategies to grow the Aboriginal and Torres Strait Islander workforce are critical to ensure successful implementation of culturally safe, community led and governed midwifery continuity of care or 'Birthing on Country' models.
Eur J Midwifery 2026;10(Supplement 1):A78

DATA COLLECTION (INCLUDING THREE-MINUTE PRESENTATION COMPETITION)

0067

One million more midwives – One hundred (or more) midwifery quality indicators: Results from an international scoping review and modified Delphi study

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BACKGROUND
Nursing sensitive indicators are widely used to determine the quality of nursing care; they have been the subject of two recent systematic reviews. Midwifery quality indicators, however, are an emerging area of research with no published reviews. Midwifery quality indicators promise to demonstrate the value of midwifery care and indicate where strategies are needed to drive quality improvement.
OBJECTIVES
To develop an evidence-informed, consensus-based set of midwifery quality indicators that can be measured using routinely collected health service data.
METHODS
Scoping review: We conducted a systematic search of Medline, Embase, CINAHL, and Maternity and Infant Care databases. Results were imported into Covidence for independent screening by two reviewers. Data from included studies will be extracted and results synthesised into a list of potential indicators. Modified Delphi: We will invite midwifery experts across clinical, research, education, and leadership to complete an electronic survey to rate the appropriateness of each indicator using a Likert scale (Round 1). Participants will attend a virtual workshop to review Round 1 ratings, discuss areas of disagreement, modify the indicators, and individually re-rate each indicator until consensus is reached (Round 2).
RESULTS
Our scoping review is underway. Preliminary results have identified at least 20 relevant studies from seven high-resource settings. Data will be extracted to develop a list of 100 or more potential quality indicators for consideration by the expert panel. The final results of scoping review and agreed set of midwifery quality indicators will be available for presentation at the conference.
CONCLUSIONS
Midwifery quality indicators designed to measure routinely collected data is a streamlined way to benchmark, improve, and evaluate the quality of midwifery practice and models of care.
KEY MESSAGE
Implementation of a set of evidence-informed, consensus-based midwifery quality indicators can improve the safety, effectiveness, equity, and efficiency of midwifery care. Data collection (including three-minute presentation competition)
Eur J Midwifery 2026;10(Supplement 1):A79

0069

Inequities in the quality of maternal and neonatal care in Portugal: Results from the IMAgiNE EURO project

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BACKGROUND
Monitorization of the quality of maternal and neonatal care (QMNC) in Portugal is relevant, a country that is facing systemic challenges within the National Health Service in the last year, affecting particularly the obstetric and pediatric services.
OBJECTIVES
Compare women's perspectives on the QMNC around the

time of childbirth across Nomenclature of Territorial Units for Statistics 2 (NUTS-II) regions in Portugal.
METHODS
Women participating in the cross-sectional IMAgiNE EURO study completed an online structured questionnaire with four domains of QMNC: (1) provision of care; (2) experience of care; (3) availability of human and physical resources; and (4) reorganizational changes due to the COVID-19 pandemic. Frequencies for each quality measure within each QMNC domain were computed overall and by region.
RESULTS
Among the 1845 participants, one in three (33.7%) had a cesarean birth. Several indicators reflected good-quality care, including low rates of missed early breastfeeding (8.0%), limited absence of rooming-in (7.7%), and minimal reports of informal payments (0.7%). Staff professionalism (94.6%), and the comfort and equipment of birthing rooms (95.2%) is highly rated. Still, important challenges and regional differences were evident in several aspects. Among those who labored, rates of instrumental vaginal births ranged from 22.3% in the Algarve to 33.5% in the Center. The use of fundal pressure varied widely—from 34.8% (Lisbon) to 66.7% (Center). Episiotomy was performed in 39.3% (range 31.8% North – 59.8% Center) of non-instrumental vaginal births. One in four women (26.1%) reported not receiving adequate breastfeeding assistance (range 19.4% Algarve - 31.5% Lisbon). At discharge, 22.1% of babies were not exclusively breastfed (range 19.5% Lisbon - 28.2% Algarve).
CONCLUSIONS
Urgent actions are needed to reduce inequities and promote women's rights and respectful care around the time of childbirth.
KEY MESSAGE
Improving and harmonizing QMNC and reducing inequities across regions in Portugal is relevant.
Eur J Midwifery 2026;10(Supplement 1):A80

0070

Protecting and promoting the midwifery model of care: Strengthening midwifery practice, clinical outcomes, and patient experience data

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PURPOSE
The purpose of this presentation is to address opportunities to strengthen midwifery-centered data collection and analysis that can protect and promote the midwifery model of care and improve maternal health.
DISCUSSION
In the United States, only ~14% of all births are attended by midwives. Yet, midwifery care is associated with significantly improved clinical outcomes and patient experiences, compared to national maternal morbidity and mortality benchmarks of the physician-dominant perinatal health model. Standard electronic health record (EHR) data do not typically collect midwifery practice, social determinants of health and patient-reported experience data that can further elucidate the effects of midwifery care on maternal health outcomes. Two examples demonstrate improved midwifery data collection, providing the ability to more rigorously evaluate midwifery care outcomes. These examples are the EHR partnership between hospital-based midwifery groups at Oregon Health and Science University and the University of Michigan, and the comprehensive state-wide data systems used in Washington State: Obstetrical Care Outcome Assessment Program (OBCOAP), Smooth Transitions, and the Community Birth Data Registry (CBDR). Capturing data relevant to midwifery practice is critical to improving our understanding of how the midwifery model of care improves maternal health.
EVIDENCE WHERE RELEVANT
1. Erickson et al. Induction of labor or expectant management? Birth outcomes for nulliparous individuals choosing midwifery care. Birth. 2021;48(4):501-513.
2. Kanjanakaew et al. Examining cesarean among individuals of advanced maternal age in nurse-midwifery care. J Midwifery Womens Health. 2024;69(5):735-745.
3. Hays et al. Smooth transitions: Enhancing interprofessional collaboration when planned community births transfer to hospital care. J Midwifery Womens Health. 2022;67(6):701-706.
KEY MESSAGE
Building midwifery-centered data systems is a much-needed opportunity to protect and promote the midwifery model of care around the globe.
Eur J Midwifery 2026;10(Supplement 1):A81

DIGITAL TECHNOLOGY/AI 1 (INCLUDING THREE-MINUTE PRESENTATION COMPETITION)

0047

Enhancing women-centered care in Tanzania: Evaluating a mobile health application for pregnant women and midwives

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BACKGROUND
In Tanzania, reductions in maternal mortality highlight the need to improve quality of care. The World Health Organization promotes respectful maternity care and a midwifery model of care. However, challenges such as inadequate healthcare infrastructure, limited staff training, and healthcare provider overload persist. To address these issues, a mobile application was developed to empower women with electronic personal health data and streamline midwives' documentation.
OBJECTIVES
This study evaluated the effectiveness of a mobile application in enhancing women-centered care for pregnant women in Tanzania.
METHODS
A cluster-randomized control trial was conducted in two

healthcare facilities in Dar es Salaam, Tanzania during 2021-2022. Participants were pregnant women aged 16 or older, in their second trimester (14–28 weeks), and fluent in Swahili. Facilities were randomly assigned to the intervention or control group. The app provided pregnant women access to antenatal health records and educational materials, while midwives used the system to retrieve records and document antenatal checkups electronically. Women-centered care was assessed using the 23-item WCC English version questionnaire (WCC23E). Effects of the intervention on women-centered care were evaluated with general linear regression models. Ethical clearance was obtained from Hiroshima University Clinical Research Ethics Committee (C-340) and the National Institute of Medical Research in Tanzania (NIMR/HQ/R.8a/Vol.IX/1604).
RESULTS
The intervention group showed significantly higher WCC23E scores than the control group at follow-up (mean difference: 32.54, 95% CI: 30.93–34.16). This change remained significant after adjusting for age, parity, and baseline scores (mean difference: 32.42, 95% CI: 30.71–34.13), and other covariates (mean difference: 32.45, 95%CI: 30.44-34.46).
CONCLUSIONS
The mobile application effectively improved women-centered care, highlighting its potential to enhance midwifery care in Tanzania.
KEY MESSAGE
The mobile application empowered women with personal health data while reducing midwives' documentation burden. Scaling up mobile health solutions could enhance respectful and women-centered care globally.
Eur J Midwifery 2026;10(Supplement 1):A82

0048

Exploring digital adaptability in midwifery and nursing students

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BACKGROUND
Healthcare technology (HCT) is rapidly transforming clinical practice. This shift requires digital adaptability—the ability to switch flexibly between direct patient care and HCT. While student midwives and nurses belong to a generation familiar with technology, applying HCT in patient interactions may be a challenge.
OBJECTIVES
To explore and define the concept of digital adaptability among Flemish (student) midwives and nurses and to assess their current level of digital adaptability.
METHODS
Structuration Theory and Intuitive Logics Scenario Planning were applied to conceptualize future needs. A modified e-Delphi study identified core competencies, followed by factor analysis to reveal key dimensions. Finally, a cross-sectional survey was conducted among midwifery and nursing students in Flanders to assess their digital adaptability.
RESULTS
Scenario planning emphasized the urgent need for digitally adaptable professionals. The e-Delphi study identified 29 competencies defining digital adaptability. Factor analysis revealed two key dimensions: "Me and the digital world" and "Me, the digital world, and my patient". Survey results indicated a gap between students' personal use of HCT and its application in patient care. The greatest learning potential lies in the dimension "Me, the digital world & my patient", highlighting that students currently acquire these competencies mainly during clinical placements rather than through formal education.
CONCLUSIONS
Digital adaptability is an emerging, multifaceted competence essential for future healthcare professionals. The identified competencies form a benchmark for education and training. However, current students struggle to integrate HCT into patient interactions. Educational programs must provide realistic simulation-based opportunities to bridge this gap.
KEY MESSAGE
To bridge the gap between personal and clinical use of technology, students must be supported through simulation-based learning and clinical practice that fosters confident and reflective use of HCT at the bedside and strengthens the core dimension "Me, the digital world, and my patient".
Eur J Midwifery 2026;10(Supplement 1):A83

0049

Thinking critically with artificial intelligence: A new frontier in midwifery education

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BACKGROUND
The global midwifery shortage demands innovative educational strategies to equip future practitioners with the skills necessary to meet the needs of diverse populations. Digital innovation, including generative artificial intelligence (AI) tools, is rapidly transforming healthcare and education. While concerns remain around academic integrity, AI offers promising avenues to enhance critical analysis and digital literacy. These skills are essential for future midwives to evaluate information, apply evidence-based care, and navigate increasingly complex clinical environments. There is currently limited literature on how AI is integrated into midwifery education, particularly within assessments.
OBJECTIVES
An innovative assessment was developed for second-year Bachelor of Midwifery students to engage with AI-generated content in response to a pregnancy complexity case study. Students were required to critically appraise the AI-generated response in a structured report, evaluating the use of holistic midwifery strategies, source appropriateness, and synthesis of information. The activity was supported by scaffolded

digital literacy learning.
METHODS
Post-assessment surveys explored student experiences and perceived learning outcomes with descriptive statistics and content analysis of free text.
RESULTS
Preliminary analysis indicates that students found the assessment engaging and educational. The activity enhanced their ability to critically assess digital content, recognise AI's potential to provide woman-centered, culturally relevant, and context-specific care. The assessment also demonstrated an increase in their confidence in digital health literacy. Students identified that while AI may assist with information synthesis, it requires human oversight to align with midwifery philosophy and needs of individuals.
CONCLUSIONS
Integrating AI-focused assessment into midwifery curricula strengthens the digital competencies of future midwives, supporting their preparedness to deliver safe, equitable, and evidence-based care in a digital health era.
KEY MESSAGE
This pedagogical innovation contributes to global efforts to address the midwifery workforce shortage by ensuring graduates are equipped to meet contemporary challenges in maternal and newborn care.
Eur J Midwifery 2026;10(Supplement 1):A84

0050

MAM*AI - Developing an AI-powered chatbot for midwives in Zanzibar supporting evidence-based and real-time clinical decision making

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BACKGROUND
Maternal and neonatal mortality rates remain unacceptably high, particularly in sub-Saharan Africa. Improving the quality of care is an important factor in improving health outcomes. In Zanzibar, the midwifery profession does not exist so far. Instead, nurses with minimal midwifery training are the primary caregivers for pregnant and postpartum women.
OBJECTIVES
During the exploration phase, we aimed to explore the pain points (i.e., needs) of nurses providing midwifery care and conduct a deep dive into the context. In the next step, we aimed to jointly brainstorm innovative solutions in close collaboration with end-users and diverse stakeholders.
METHODS
We used a human-centered design approach to gain in-depth insight into the health system and the challenges nurses face, particularly in difficult clinical situations. During a co-design workshop with nurses and stakeholders, we jointly explored the development of an AI-powered clinical chatbot that would provide nurses with real-time access to information tailored to their clinical cases and support them in clinical decision-making.
RESULTS
All nurses providing midwifery care reported a lack of access to evidence-based resources and support, and all had experienced highly stressful and traumatic situations. Access to information included supervisors, Google and Youtube. All reported of a high demand to access evidence-based and reliable information in real-time supporting them in clinical decision-making.
CONCLUSIONS
We will build on Meditron, currently the best-performing AI-powered chatbot for physicians. The content will be aligned with relevant clinical, international, and national guidelines for midwives only. The prototype will be co-designed with end-users (i.e., nurses in Zanzibar) to ensure a user-centered and context-specific solution.
KEY MESSAGE
It requires innovative solutions to improve maternal and newborn health outcomes. Supporting nurses providing high-quality midwifery care to make the right decisions at the right time has the potential to improve the quality of care, save lives, and contribute to Sustainable Development.
Eur J Midwifery 2026;10(Supplement 1):A85

DIGITAL TECHNOLOGY/AI 2

0274

Recommendations from a NZ study which explored how communication technology used between pregnant women/people and midwives contributed towards sustainable quality maternal and newborn care

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BACKGROUND
Communication technology has become entrenched within society. While there are benefits in connecting quickly with another person, there are also concerns within a midwifery context when communication technology is unable to be used as intended.
OBJECTIVES
This PhD research explored how communication technology was used between community midwives and pregnant women/people in NZ and how this contributed towards quality maternal and newborn care.
METHODS
The research used a mixed method multi-phase sequential transformative design to guide the study. Data was collected in phase one using an online survey with midwives and pregnant women/people with results analysed using descriptive statistics and thematic analysis. The findings

informed questions for phase two of the study which used an online platform to conduct face-to-face interviews with midwives and pregnant women/people. Results were analysed using thematic analysis.
RESULTS
Recommendations identified how communication technology can improve access to quality care. The geographical challenges faced by rural midwives and pregnant women/people in New Zealand as well as catastrophic climatic events highlighted the need for satellite phones and improved Telehealth services for enabling connections and access to care. This need for 'real time' support with colleagues via video technology when managing an emergency was vital for midwives working in rural regions. Having a sustainable way to practice ensures midwives remain in practice. A designated device for communicating with pregnant women/people is essential in maintaining a sustainable work-life balance as well as ensuring privacy of information.
CONCLUSIONS
Access to communication technologies is essential and particularly in geographically challenged areas where physical access and connections to midwifery care may be more difficult.
KEY MESSAGE
Effective communication technologies are essential for providing access to midwifery care and assist midwives to create a more sustainable work-life balance. This in turn supports the ICM theme of one million more midwives.
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0275

Listening to women, empowering midwives: Overcoming implementation barriers to a digital clinical decision support innovation within the complex maternity health care system

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BACKGROUND
Digital innovation is essential to scale midwifery-led, woman-centred care. The Maternity Clinical Decision Support Tool (Mat-CDST), developed by a team of digital health experts and led by a midwife-researcher, is a fully automated, integrated, medical device that incorporates the ICHOM Pregnancy and Childbirth Set. It tracks changes in women's health at five timepoints from booking to six months postpartum. Implementing digital health technology within complex health systems is challenging and the best approach to maximise success is unclear.
OBJECTIVES
To implement and evaluate Mat-CDST in one large tertiary maternity service in Australia to inform feasibility, acceptability, appropriateness and scalability.
METHODS
Our study is guided by Implementation Science methodology and informed by significant national stakeholder engagement. Mat-CDST collects outcome data directly from women via five digital surveys triggered by clinical appointments. It screens and tracks changes in outcomes including incontinence, mental health, quality of life, breastfeeding intent, success and confidence, mother-infant bonding, and birth satisfaction. It is further enhanced with validated tools to routinely screen for fear of birth and birth trauma. Evidence-informed algorithms generate real-time clinical recommendations and alerts, integrated into the electronic medical record. A mixed-methods evaluation is underway, focusing on the nuanced barriers to digital health technology experienced by a range of socially disadvantaged cohorts.
RESULTS
Preliminary findings show improved clinical efficiency, enhanced shared decision-making, and increased satisfaction among women and clinicians. The tool reduces administrative burden, supports adherence to clinical guidelines, and enables timely, personalised care. Early data further demonstrates improved detection and response to psychosocial risks.
CONCLUSIONS
Mat-CDST demonstrates how digital tools can empower midwives, personalise care, and improve outcomes at scale. Its implementation offers a replicable model for integrating the ICHOM Set into routine maternity care globally.
KEY MESSAGE
Digital innovation can supports midwives to deliver value-based, woman-centred care and improve maternal outcomes, but targeted implementation strategies are key to success.
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0276

Towards 2030: Exploring the impact of AI on teaching and learning in midwifery education

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PURPOSE
AI has the potential to transform midwifery education by providing more personalized learning experiences for students, helping them to develop the critical thinking skills needed for making better-informed care decisions. This presentation will provide an overview of the current state of AI in midwifery education and provide suggestions for future directions.
DISCUSSION
From analyzing curricula to ensure teaching materials remain current and providing personalized learning experiences for students, AI has the potential to help future generations of midwives. One of the challenges in higher education is adapting learning materials to suit the different learning styles of individual students. AI-assisted learning has the potential to help tailor material to individual students and AI assessment platforms can provide real-time feedback during assignments and tests and help students discover areas where they are struggling and connect them with appropriate resources. Virtual reality simulation can provide realistic clinical scenarios which allow students to practice hands on-skills and clinical decision making. The incorporation of AI into training scenarios has the potential to create more

sophisticated and complex simulations to further assist students develop skills for situations they may encounter in practice. AI systems cannot replace the expertise, instincts, and observation skills of midwives, but it can provide them with powerful tools to help them develop and maintain their skills.
EVIDENCE WHERE RELEVANT
Examples of AI integration in midwifery education will be used throughout the presentation.
KEY MESSAGE
Although there is great potential for the use of AI in midwifery education, it is not without its challenges and concerns. Issues such as academic integrity, data privacy, and the biases inherent in AI tools also have to be considered. Attention also needs to be given to the support that educators need to understand the capabilities and limitations of AI technology and how it can be used to enhance the teaching and learning process.
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0277

Innovative asynchronous multi-stage video reflections: Enhancing authenticity and critical thinking in midwifery education

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PURPOSE
As midwifery education evolves in response to technological disruption, artificial intelligence, and the ethical imperative to foster authentic professional formation, traditional reflective assessment tools demand reconsideration.
DISCUSSION
We present an innovative, asynchronous, multi-stage video reflection strategy designed to deepen critical reflection, enhance educator insight, and support student transformation into autonomous midwifery professionals. This strategy involves three structured, asynchronous video reflections submitted over a six-week period following a key clinical learning event. Part 1, recorded within 24 hours, captures raw, affective responses, initial observations, and immediate insights. Part 2, submitted within two weeks, supports early analytical reflection, guided debriefing, and identification of learning needs. Part 3, at six weeks, facilitates integration of evidence-based literature, deeper synthesis, and articulation of practice changes. Crucially, this model prioritises the process of reflection over written proficiency, offering a more authentic, multimodal insight into students' critical thinking. Academics provide feedback at each stage, enabling timely intervention and tailored support. Furthermore, staged video submissions enhance the educator's ability to assess the authenticity of reflection; an essential safeguard in the current era of generative AI, where verifying original student work and genuine professional development is increasingly complex. Preliminary implementation of this model within an Australian midwifery education program has yielded high levels of student engagement, with learners valuing the opportunity for immediate and longitudinal reflection. Academics report enhanced capacity to assess reflective depth, identify students needing additional support, and foster sustained critical thinking. This innovative approach demonstrates a pedagogically robust, and technologically congruent method for assessing reflection in midwifery education. It aligns with global calls for more authentic assessment, offering a meaningful response to contemporary challenges in academic integrity and professional formation.
KEY MESSAGE
A multi-stage asynchronous video reflection strategy enhances authenticity, fosters critical thinking, and protects academic integrity in midwifery education amid rising use of generative AI.
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EDUCATION – CLINICAL SKILLS (+THREE-MINUTE PRESENTATION COMPETITION)

0302

Comparison of the effects of video-selfie and demonstration methods in the development of peripheral intravenous catheterization skill

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BACKGROUND
Midwifery education must equip students with essential clinical skills, yet teaching these competencies effectively remains a challenge. Recently, technology-based strategies such as the "nursing skills video-selfie" have emerged, supporting self-directed learning and psychomotor skill development through self-recorded practice.
OBJECTIVES
This study aimed to compare the effectiveness of the video-selfie (intervention group) and demonstration methods (control group) in teaching peripheral intravenous catheterization (PIC) skills.
METHODS
This randomized controlled, single-blind study was conducted with first-year students (n=83) in the 2023–2024. Data were collected using a PIC skills checklist, knowledge evaluation form, satisfaction and self-confidence scale. Both groups received identical training and practiced catheterization under supervision. Only the intervention group recorded their application using the video-selfie method. Skill acquisition was assessed twice—at the end of spring and the beginning of fall—by blinded evaluators.
RESULTS
When evaluating the students' learning styles, the most frequent response was "I learn by doing (role-playing, participating in activities, experimenting, etc.)" (44.6%). Statistical analysis of the students' PIC Evaluation scores revealed a significant difference between the two groups before the second evaluation (p=0.000). The average scores of the "Student Satisfaction and Self-Confidence in Learning Scale" and its subdimensions were compared between the

groups using an independent t-test. Significant differences were found between the groups in both the first (p=0.000) and second evaluations (p=0.000). The control group's average scores were lower compared to the video-selfie group.
CONCLUSIONS
The video-selfie method was more effective than demonstration in improving PIC skills, knowledge, and self-confidence. It promoted active participation and supported both cognitive and psychomotor learning. It is recommended for integration into skills training, with feedback mechanisms and further evaluation in diverse contexts.
KEY MESSAGE
Video-selfie enhances clinical skill acquisition, self-confidence, and student engagement more effectively than demonstration methods. Education - clinical skills (+Three-minute presentation competition)
Eur J Midwifery 2026;10(Supplement 1):A90

O303

Midwifery students' experiences of group obstetric emergency objective structured clinical examination: A qualitative study

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BACKGROUND
Background: Midwifery as a practice profession requires educators to pay close attention to clinical skills to equip midwifery students to become safe and competent practitioners. Evidence from international studies show that Objective Structured Clinical Examination (OSCE) is one of the assessment methods used effectively in midwifery education.
OBJECTIVES
To explore midwifery students' experiences of participating in a group obstetric emergency OSCE.
METHODSThe study employed a qualitative descriptive approach. Seventeen final year BSc midwifery students participated in a focus group interview via Zoom in April 2024 following the release of their assessment results. Thematic analysis was selected to analyse the data. Ethical approval was obtained from the study site. Participation was voluntary. The participants gave written and verbal consent prior to interview, which was conducted after the completion of the assessment process.
RESULTS
Three themes with associated subthemes describe midwifery student's narratives of their experience 1) 'relevance to clinical practice' – 'mirrored clinical practice,' 'realistic' 2) 'opportunities' – 'safe learning environment', 'development of transferable skills' e.g. leadership, team work, communication 3) 'challenges' – 'time for practice', 'free riders'. Overall, the participants preferred group OSCE to individual OSCE's and were less nervous.
CONCLUSIONS
Group OSCE is a valuable learning and assessment resource that mirrors real life situations. Scheduling a suitable time for practice while on clinical placement and unequal contribution by group members were challenges encountered by some of the students.
KEY MESSAGE
Group OSCE provides a safe space for consolidating leaning through simulation. It enhances students' development of transferable skills such as leadership, communication and teamwork/collaboration.
Eur J Midwifery 2026;10(Supplement 1):A91

O304

The effect of video-based training on midwives' neonatal resuscitation knowledge: A single-group pretest–posttest study

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BACKGROUND
Neonatal resuscitation is critical for ensuring newborn survival, and the knowledge and skills of healthcare professionals performing this intervention directly impact neonatal outcomes.
OBJECTIVES
This study aimed to assess the knowledge levels of midwives who had previously received Neonatal Resuscitation Program (NRP) certification and to evaluate the effectiveness of a video-based instructional design focused on frequently encountered topics in neonatal resuscitation.
METHODS
This quasi-experimental study utilized a single-group pretest–posttest design. A total of 115 midwives from two public hospitals and one training and research hospital participated, with most working in delivery rooms. Data were collected using a researcher-developed "Neonatal Resuscitation Practices Pretest and Posttest Form." Knowledge levels before and immediately after training were compared. Descriptive statistics summarized participant characteristics, while the Kruskal-Wallis test was used for group comparisons and the Wilcoxon Signed Ranks test assessed pretest–posttest differences.
RESULTS
The median participant age was 31 years, with a median of 9 years of professional experience and 3 years in their current unit. Most participants worked in delivery rooms (79.1%). The median year of NRP certification was 2018; 16.5% were certified in 2011 or earlier, 19.1% between 2012–2016, and 64.3% in 2017 or later. Only one had received a certification update post-2017. The median pretest score was 56 (range: 20–96), and the posttest score was 92 (range: 72–100), showing a significant increase ($p < .001$). While pretest scores varied significantly by certification year ($p < .001$), posttest scores did not ($p > .001$), suggesting consistent knowledge gains across participants.

CONCLUSIONS
Video-based training significantly improved NRP knowledge levels. Regular updates and the use of video-supported, practice-oriented training are recommended to maintain competence in neonatal resuscitation among birth care providers. The authors declare no conflicts of interest.
KEY MESSAGE
Neonatal Resuscitation, Midwives, Video-Based Education, Pretest–Posttest Design, Quasi-Experimental Study, Continuing Education
Eur J Midwifery 2026;10(Supplement 1):A92

0305

Experiences of student midwives in clinical learning environments at Maldives National University campuses

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BACKGROUND
Clinical learning is a core component of midwifery education, essential for developing the skills and competencies required for quality maternal care. In the Maldives, the Advanced Diploma in Midwifery is offered at the Maldives National University (MNU) School of Nursing, where student midwives undergo clinical training under the supervision of registered nurse-midwives. However, limited research exists on the quality and challenges of these clinical experiences, particularly in decentralized campus settings.
OBJECTIVES
This study explores the clinical learning experiences of student midwives at MNU's Thinadhoo and Kulhudhuffushi Campuses to overcome challenges of clinical learning and to improve the quality of midwifery education.
METHODS
A qualitative descriptive approach was employed. Data were collected through in-depth interviews and focus group discussions with student midwives from the two campuses. Thematic analysis was used to identify key patterns and insights from participants' experiences.
RESULTS
Three themes emerged from the data analysis: 1) Role conflict in dual responsibilities, the participant had challenging experience in performing the tasks of the student as well as acting in a professional nurse capacity 2) Supportive work environment and staff, participants described their supportive work environment including technical and administrative support 3) Insufficient procedure opportunities, participants described the unavailability of procedures to complete the clinical requirements.
CONCLUSIONS
The findings offer valuable insights into the clinical learning experiences of student midwives at MNU and integrating student feedback into curriculum planning are critical to enhancing clinical learning in midwifery education. Further research is needed to explore the perspectives of clinical mentors and preceptors.
KEY MESSAGE
- To provide conducive environment for clinical learning for midwifery students - Refrain from assigning dual role during the clinical placement - Explore alternative pathways to complete clinical requirements.
Eur J Midwifery 2026;10(Supplement 1):A93

EDUCATION – COMPETENCY DEVELOPMENT 1 (INCLUDING THREE-MINUTE PRESENTATION COMPETITION)

0033

Work setting matters: Scope of practice of midwifery competencies in Switzerland

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BACKGROUND
In Switzerland, midwifery education and practice are structured around 26 professional competencies. Opportunities to apply these competencies may vary by work setting, potentially limiting the scope of practice and leading to professional deskilling.
OBJECTIVES
To evaluate how frequently midwives apply the 26 professional competencies and identify the factors influencing their opportunities to do so across different work settings.
METHODS
An online questionnaire was disseminated nationally to all practicing midwives. Midwives rated how often they had the opportunity to practice each competency in the past 12 months, on a scale from 0 (never) to 4 (always). Correlational analyses exploring variations between work settings (hospital vs. extra-hospital) were performed using R. Qualitative data from open-ended questions were thematically analyzed to identify perceived barriers and facilitators. Ethical clearance was granted by the relevant ethics committee. Participation was voluntary; anonymity and confidentiality were ensured.
RESULTS
The overall mean frequency score across the 26 competencies was 2.74 (N=580). Competencies related to integrating evidence-based knowledge (mean 1.81), using validated tools (mean 1.88), and participating in health promotion programs (mean 1.94) were the least frequently practiced. For 16 competencies (62%), hospital-based midwives reported significantly lower mean frequency scores compared to their extra-hospital counterparts ($p < 0.05$). Reported barriers in hospital settings included institutional constraints, time pressures, and limited autonomy, while self-employed midwives reported challenges in establishing collaborative networks due to the solitary nature of their practice.
CONCLUSIONS
Midwives' ability to fully apply their competencies varies by work setting, with hospital-based midwives facing more

limitations. These constraints may contribute to deskilling and reduced professional satisfaction. Strengthening institutional support, continuing education, and interprofessional and peer professional networks could enhance practice opportunities across work settings.
KEY MESSAGE
Midwives in Switzerland face barriers to fully practice their competencies, especially in hospitals settings. Observed underpracticed areas require targeted support to preserve skills, autonomy and care quality.
Eur J Midwifery 2026;10(Supplement 1):A94

0034

Pioneering state-led midwifery education in India: Dual-mode mentoring of nurse practitioners to strengthen competencies across public midwifery-led care units in Andhra Pradesh

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BACKGROUND
Andhra Pradesh (AP) registers over 8.2 lakh births annually but ranks third in cesarean section rates (42.4%, NFHS-5), reflecting growing over-medicalization and overstretched tertiary services. In response, the state government introduced midwifery as a solution to promote respectful, physiologic birth. AP became the first Indian state to issue a Government Order (GO Ms. No. 205) for operationalizing midwifery services with structured guidelines and certification mechanisms. Despite quality training, midwives were facing challenges in applying competencies independently, risking skill attrition. A structured mentoring mechanism was needed to hand-hold and integrate into the healthcare system.
OBJECTIVES
To strengthen the competencies and confidence of newly trained Nurse Practitioners in Midwifery (NPMs) through a blended mentoring model combining virtual and physical modalities and ensure their professional integration across 13 high-delivery public facilities.
METHODS
Five state midwifery educators, trained at Fernandez National Midwifery Training Institute, trained 60 NPMs (30 each at State Midwifery Training Institutes, Guntur and Tirupati) over 18 months on ICM competencies. Almost a year after deployment, a dual-mode mentoring program—virtual (Jun–Oct 2024) and physical (Oct–Dec 2024), the first of its kind hand-holding mentoring mechanism in the country for midwives—was implemented in collaboration with the Fernandez Foundation and UNICEF. Evaluation involved pre/post knowledge tests, skill observations, case reviews, and facility audits.
RESULTS
Knowledge scores improved from 59% to 78% during virtual mentoring. Physical visits reinforced clinical skills, documentation, and problem-solving. NPMs independently conducted 42% of normal births across 13 facilities, including 11178 women supported in alternate birthing positions. 60.5% of births attended by midwives required no episiotomy, versus 19% for doctors/nurses.
CONCLUSIONS
AP's government-led, educator-driven model demonstrates how dual-mode mentorship can effectively build a competent midwifery workforce embedded within the public health system.
KEY MESSAGE
With structured education, policy backing, and blended mentoring, AP's initiative presents a scalable model for midwifery reform globally — transforming maternal care through respectful, evidence-based practices.
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0035

Stepping back to step forward with SMILE: Facilitating student midwife-led antenatal care

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PURPOSE
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KEY MESSAGE
-
BACKGROUND
The SMILE (Student Midwife Led) Clinic is an innovative antenatal care model where postgraduate students act as primary care providers, supported by a single experienced midwife. Operating from privately provided community spaces, this pilot bridges public and private maternity systems to deliver personalised, student-led continuity care. Objective to explore the outcomes of the SMILE Clinic with a focus on the facilitator midwife role, the student experience, and the unique partnerships that support integrated, woman-centred care.
METHODS
The clinic was implemented at Westmead Women's and Newborn Health in collaboration with private sector clinicians who offered space in their practices. Students led all aspects of antenatal care, with the facilitator midwife providing reflective supervision and modelling woman-centred communication. Virtual consultations with a staff obstetrician were integrated, enabling real-time support for complex care planning. Evaluation drew on student and patient feedback,

facilitator reflections, and clinical outcomes.
DISCUSSION
The model is underpinned by mutual trust, reflective practice, and intersectoral collaboration. Combining public service delivery with private clinical infrastructure, and embedding virtual specialist input, allowed the SMILE Clinic to thrive despite systemic barriers. The facilitator role was key to balancing safety, support, and autonomy.
RESULTS
Students gained confidence, autonomy, and clinical insight through meaningful continuity experiences. Women reported high satisfaction and trust in student-led care. As the facilitator midwife, stepping back allowed students to lead safely, while reigniting a personal sense of joy and purpose in practice through mentoring and observing truly woman-centred care in action.
Eur J Midwifery 2026;10(Supplement 1):A96

0036

Designing a physiologic birth workshop for student midwives: Honouring and maintaining skills for physiologic birth in a "high tech" culture

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PURPOSE
This presentation tells the story of designing a workshop to re-centre physiologic birth in the curriculum of our midwifery education program. Our project was inspired by insights from students, midwives and faculty at Toronto Metropolitan University and by provincial data about midwifery outcomes. Although our program is founded on strong principles supporting physiologic birth, student experience in our academic classes and in clinical settings did not consistently create confidence in birth as a healthy life event. On reviewing our curriculum, we realized that historically we had "taken physiologic birth for granted", assuming most of the births that students attended with community-based midwives would have minimal intervention. As our profession has grown, culture has evolved, and Ontario midwifery practice in many settings includes higher rates of birth interventions. We realized that we need to more deliberately teach to physiology.
DISCUSSION
The Physiologic Birth workshop is planned to balance the scientific and the social aspects of birth and midwifery care: to inform and inspire confidence. The design integrates evidence about clinical outcomes and best practices, storytelling (passing on knowledge and skill from experienced practitioners), reflections on the midwifery role and identity, the impact of physiologic birth on midwifery sustainability, and practical skills sessions. It is co-created by community midwives, evidence experts, and faculty members with input from graduates. Although we are working to strengthen content to integrate best practices for physiologic throughout the curriculum, the workshop format highlights physiologic birth skills and holds a similar place and status in our curriculum as other key workshops, which focus more on complex care and emergency skills.
EVIDENCE WHERE RELEVANT
n/a
KEY MESSAGE
As culture and midwifery practice become increasingly technological, midwifery education can highlight physiologic birth and inspire confidence in midwifery skills.
Eur J Midwifery 2026;10(Supplement 1):A97

EDUCATION – COMPETENCY DEVELOPMENT 2

0143

The character of a midwife: How affective education prepares the next generation of midwives for safe, respectful and evidence-based practice

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PURPOSE
To discuss the importance of affective midwifery education and provide a model of one midwifery college's "Character of a Midwife" curriculum.
DISCUSSION
An important aspect of training compassionate midwives who are prepared to provide respectful maternity care is the acquisition of the values and beliefs of the profession by the student, which is also referred to as "affective socialization" (Ulrich 2004). One example of how values such as compassion can be integrated into midwifery curriculum is found within Mercy In Action College of Midwifery, an accredited midwifery program in the USA, where education on compassion and other character values is incorporated into the curriculum throughout the four-year program. Students utilize story-telling to reflect on how the presence or absence of various character traits impacts maternal and newborn health outcomes, an effective learning model that aids in affective socialization, helping student midwives internalize values of midwifery such as compassion and respect.
EVIDENCE WHERE RELEVANT
Aktas, Songul, and Türkan Pasinlioğlu. 2021. "The effect of empathy training given to midwives on the empathic communication skills of midwives and the birth satisfaction of mothers giving birth with the help of these midwives." Ulrich, Suzan. 2004. "First birth stories of student midwives: keys to professional affective socialization."
KEY MESSAGE
There is global consensus that the attitudes and behaviors of midwives and childbirth providers directly affect the outcomes of mothers and babies, and that access to compassionate, safe and respectful maternity care is a human rights issue. Midwifery care requires competency in the affective domain in order to develop the soft skills of compassion, kindness and empathy. Such skills are considered a hallmark of midwifery and are important components of safe and respectful care according to the International Childbirth Initiative. This session will present an example of how affective midwifery education prepares the next generation of safe, respectful

and evidence based midwives.
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O144

Fit for practice: A cross-semester teaching event

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PURPOSE
In the Bachelor's program in midwifery at ZHAW, individual obstetric procedures are taught during the early semesters. What is often lacking, however, is an understanding of the entire process of childbirth and how these individual steps are logically connected. This is where «Fit for Practice» comes in. This teaching module aims to consolidate and strengthen the midwifery competencies acquired by students. Students in cross-semester peer learning groups work on relevant midwifery case studies. They expand upon concepts and topics from the first and third semesters, reflect on their actions in simulated scenarios with actors, and analyze varying courses of action. The focus is on communication, clinical assessment, obstetric care, and ethical competencies.
DISCUSSION
The "Fit for Practice" module promotes theory-to-practice transfer and encourages students' reflection on acquired skills. Collaboration across semesters fosters mutual learning at different stages of education. Students improve their ability to identify physiological and pathological processes, initiate appropriate measures, and to critically evaluate them. It is evident that learning in mixed-experience groups stimulates reflection and strengthens the understanding of physiological processes within midwifery practice. It fosters the development of professional, social and personal competences.
EVIDENCE WHERE RELEVANT
The module is continuously evaluated, using a questionnaire with both open-ended and closed questions. Another evaluation is planned for January 2026 in the form of focus group interviews. Initial results indicate that learning in heterogeneous groups enhances reflection and deepens the understanding of obstetric processes. Students report significant competency development, for example in the area of communicating with patients in critical situations.
KEY MESSAGE
"Fit for Practice" is an effective peer learning module that supports the transfer of theoretical knowledge into practice and promotes the development of essential midwifery competencies. Continuous reflection and application of learned content contribute to a sustainable improvement of practical skills and provide valuable insight for professional practice.
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O145

Student-led unit for midwifery students in Belgium: Sharing best practices

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PURPOSE
A student-led unit offers an integrated setting where education and practice merge, allowing students to develop professional autonomy in a highly contextualized care environment. Within this setting, students are challenged to refine their clinical reasoning skills while assuming responsibility for the care provided in the delivery room and maternity unit. Upon completing intensive practical experience, students should be able to design and implement care plans. Throughout the entire period, alignment with peers, midwives and physicians ensures the continuity and safety of patient care.
DISCUSSION
Before entering this student-led unit, students get specific information of unit protocols and procedures. These sessions foster early peer connections and cultivate a sense of team spirit. Due to the authentic nature of these practice, structured and intensive supervision is critical. This is achieved through a close collaboration between the educational institution and clinical ward, including the presence of a dedicated clinical instructor and trained mentors on-site each day. This instructor acts as a key liaison for both students and healthcare professionals.
EVIDENCE WHERE RELEVANT
Student-led practice models in healthcare, including midwifery, provide unique learning environments where students develop both clinical competence and essential leadership skills. By positioning students in active, decision-making roles within clinical environments, these models enhance readiness for professional practice and contribute to addressing systemic gaps in regular practice (Lising et al., 2024).
Lising D, Copley J, Hill A, et al. Exploring the "led" in health professional student-led experiences: a scoping review. Adv Health Sci Educ Theory Pract. 2025;30(3):1007-1036. doi:10.1007/s10459-024-10355-x
KEY MESSAGE
Offering an authentic clinical learning experience by student-led unit placement significantly boosts students self-confidence and accelerates their readiness for autonomous midwifery practice. Experience has already been gained in setting up, running, and supervising such units and valuable insights are available to share.
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O146

The virtual caseload: An innovation in teaching skills for continuity of carer

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PURPOSE
The virtual caseload is a teaching innovation aiming to support midwifery learners' theoretical and conceptual understanding of continuity of midwifery carer (CoMC), alongside their learning in clinical practice. CoMC is supported by global evidence of the benefit to women and birthing people (hereafter women), babies and families (Sandall et al., 2024). The virtual-CoMC aims to enable learners to prepare, consolidate, and assess their own skills and knowledge application in a safe environment.

DISCUSSION
Provision of CoMC requires mid-high order cognitive processes (Bloom et al., 1956) and professional commitment (Krathwohl et al., 1973), including application, analysis, evaluation and creativity and acting in accordance with values. Virtual-CoMC primarily focuses on developing learners' cognitive and affective competencies (Bloom et al., 1956), which learners concurrently apply within the clinical practice setting as they develop their skills-based proficiencies. While midwives are autonomous practitioners, they work in partnership with women, families, other professionals and agencies (NMC, 2019). Hence, learners are enabled to work together to solve problems and generate ideas related to the childbearing journeys of familiar, hypothetical case studies through the virtual caseload, across the year of study. This team approach aims to exceed simple knowledge transfer, it empowers learners to apply knowledge using procedural and conceptual problem-solving skills (Michaelson and Sweet, 2008) and has been shown to enhance clinical reasoning (Ulfa et al., 2021; Kang and Kim, 2021). The virtual-CoMC can enhance team development and cohesion skills, which form part of the essential hidden curriculum (Anderson, 1992), alongside the aims of the programme including developing proficiency in communication, developing respectful relationships and multidisciplinary working.
EVIDENCE WHERE RELEVANT
The virtual-CoMC will continue to develop through co-creation with midwifery learners and will be evaluated.
KEY MESSAGE
This is an innovative and authentic teaching method to develop knowledge, experience and skills required to provide CoMC.
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EDUCATION – COMPETENCY DEVELOPMENT 3 (INCLUDING THREE-MINUTE PRESENTATION COMPETITION)

O258

The impact of a leadership and teamwork educational module in shoulder dystocia high-fidelity simulation training; An RCT-study

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BACKGROUND
Shoulder dystocia is a serious childbirth-related emergency.
OBJECTIVES
This was a randomised-controlled-trial aiming to quantify the effect of a leadership and teamwork training on the improvement of skills in managing shoulder dystocia.
METHODS
Final-year Midwifery students were invited to participate in a one-day workshop. They were randomised to either group A (shoulder dystocia simulation-training + intervention), or group B (only shoulder dystocia simulation-training). The simulation-training and assessments were performed with a high-fidelity (PROMPT) birthing simulator. The intervention consisted of a two-hour leadership and teamwork experiential learning module. All students had a 30-minute initial pre-training assessment, a 30-minute theoretical and hands-on training, and a 30-minute post-training assessment. In the workshop, the outcomes assessed were the proportion of successful simulated births, the performance of manoeuvres to manage shoulder dystocia, the head-to-body birth time, the quality of communication, the self-reported confidence levels, the levels of teamwork and leadership skills. Group A students received the intervention after their theoretical and hands-on training and before the final post-training assessment at the end of the workshop. Pre-training and post-training values for the predetermined outcomes were compared.
RESULTS
There were 51 students recruited in total with mean age of 21.9 years (SD=3.1), of which 25 received the intervention and 26 were controls. Both groups demonstrated similar low pre-training values regarding the proportion of successful deliveries, manoeuvres' score, confidence levels, communication, teamwork and leadership skills. Both groups had similar high post-training values of successful deliveries (>92%), manoeuvres' score, confidence levels. Those receiving the intervention when compared to controls demonstrated a statistical trend of higher communication (4.4 vs 3.1;p=0.10), teamwork (3.1 vs 2.1;p=0.10) and leadership skills (3.8 vs 2.6;p=0.08) at the end of the workshop.
CONCLUSIONS
This study supports the inclusion of a teamwork and leadership training in shoulder dystocia management.
KEY MESSAGE
Teamwork and leadership skills training should be included in shoulder dystocia simulation-training.
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O259

Creating a culture of translational simulation for quality maternal and newborn care in hospitals in Nepal

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PURPOSE
To share the program strategic approach of introducing and integrating a culture of translational simulation as a part of maternal and newborn care related quality improvement (QI) initiatives in Nepal.
DISCUSSION
Despite 80% of births being attended by skilled health providers, the high Maternal Mortality Ratio of 142/100000 and Neonatal Mortality Rate of 16.6/1000, indicate quality care issues, particularly in intrapartum and small/sick newborn care. This necessitates urgent efforts to strengthen

competencies and quality of care along with integration of midwifery models. Under the leadership of Family Welfare Division, in collaboration with provincial stakeholders and supported by UNICEF Nepal, Laerdal Global Health and Simulation Society of Nepal launched an initiative in 10 facilities, targeting areas with highest maternal and newborn mortality, benefiting over 30000 births annually. I. Strengthening competencies of the interdisciplinary healthcare teams including midwives using onsite responsive low-dose high-frequency skills and simulation sessions II. Strengthening low-cost, efficient set-up for simulation-based capacity building at the health facilities. III. Strengthening linkages for technical support by engaging pool of mentors/ experts IV. Strengthening the implementation of QI processes in maternal and newborn care including Maternal and Perinatal Death Surveillance (MPDSR), innovations like Safer Births Bundle of Care (SBBC), [i] Labor care Guide (LCG), Respectful Maternity Care (RMC), Thermal watch and SNCU orientation. V. Community engagement using Human-Centred Design to increase service utilization.

EVIDENCE WHERE RELEVANT

This program includes scalable, sustainable approach based on global learnings around translational simulation [i] to create culture change in strengthening competencies, QI initiatives like MPDSR, SBBC, LCG, RMC and community engagement.

Nickson CP, Petrosoniak A, Barwick S, Brazil V. Translational simulation: from description to action. Adv Simul (Lond). 2021;6(1):6. doi:10.1186/s41077-021-00160-6

KEY MESSAGE

Comprehensive, collaborative simulation-based interventions strengthening government-led QI initiatives translate to improved maternal and newborn care quality while ensuring midwifery models of care.

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0260

Strengthening midwifery practice through EmONC training in Timor-Leste

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PURPOSE

To highlight how Emergency Obstetric and Newborn Care (EmONC) training has enhanced midwives' competency and strengthened midwifery practice in Timor-Leste, enabling the delivery of high-quality and life-saving care in challenging healthcare contexts.

DISCUSSION

In Timor-Leste, where maternal mortality remain unacceptably high, midwives are often the primary and sometimes only skilled providers available to manage obstetric and newborn emergencies. EmONC training has significantly enhanced their capacity to respond confidently and effectively to complications such as postpartum hemorrhage, eclampsia, and neonatal asphyxia. Drawing on experiences over the past two years, midwives report that EmONC training has not only improved their clinical skills but also their professional identity, decision-making, and leadership. They now play a more autonomous role in care provision, supported by mentorship, peer learning, and community trust. This strengthened practice has enhanced midwives' ability to respond promptly and effectively to emergencies, especially in remote and low-resource settings where timely care is vital. Their improved skills and confidence have contributed significantly to saving lives and improving maternal and newborn health outcomes.

EVIDENCE WHERE RELEVANT

Facility-level data from EmONC facilities demonstrate reduced referral cases and delays, alongside improved maternal outcomes where EmONC-trained midwives are present. Additionally, qualitative feedback from midwives confirms the positive impact of their enhanced skills on emergency maternal and newborn care outcomes.

KEY MESSAGE

Strengthening midwifery through targeted EmONC training significantly enhances clinical competence, autonomy, and leadership. Empowering midwives to deliver high-quality emergency care is vital to reducing maternal and newborn mortality and advancing health equity in Timor-Leste and similar settings.

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0261

Better support, better care: Coaching supervision as a tool for midwifery competency improvement to ensure quality health services

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PURPOSE

Supervision and coaching for midwives is a structured clinical and professional development process that strengthens competencies through guidance, teaching, and shared reflection. It aims to enhance midwives' skills, performance, and professionalism in delivering sexual and reproductive health (SRH) services. This model integrates competency-based assessment, tailored coaching, and follow-up evaluation within a defined supervision cycle to ensure sustained improvements in midwifery practice

DISCUSSION

The Indonesian Midwives Association (IBI), in partnership with UNFPA and supported by Global Affairs Canada under the Better Reproductive Health and Rights for All in Indonesia (BERANI) project (2019–2025), implemented a structured coaching supervision program in six pilot areas, reaching 115 midwife supervisors and 405 supervisees. Supervisors were trained to use adapted national tools to assess midwives' baseline competencies during routine SRH service delivery. Based on identified gaps, supervisors conducted focused coaching, followed by endline assessments after a 3 to 4-month cycle. Each supervisor mentored three midwives across primary and secondary health facilities.

EVIDENCE WHERE RELEVANT

The program demonstrated measurable improvements in clinical and managerial competencies. In pilot areas such as Surabaya, Lampung, and Jakarta, the average competency

scores increased from 80% to 100% between the baseline and endline. Over 90% of supervisees reported increased motivation, confidence, and job satisfaction. Facility managers and district health officials noted improvements in service delivery, clinical documentation, and readiness for accreditation. The process also helped identify skills requiring refresher training and reinforced the value of ongoing supervision.
KEY MESSAGE
Structured coaching supervision is a scalable and effective tool for enhancing midwifery competencies, improving service quality, job satisfaction, and supporting health system transformation in Indonesia.
Eur J Midwifery 2026;10(Supplement 1):A105

EDUCATION – CULTURAL SAFETY

0095

The effect of an educational program on midwifery students' cultural sensitivity, awareness, and professional values: A quasi-experimental study

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BACKGROUND
Integrating cultural competence and professional values into midwifery curricula is essential for developing a culturally sensitive and ethically grounded professional identity. However, structured educational interventions in early-year midwifery education remain limited.
OBJECTIVES
This study aimed to evaluate the effects of the Culturally-Aware Midwifery History and Professional Values Education Program, developed for first-year midwifery students, on their levels of cultural awareness, cultural sensitivity, and professional values.
METHODS
A quasi-experimental, single-group pretest–posttest design was used. The program was conducted with 36 first-year midwifery students following ethics committee approval. It was delivered over 12 weeks with weekly 90-minute sessions. The content included the historical and cultural evolution of midwifery, intercultural midwifery practices, and core professional values. Various reflective and interactive methods were employed to promote students' cultural competence. Data were collected using a Demographic Information Form, the Midwives' Professional Values Scale (MPVS), the Intercultural Awareness Scale, and the Intercultural Sensitivity Scale. Data were analyzed using SPSS 26.0.
RESULTS
Paired samples t-test results revealed a significant increase in students' cultural awareness ($p = .006$) and in the respect dimension of professional values ($p = .006$) after the intervention. However, no statistically significant changes were found in other areas, including overall cultural sensitivity, communication, responsibility, or self-confidence ($p > .05$).
CONCLUSIONS
The findings suggest that the program effectively enhanced students' cultural awareness and certain professional values. This supports the need for culturally-oriented, reflective educational models in midwifery curricula and highlights the importance of embedding such content into the early stages of professional training through structured and longitudinal interventions.
KEY MESSAGE
Midwifery education, Cultural awareness, Cultural sensitivity, Professional values Quasi-experimental study, Educational program
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0096

Factors affecting midwifery students' intercultural sensitivity and xenophobia levels in Turkiye

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BACKGROUND
It is vital to understand the factors that influence intercultural sensitivity and xenophobia among midwifery students in order to create a respectful healthcare environment.
OBJECTIVES
The aim of this study is to examine the factors that influence intercultural sensitivity and xenophobia among midwifery students.
METHODS
A cross-sectional design was used to analyse the experiences of undergraduate students in Kahramanmaraş and Karabük. Although a minimum sample size of 308 was determined, data were ultimately collected from 665 female students aged 21–23. Face-to-face interviews were conducted, and statistical analyses were performed using SPSS. Variables that reached statistical significance ($p < 0.05$) were examined further through multiple linear regression.
RESULTS
Of the participants, 53.5% were foreign nationals, 0.6% were married, and 48.7% had completed the intercultural midwifery course. The mean Intercultural Sensitivity Scale (ISS) score was 77.57 ± 8.91, while the mean Xenophobia Scale score was 51.01 ± 12.61. Higher ISS scores were positively associated with age and urban residence, while they were negatively associated with having lived abroad, having immigrant friends, being in a higher academic year, limited interaction with immigrant neighbors, and higher levels of xenophobia. Completing an intercultural course positively influenced ISS scores (B = 2.491). Xenophobia levels were significantly lower among older students (B = -3.076), students living in urban areas (B = -3.186), students who had participated in an intercultural course (B = -3.028), students who had provided care to migrant patients (B = -3.000) and students who had migrant friends (B = -2.289). A higher ISS score predicted lower levels of xenophobia (B = -0.193).
CONCLUSIONS

Promoting intercultural interaction and enhancing intercultural education can effectively reduce xenophobia among midwifery students, equipping them to become culturally competent health professionals.
KEY MESSAGE
It is vital to incorporate intercultural education into midwifery education to nurture healthcare providers who are inclusive and culturally sensitive.
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0097

What are the experiences of Aboriginal and/or Torres Strait Islander student midwives and midwives?

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BACKGROUND
Aboriginal and/or Torres Strait Islander midwives are underrepresented within the Australian midwifery workforce. This is compounded by low graduation rates among university students. This scoping review is a component of the Midwifery Workforce Futures Project, which aims to investigate and inform the future of midwifery in Australia.
OBJECTIVES
This review explores the experiences of Aboriginal and/or Torres Strait Islander midwives and midwifery students to illuminate the issues impacting on work and study and uncover successful strategies towards parity.
METHODS
A scoping review methodology was used, guided by the Joanna Briggs Institute framework. A systematic search of the literature identified 1309 papers, and a further three were identified via the internet. Eleven papers including four research studies and seven grey papers, met the inclusion criteria: published academic journals, book publishers or key professional organisations; focused on the professional experiences of Aboriginal and/or Torres Strait Islander midwives or the learning experiences of Aboriginal and/or Torres Strait Islander midwifery students; written in English; and published 2004 onwards (inclusive). The papers were analysed using inductive thematic analysis.
RESULTS
Three interconnected themes emerged: connection and kinship, countering racism and balancing responsibilities.
CONCLUSIONS
Strategies meeting workforce and education parity need to connect Aboriginal and/or Torres Strait Islander midwives and students together, and with non-Indigenous people, clinically and academically. Strategies must enable midwives and students to balance work, study and life responsibilities. The contexts must be culturally safe by respecting and embracing Aboriginal and/or Torres Strait Islander cultures and actively opposing racism in the personal, community and organisational interfaces.
KEY MESSAGE
Connection and kinship, countering racism and balancing responsibilities are implicit in midwives and midwifery students' success.
Eur J Midwifery 2026;10(Supplement 1):A108

0098

Midwifery students' experiences in educational material development: A qualitative evaluation of process and product

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BACKGROUND
Active learning strategies in midwifery education not only enhance academic achievement but also support the development of professional identity. Engaging students directly in the creation of educational materials provides valuable opportunities for deep learning, creative thinking, gaining confidence, and experiencing the role of an educator. However, qualitative evidence on how students experience this process remains limited.
OBJECTIVES
This study aimed to explore midwifery students' experiences in developing educational materials and evaluate the products they created.
METHODS
This qualitative descriptive study was conducted with third-year midwifery students enrolled in the "Normal Birth and Postpartum Period" course at a foundation university in Turkey during the 2024–2025 academic year. Data were collected through semi-structured interviews and evaluation rubrics. Interviews were analyzed using thematic content analysis approach. Additionally, the student-developed materials were assessed by an independent panel of five jury members using predetermined criteria. Inter-rater reliability was confirmed through the Intraclass Correlation Coefficient (ICC = 0.91).
RESULTS
Based on data from 26 students, five main themes and 15 sub-themes were identified: (1) Individual learning and academic development, (2) Emotional and personal experience, (3) Challenges and barriers, (4) Teaching role and application gains, and (5) Reflections and suggestions for improvement. While some students reported initial difficulties, most described the process as enjoyable and enriching. They emphasized how the experience reinforced their learning, boosted their self-confidence, and enabled them to internalize the role of an educator. Jury feedback emphasized that several materials were of high quality and potentially useful in clinical or educational settings.
CONCLUSIONS
Developing educational materials contributes to the academic, emotional, and professional growth of midwifery students. Integrating such practices into midwifery curricula at earlier stages may serve as a valuable strategy to foster active and reflective learning.
KEY MESSAGE
The process of educational material development transforms midwifery students from passive learners into confident,

creative, and professionally engaged individuals.
Eur J Midwifery 2026;10(Supplement 1):A109

EDUCATION – CURRICULUM 1

0025

Assessing Maternal and Perinatal Death Surveillance and Response (MPDSR) competency gaps in pre-service midwifery curricula in Kenya and Nigeria: A mixed methods study

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BACKGROUND
About 5 years to the end of the Sustainable Development Goals (SDG), targets for maternal and newborn health are off track with a significant burden of maternal and perinatal deaths in sub-Saharan Africa. MPDSR is a strategy used to identify and review causes of maternal and perinatal deaths and develop continuous quality of care improvement plans.
OBJECTIVES
To develop and validate a generic MPDSR module content using global guidance and determine the extent, acceptability, and demand for integrating the MPDSR content in pre-service midwifery education in Kenya and Nigeria.
METHODS
A multi-country, multi-site cross sectional mixed methods study design was used with 224 participants purposively selected. An MPDSR pre-service content, developed using global standards and validated in a global maternal and newborn healthcare stakeholder meeting, was used to measure curricula content. Two Institutional (22-086; 393/22) and national IRB (NACOSTI 890538/23;NHREC 01/01/2007) approvals were received before data collection using curriculum content checklist, self-administered questionnaires, and interview guides. All participants provided consent before data collection. Chi-square tests for association within and between groups were used to describe differences (p<.05), and thematic analysis was conducted.
RESULTS
Integrating MPDSR in midwifery curriculum was perceived as timely, and midwifery educators indicated unclear guidance on the scope of MPDSR in midwifery education, low capacity for MPDSR competency training, with over 90% of educators indicating a need for upskilling. The majority of the students had covered causes 72 (84%) and prevention of maternal deaths 68 (79%), with the least content being assigning causes of perinatal death 36 (42%), bereavement care 33 (38%), and 'no blame culture' 19 (22%). More middle-level college students reported studying classification, reporting, and review of maternal death compared to university students (p<.009).
CONCLUSIONS
MPDSR competencies have not been fully embraced in preservice midwifery education.
KEY MESSAGE
Clear guidelines on the scope of MPDSR in midwifery and educator capacity building is recommended.
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0026

Evaluation of midwifery students' care plans through document analysis

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BACKGROUND
Care plans prepared by midwifery students during clinical practice serve as key tools that demonstrate their ability to integrate theoretical knowledge with clinical decision-making skills. However, the extent to which these plans align with the core components of the midwifery care process, such as data collection, diagnosis, goal setting, intervention planning, and evaluation, remains unclear. Identifying these gaps is crucial for determining both the strengths and areas requiring development within midwifery education.
OBJECTIVES
The study aims to evaluate the care plans prepared by midwifery students in clinical practice in terms of compliance with NANDA-I diagnoses, accuracy of diagnostic components, and structural integrity of the plans.
METHODS
This qualitative study was conducted through document analysis. The sample consisted of care plan files belonging to 35 fourth-year midwifery students who were doing clinical practice in the 2024–2025 period. The diagnoses in each care plan were evaluated by the researchers using a structured form based on the NANDA-1 taxonomy. Data were analyzed using content analysis and reported through frequency and percentage distributions.
RESULTS
Three main themes were identified: 1) Accuracy of diagnosis: 66.1% of diagnoses were written correctly; however, 82.6% of defining characteristics were missing or incorrect. 2) Appropriateness of goals and interventions: only 56.5% of goals were relevant to the diagnosis. 87.8% of interventions were inadequate and lacked specificity. 3) Quality of assessment: in 95.7% of the care plans, the evaluation phase lacked time references, measurable outcomes, or supporting data. The most frequently used diagnoses included acute pain, risk of infection, and anxiety.
CONCLUSIONS
The findings indicate that students experience challenges in applying the midwifery care process holistically and accurately. These results underscore the need for enhanced practice-based learning and structured feedback mechanisms in midwifery education.
KEY MESSAGE
Individualized guidance and structured assessment criteria in care plan writing should be reinforced to support professional competence.

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0027

HER Too Theatre (Uganda): Forum theatre as an educational tool in respectful maternity care education

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PURPOSE

The purpose of this presentation is share about the educational method of forum theatre as it is used within a profession midwifery workshop curriculum.

DISCUSSION

HER Too Theatre is adjunct programme developed to enrich the core curriculum topic of Respectful Maternity Care within a wider established workshop programme known as HER Workshops for Midwives. Respectful Maternity Care continues to be understood as a critical factor in the improvement of maternal mortality rates and, moreover, for the development and sustainability of midwifery itself (reference RMC). Approaches to education and dialogue around Respectful Maternity Care vary, and the use of forum theatre has been shown to provide an innovative and effective approach to the topic. As published in the British Journal of Midwifery (October 2025), HER Too Theatre pilots these methods and provides a potentially transferable approach to challenges in the context of midwifery. As a well-established participatory method forum theatre has been used in the context of community-based programmes which aim to explore and interrogate issues related to the dynamics of power, intrinsic to the challenges of respectful maternity care. This presentation will showcase two plays entitled "A Moment with the Midwife" and "Missed Opportunities" written and performed by a dedicated troupe of midwives and local amateur actors. This will be either through some short filming, a live enactment, or a photo presentation (depending upon the possibility of attendance of colleagues in Lisbon).

EVIDENCE WHERE RELEVANT

Involve UK. Forum theatre methods. Accessed June 9, 2026. https://www.involve.org.uk/resource/forum-theatre

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Boal A, McBride CA. Theatre of the oppressed. In: The Improvisation Studies Reader. 2014:79-86. Accessed June 9, 2026. https://books.google.co.uk/books?id=rXY9BAAAQBAJ&pg=PA79

KEY MESSAGE

The path to "A Million More Midwives" is reliant upon the upfront consideration of challenges in maternity services and innovation in the way we work forward. HER Too Theatre does just that.

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0028

Reflective practice for midwives in the United States: An adaptation of the Bass Model of Holistic Reflection

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PURPOSE

The purpose of this oral presentation is to share an adaptation of the Bass Model of Holistic Reflection that has recently been used in nurse-midwifery programs in the United States. The presenters will review the Bass Model of Holistic Reflection and the process of increasing personal/professional awareness, explain adaptations to the Bass Model to include the experiences of student midwives in the U.S., and explain how reflective practice can lead to a reduction of early career burnout. Throughout the presentation, examples of the adapted model of reflection applied to specific midwifery experiences will be shared.

DISCUSSION

The Bass Model of Holistic Reflection used in Australian midwifery programs has been adapted for use by midwives trained in the U.S. The reflections consider the scope of practice for North American midwives and the practice barriers existing in a medical system that has not widely supported midwifery. Midwifery educators analyzed the original model to identify adaptations needed to fit the North American midwifery experience. Comparing the hallmarks of the midwifery model of care to the concepts within the Bass model, reflective grids were established and implemented in several nurse-midwifery education programs. A series of questions was selected to examine self-awareness, emotional regulation, somatic responses, and locus of control during a clinical experience.

EVIDENCE WHERE RELEVANT

The data on burnout in the midwifery profession demonstrates that support during the early years of practice is crucial to a midwife's practice longevity. Reflective practice is one tool that increases physical awareness and emotional insight, assisting with professional identity formation.

KEY MESSAGE

A foundation of holistic reflection provides awareness of the whole self, including how physical, emotional, and environmental perceptions intersect. The challenges during the transition to practice are specific to the practice environment of the midwife. Holistic reflection can support students and new midwives as they transition to practice in the U.S. Complications - GDM 1

Eur J Midwifery 2026;10(Supplement 1):A113

EDUCATION – CURRICULUM 2

0134

Cultivating change agents: A barbadian model for evidence-based midwifery education

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PURPOSE

In the context of midwifery care across Barbados and the Caribbean, improving maternal outcomes remains a public health priority. This quality improvement (QI) initiative was implemented to address persistent issues within both primary health care and acute care settings in Barbados. The project was implemented by the first cohort of midwifery students using revised curriculum launched by the Barbados Community College in June 2024. The programme spans eighteen months and emphases real-world application of QI principles within clinical environments.

DISCUSSION

Educational Context As part of the "Evidence-Based Midwifery Practice" module, four student groups were required to design and implement a QI project and applied the Plan-Do-Study-Act (PDSA) cycle to identify, address, and pilot solutions to clinical challenges in their assigned workplaces, to develop students' change management competencies and to become solution-oriented professionals capable of transforming their practice settings.

EVIDENCE WHERE RELEVANT

Baseline audits conducted revealed gaps in antenatal care delivery at selected health institutions, limited family engagement, inconsistent provision of structured health education to pregnant women and their families, and irregular processes for sharing antenatal blood results. Through PDSA-guided interventions, each group implemented focused strategies tailored to address these gaps. Data collected over the pilot phase demonstrated modest but measurable progress across the targeted indicators. Stakeholder feedback reflected improved interdisciplinary collaboration, stronger patient-centred communication, and enhanced confidence among the student midwives. These results validate the effectiveness of embedding QI tools within midwifery training.

KEY MESSAGE

This initiative demonstrates how midwifery students, can utilize evidence-informed frameworks and enact meaningful change in under-resourced healthcare settings, where staffing, infrastructure and training are limited. These student-led projects illustrate the sustainability of grassroots-level improvements. Key takeaways include the importance of sustained clinical mentorship, structured integration of QI methodologies, and organizational readiness to adopt student-generated innovations, demonstrating the potential of midwifery education to foster a culture of continuous improvement across Caribbean maternal health systems.

Eur J Midwifery 2026;10(Supplement 1):A114

O135

The quality maternal and newborn care (QMNC) framework: Reflections of the first five years of systematic examination of the newborn within the UK midwifery curriculum

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PURPOSE

Following publication of the future midwives' standards (NMC 2019), every pre-registration midwifery curriculum validated to be taught in a United Kingdom (UK) university should include systematic examination of the newborn (SEN). The new standards are based on the QMNC Framework which describes the care that childbearing women and newborns need in all settings. (Renfrew et al 2014). On qualification, all newly qualified midwives should have the skills and knowledge to care for healthy newborn infants and detect, stabilise, and manage health problems in newborn infants and refer, if necessary (ICM 2024).

DISCUSSION

The decision to include SEN in all UK midwifery education programmes has been welcomed. However, it is equally important to ensure all qualified midwives have an opportunity to gain the same level of knowledge and clinical skills by undertaking a university accredited programme of study. This presentation will include details of the implementing of SEN within the new curriculum. Feedback from students and post-registration midwives will demonstrate how the new module could shape the future of midwifery and promote autonomous midwives.

EVIDENCE WHERE RELEVANT

Complexity of maternal health and newborn care is a challenge for most health care providers. There is global evidence that midwifery education programmes have been reviewed to address changing maternal factors e.g. increasing maternal age, pre-existing conditions, and gestational diabetes. It is equally important to acknowledge the number of term newborns who require additional care following the birth due to congenital cardiac conditions, hypoglycaemia, neonatal jaundice and sepsis.

KEY MESSAGE

Globally midwives can only improve newborn care after the birth and throughout the postnatal period if they all have the same level of evidenced-based knowledge, clinical skills, and competency. Completing the SEN module during a midwifery education programme will ensure midwives of the future can provide safer care for the mother and baby in all midwifery models of care.

Eur J Midwifery 2026;10(Supplement 1):A115

O136

Empowering midwives: Strengthening pre-service education in Pakistan on postabortion care and family planning

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PURPOSE

Ipas Pakistan seeks to strengthen future midwives' pre-service education on postabortion care and family planning to equip them with the knowledge and skills necessary to provide comprehensive care to women and girls.

DISCUSSION

Ipas' assessment of midwifery schools across 7 districts in Pakistan conducted in 2024 revealed several critical gaps. They were not following the updated syllabus, resulting in a significant disconnect between policy and classroom

instruction. PAC and FP receive limited instructional time, often overshadowed by broader maternal health content, leaving students inadequately prepared in critical area. Teaching approaches vary, with some relying heavily on outdated approaches and limited incorporation of competency-based methods. Skills labs were found lacking essential models and materials for practical demonstration of procedures. The analysis of the last five years' examination papers showed no standardized structure for paper construction, leading to inconsistent assessment. Discussions with provincial examination boards confirmed no clear guidelines for constructing exams.
EVIDENCE WHERE RELEVANT
To address these challenges, Ipas intervened in 2024 – 2025 to conduct a training of trainers (n=17) at the national level followed by cascade trainings at the provincial and district levels (for 100 faculty from 35 districts across Punjab province). Ipas provided PAC and FP supplies t in the skill labs to address the teaching aid gaps. Ipas focused on enhancing technical knowledge and skills, enhanced interest and willingness to learn and transfer knowledge. The pre and post test assessment showed improvement in their knowledge (mean pretest:10 and mean posttest: 16) and the skills assessment reflected most trainees need support to reach optimal performance as per graded checklists on MVA and LARC skills.
KEY MESSAGE
There is willingness among midwifery schools' faculty and management to improve PAC and FP education and need for greater investment to enhance PAC and FP knowledge and skills, provide close supervision and support their professional development.
Eur J Midwifery 2026;10(Supplement 1):A116

0137

Transforming maternal health: Success story of community midwifery initiative in Sindh, Pakistan

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PURPOSE
To highlight the process and impact of a structured Community Midwifery (CMW) program in Sindh, Pakistan, on improving maternal and newborn health outcomes in underserved areas.
DISCUSSION
In Sindh, where access to skilled maternal care is often limited, young women are stepping forward to transform the health of their communities. Following is the process of recruitment, training and deployment of community midwives in Sindh. Admission and commitment: the program involves a robust selection process involving a contextual eligibility criteria. Two years of professional midwifery training: after admission, CMW students undergo two-year comprehensive classroom, clinical and community field experience. The curriculum aligns with International Confederation of Midwives (ICM) competencies. Two years of community deployment: after graduation and registration, CMWs are deployed for two years in their assigned catchment areas, equipped with basic birthing stations' necessities. They serve as the primary point of skilled maternal and newborn care in their communities, addressing critical gaps in healthcare access. The program ensures timely interventions, early detection of complications, and strengthened referral pathways. CMWs become trusted community figures, educating and empowering women and families.
EVIDENCE WHERE RELEVANT
Khowaja, B. M. H., Feroz, A. S., Rani, M., Khowaja, Q., Khowaja, M. A. A., Abrejo, F., & Saleem, S. (2023). Acceptability of community midwives in rural communities of Pakistan: a qualitative exploratory study. medRxiv, 2023-02.
Khowaja, B. M. H., Feroz, A., Abrejo, F., and Saleem, S. (2022). SWOT analysis of community midwifery program in Pakistan. Journal of Asian Midwives (JAM), 9(1), 2-14.
KEY MESSAGE
Structured CMW programs significantly improve maternal and newborn health outcomes by bringing essential care directly to underserved communities, demonstrating a sustainable model for reducing maternal mortality and morbidity in a low-resource setting of Pakistan. As a way forward – a follow up two-year midwifery program can be offered to them to align with ICM standards of midwifery education.
Eur J Midwifery 2026;10(Supplement 1):A117

EDUCATION – DIGITAL/SIMULATION

0364

Strengthening midwifery education on the journey to one million more: Exploring perceptions of digital learning among Nigerian midwifery educators, preceptors and students

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BACKGROUND
Nigeria accounted for the highest number of maternal deaths globally in 2023. In response, the Nursing and

Midwifery Council of Nigeria (NMCN) is advancing a comprehensive strategy to sustainably reduce maternal and newborn mortality by strengthening midwifery education and integrating essential maternal and newborn health (MNH) content. Digital learning offers a scalable, sustainable way to enhance midwifery education and expand access to high-quality, equitable training, critical to achieving one million more competent midwives.
OBJECTIVES
To explore the perceptions of educators, preceptors, and students on the integration and use of digital technology in midwifery education.
METHODS
As part of formative research to strengthen midwifery education in 19 midwifery institutions in Nigeria, a mixed methods study was carried out. Quantitative data was collected through a questionnaire administered on Redcap and descriptive analysis carried out in STATA. Qualitative data was collected through in-depth interviews and focus group discussions, analysed using thematic analysis.
RESULTS
Midwifery educators, preceptors and students expressed a willingness to utilise digital resources in midwifery education and training. Challenges hindering integration and use of digital resources in midwifery education were noted such as unreliable power supply, high internet costs and lack of digital resources. 42% of midwifery institutions had libraries or computer labs and 26% had internet access. Out of the 19 midwifery institutions, One had a video projector and one used a learning management system (Moodle). The use of visual aids during teaching sessions was limited (46%).
CONCLUSIONS
Upgrading midwifery education infrastructure and incorporating digital learning initiatives can foster a skilled workforce capable of delivering high quality care to meet national priorities of improvements in maternal health.
KEY MESSAGE
To train one million more competent midwives, digital learning may be leveraged to boost access to high-quality midwifery education. Without the right infrastructure and investment, the potential will remain out of reach.
Eur J Midwifery 2026;10(Supplement 1):A118

O365

Set the cene: Midwifery dition – Designing and piloting a digital scenario generator to enhance midwifery education

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BACKGROUND
Simulation-based learning enhances clinical reasoning, communication, and decision-making skills. However, students often report limited access to relevant, realistic simulations during placement. This is particularly problematic in midwifery, where learning opportunities can be unpredictable. Set the cene: idwifery dition is a digital scenario generator designed to fill this gap by delivering ad hoc, low-prep simulation prompts aligned with UK midwifery standards.
OBJECTIVES
This project aims to design, pilot, and evaluate a digital tool that enables student midwives to practise clinical and communication skills through realistic, diverse, and scenario-based prompts. The study will explore its educational value, usability, and potential impact on learner confidence and competence.
METHODS
A mixed-methods study will be conducted from August 2025, involving UK-based student midwives. Participants will use the tool during clinical placements, or in their own time. Data collection will include pre- and post-surveys, scenario engagement tracking, and semi-structured interviews. Feedback will inform iterative improvements and future scaling. At the time of submission, the tool is in late-stage development with MVP testing underway.
RESULTS
Early feedback from stake holders and pilot users suggests the tool is engaging, intuitive, and well-aligned with midwifery education needs. Preliminary data will be available by the time of the Congress and will be presented alongside user experience insights and practical implementation considerations.
CONCLUSIONS
Set the Scene: Midwifery Edition offers a scalable, evidence-informed solution to improve access to realistic simulation in midwifery education. This presentation will share the development process, early findings, and the potential of adaptive simulation technology in supporting midwifery students worldwide.
KEY MESSAGE
Simulation-based learning can be made more accessible, realistic, and equitable through a lightweight digital scenario generator, empowering students and educators to practise and teach essential midwifery skills in real time - anywhere, anytime.
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O366

In the Dock™: Interprofessional immersive learning for student midwives and paramedics

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PURPOSE
Healthcare professionals increasingly face professional accountability challenges, yet students may lack confidence in raising safety concerns or understanding their professional responsibilities. Traditional simulation focuses on clinical skills; however, observational simulation creating immersive learning experiences demonstrates significant potential for developing professional understanding, patient safety awareness, and interprofessional collaboration. We designed and delivered "In the Dock™," an innovative educational package featuring simulated Coroner's Court inquest into neonatal death. Problem-based learning underpinned the instructional design, creating a safe environment for midwifery and paramedic students to explore professional realities. The programme expanded from 43 participants (2022) to 80 participants (2024), demonstrating growing

recognition of its value.
DISCUSSION
Comprehensive evaluation across three years (2022-2024) reveals consistently high satisfaction scores (4.61/5 average). Students demonstrated significant learning gains across core objectives: professional accountability understanding (4.28-4.80/5), teamwork and communication importance (4.36-4.87/5), coroner process knowledge (4.28-4.78/5), and statement writing competency (4.52-4.73/5). Interprofessional learning was particularly valued (4.82/5 in 2024). Qualitative feedback highlighted five key themes: accountability, record keeping and statement writing, recognising deviations from normal and appropriate escalation, investigation processes, and interprofessional collaboration. Students reported feeling better prepared for professional challenges and understanding the emotional impact on families and clinicians as "second victims. "The learning package continues evolving to include scenarios from diverse healthcare professional environments, fostering genuine interprofessional understanding.
EVIDENCE WHERE RELEVANT
NA
KEY MESSAGE
Evidence demonstrates authentic immersive simulation effectively bridges the gap between theoretical knowledge and professional practice realities, preparing students for accountable practice in complex healthcare environments.
Eur J Midwifery 2026;10(Supplement 1):A120

0367

Evaluating a digital peer-to-peer learning solution aiming to prepare midwifery students for clinical practice

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BACKGROUND
Peer-to-peer learning strengthens collaboration and knowledge exchange among students. In midwifery education, simulation-based learning offers a safe environment to practice real-life clinical scenarios. The digital platform SimCapture for midwifery education, supports both peer-to-peer learning and individual skills development through structured, scenario-based simulations.
OBJECTIVES
To evaluate the implementation of SimCapture in Swedish midwifery education and assess its impact on the development of core clinical competencies.
METHODS
SimCapture delivers 52 interactive training sessions aligned with the International Confederation of Midwives' Essential Competencies for Midwifery Practice. Each session simulates midwifery practice scenarios, focusing on clinical decision-making and hands-on skills. Following the UK Medical Research Council's guidelines for process evaluation, this mixed-methods study collects qualitative data through focus groups and interviews with midwifery students (n=45) and clinical preceptors (n=15-20) from five clinical practice sites. Qualitative analysis will explore SimCapture's usability, adaptability, and impact on competency development. Quantitative data from the platform's analytics track skill acquisition, engagement, and learning outcomes. Triangulation will integrate findings for a comprehensive assessment of usability, educational value, and sustainability. Ethical approval will be obtained from the Swedish Ethical Review Authority at the beginning of autumn 2025.
RESULTS
Preliminary results suggest that SimCapture is user-friendly, adaptable, and effective in supporting midwifery students' competency development. The platform enhances clinical preparedness and facilitates targeted feedback through real-time progress tracking.
CONCLUSIONS
SimCapture promotes active, competency-based learning through simulation and peer-to-peer learning. It prepares students for clinical practice and aligns with international standards, demonstrating strong potential for broader adoption in midwifery education.
KEY MESSAGE
- Simulation-based learning strengthens clinical decision-making and peer-to-peer learning. - Real-time tracking supports educators in preparing students for clinical practice. - SimCapture for midwifery education is a scalable tool aligned with global midwifery competencies.
Eur J Midwifery 2026;10(Supplement 1):A121

EDUCATION - ISSUES

0372

The capacity mystery: How can education and practice placement providers collaborate to maximise and expand learning environment capacity for student midwives whilst maintaining quality assurance

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PURPOSE
The UK NHS Long Term Plan (NHS, 2023) committed to increasing the number of student midwives educated in the UK to address future workforce shortages. A key factor in achieving this is the expansion of clinical placements for learners given 50% of the programme is practice-based. However, effective evaluation of placement capacity requires a clear definition of "capacity," a term often used ambiguously. This project adopts Borwell and Leigh's (2021) framework, which defines capacity through three interconnected elements: function, size, and ability.
DISCUSSION
To support this, a capacity audit tool was developed and implemented across eight maternity sites and three Universities in one geographical urban area in England. The audit informed a regional capacity model, and a rostering approach designed to safely increase learner numbers.

Improvements in rostering were aligned to the model to ensure student numbers do not exceed agreed thresholds in each clinical area and helps to prevent overlap in placement blocks. Collaborative planning across 3 universities has also promoted more equitable placement distribution. Other innovations are being piloted, for example, a 12-month regional rostering pilot is underway to enable leaners to know their placement duties in advance.
EVIDENCE WHERE RELEVANT
The audit also identified numerous spoke learning environments within maternity sites and the private, independent, and voluntary sector. These were mapped to specific learning pathways and presented as searchable directories, enabling students, practice teams, and academics to address learning needs with tailored opportunities. One example is a proposed public health pathway, combining NHS and charity placements with homeless women to develop skills caring for this group as well as improving capacity for learners.
KEY MESSAGE
This work has clarified local placement capacity and supported innovation in placement design. These developments align with the NMC (2023) Midwifery standards, supporting flexible, future-ready education and practice. Education - issues
Eur J Midwifery 2026;10(Supplement 1):A122

0373

The effect of positive birth stories workshop on professional motivation of midwifery students: A qualitative study

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BACKGROUND
Professional motivation and identity development in midwifery students are crucial for their education. A positive perception of birth is essential not only for pregnant women but also for midwifery students. This positive view can enhance their professional identity and motivation, significantly influencing their future practice.
OBJECTIVES
This study aimed to examine midwifery students' views on the effect of a positive birth stories workshop on their professional motivation.
METHODS
This qualitative descriptive research was conducted in two stages. First, an online workshop was held with midwifery students and women who experienced positive births. Then, face-to-face interviews were conducted with 12 students who participated in the workshop. Data were analyzed through content analysis using MAXQDA 2022.
RESULTS
Students reported mainly hearing negative birth stories previously. Three themes emerged regarding the workshop's effect on professional motivation: (1) Shaping perceptions – The influence of birth stories, (2) Discovering the power of midwifery through positive b-irth stories, (3) Integration of birth stories with education.
CONCLUSIONS
This study shows that positive birth stories enhance maternity care students' professional motivation and perceptions of childbirth. The workshop shifted students' views, portraying midwives as heroes, increasing respect for the profession. Integrating experiential storytelling into education fosters professional responsibility, belonging, and motivation, positively impacting students' development.
KEY MESSAGE
Initially influenced by negative birth narratives, students reported fear and concern about childbirth. However, a workshop featuring positive birth stories helped shift their perspectives, highlighting midwifery as an empowering, compassionate, and relational profession. These stories deepened their understanding of the emotional needs of birthing women and strengthened their motivation to offer respectful, supportive care. Students emphasized that integrating such narrative-based learning into education helped them form a clearer vision of the midwife they aspire to become and increased their commitment to the profession.
Eur J Midwifery 2026;10(Supplement 1):A123

0375

Confronting gender-based barriers: A qualitative study on midwifery students' experiences of discrimination in clinical settings

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BACKGROUND
Gender inequality in healthcare systems impacts both female patients and female health professionals. Midwifery students, positioned between education and practice, offer a unique lens to understand gender-based discrimination in clinical settings.
OBJECTIVES
This study aimed to explore how midwifery students in Turkey perceive and experience gender-based discrimination during their clinical training.
METHODS
A qualitative phenomenological approach was used. Semi-structured interviews were conducted with 16 midwifery students selected through maximum variation sampling. Data saturation was reached when no new themes emerged. Interviews, lasting 20–25 minutes each, were audio-recorded and thematically analyzed.
RESULTS
Four main themes emerged: (1) Gender-based experiences, including the devaluation of women, discriminatory attitudes, and physician-centered gendered practices; (2) Power relations in healthcare, reflecting hierarchical dynamics among professionals and their impact on female staff and students; (3) Clinical experiences from the student perspective, highlighting challenges in crowded environments, indirect witnessing of discrimination, and limited awareness; and (4) Individual impact and emotional consequences, focusing on psychological effects, decreased self-confidence, and hesitation regarding professional engagement. These findings show that gender equity is not yet fully achieved in either education or service provision.
CONCLUSIONS

Gender-based discrimination continues to limit women's autonomy and participation in healthcare environments. The experiences of midwifery students highlight structural, cultural, and hierarchical barriers that impede informed consent and equitable care. Addressing these issues is essential for developing gender-sensitive and ethically grounded healthcare systems.
KEY MESSAGE
Strengthening midwives' awareness and advocacy skills is essential for advancing gender equity and ethical practice in clinical education and care.
Eur J Midwifery 2026;10(Supplement 1):A124

EDUCATION – POSTGRADUATE (INCLUDING THREE-MINUTE PRESENTATION COMPETITION)

0328

You can't be what you can't see: Experiences of international doctoral journeys for midwives

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BACKGROUND
Existing literature has not explored experiences of doctoral research from a midwifery perspective, due to assimilation with other health professionals. Outside academia, midwives commonly do not work with postdoctoral colleagues, with many regarding a PhD as irrelevant to their practice, or unattainable. This lack of visibility and future career uncertainty means many never consider undertaking a PhD, which ultimately reduces midwifery-led research and personal and professional development.
OBJECTIVES
To explore international doctoral-prepared midwives ' commencement, completion, and postdoctoral journeys.
METHODS
Sequential qualitative exploration of retrospective podcast data using descriptive and thematic analysis. A follow-up questionnaire was sent to participants following podcast publication.
RESULTS
Respondents from Australia, UK, NZ, Scandinavia, USA and Europe with PhDs conferred between 4 and 43 years. Qualifications included PhD, Prof Docs and DNPs, with holders working in various settings before, during, and after their course. Many undertaking doctoral studies cited serendipity and opportunity, as there was no clear postdoctoral pathway. Funding and institutional support were significant factors in commencing and completing, with internal and external support and belief crucial throughout. Many voiced concerns about absence from clinical practice whilst studying and experienced uncertainty about professional roles post-award, including developing a postdoctoral identity.
CONCLUSIONS
Understanding motivators for midwives to undertake doctoral education is linked to where they see themselves working post-qualifications. Personal and professional support networks (including employers' cognisance of transferable skills doctoral midwives bring) are needed, with development and recognition of clear postdoctoral pathways. You can't be what you can't see!
KEY MESSAGE
Midwifery is an evidence-based profession, midwives are optimally placed to address issues around problems that increasingly change practice. Employers must understand how doctoral midwives can enhance areas beyond academia. Doctoral pathways are for the passionate and determined!
Eur J Midwifery 2026;10(Supplement 1):A125

0329

Sharing experience in preparation for implementation of Mongolia's first training program for newly graduated midwives at National Center for maternal and child health of Mongolia

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PURPOSE
In Mongolia, a working group established by the Ministry of Health in 2022 collaborated with a JICA project to develop a newly graduated midwives training program. At the National Center for Maternal and Child Health (NCMCH), hospital administrators, a nursing director, and midwives were involved in the working group's activities. In December 2024, NCMCH began training using Mongolia's first newly graduated midwives training program. This time, we will share our experience in preparing to implement the training program.
DISCUSSION
It has been a long time since experienced midwives were paired with newly graduated midwives to teach them how to do their jobs. A nationally unified training program for newly graduated midwives was developed, clarifying the techniques and goals that newly graduated midwives should learn and master. Managers and head nurses reflected the training program's content, taking into consideration the training goals and clinical site conditions, from the development stage. We communicated the purpose and

content of the training program to relevant people within the hospital, fostered a common understanding that this was a new adjustment and that all involved would work together to improve the training through trial and error, established a training system to implement the training, and held study sessions for instructors on the content of their training.
EVIDENCE WHERE RELEVANT
1) Approved training programs for newly graduated midwives in 2024 and 2) Booklet for training1-5.
KEY MESSAGE
Preparations for the training program have resulted in the establishment of many systems, such as a structure to support newly graduated midwives in adapting to the work environment, the development of awareness of building a career as a midwife, and midwife instructors have grown by learning to teach to newly graduated midwives. These lead to improve the quality of midwifery care and raising the value of the midwifery profession.
Eur J Midwifery 2026;10(Supplement 1):A126

O330

Sharing insights on the review and revamp of the MSc programme in midwifery care

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PURPOSE
The MSc in Obstetric and Midwifery Care was initially introduced in 2014 by the Department of Obstetrics and Gynaecology at The Chinese University of Hong Kong, with biennial student intakes. Over the past decade (2014–2024), five cohorts have successfully graduated from the programme. This presentation highlights how ongoing reviews have identified the programme's strengths and areas for improvement, leading to targeted enhancements.
DISCUSSION
The MSc programme comprises six core courses and one elective. At the end of each course, students provided feedback and rated their learning experience. Proposed modifications are based on student evaluations and observations by the programme director, assessing both instructor-student interactions and teaching quality.
EVIDENCE WHERE RELEVANT
Since its inception, the programme has undergone continuous improvements. In response to evolving midwifery competencies, one of the core courses—Advanced Midwifery Practice—was expanded in 2020 into three specialized modules: Critical Care in Obstetrics, Obstetrical Ultrasound and Clinical Pharmacology in Obstetrics. Additionally, to better prepare midwives for leadership roles, another core course, the Clinical Leadership in Midwifery was enriched, with contact hours increasing from 39 to 58.5 starting in 2022. The key strengths of the programme which were highly valued by students remain unchanged. These include organizing overseas maternity service visits for each cohort and maintaining close communication between the programme director and students via WhatsApp for instant feedback and clarification. Student course ratings have consistently ranged between 4.1 and 5 out of 6, aligning with the faculty's average scores. Intake numbers from 2014 to 2022 were 24, 12, 7, 25, and 28, respectively. The rebound in enrollment reflects the programme's successful restructuring and its ability to inspire students to pursue advanced studies.
KEY MESSAGE
Regular review and refinement of the programme are essential to maintaining high standards. Future enhancements should align with emerging trends in midwifery practice to ensure continued relevance and excellence.
Eur J Midwifery 2026;10(Supplement 1):A127

O331

Leveraging the safe delivery app to support healthcare professionals in Papua New Guinea

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PURPOSE
Despite an increased availability of midwives, PNG has a critical shortage of midwives and nurses; it has declining maternal and newborn health indicators. Maternity Foundation partnered with Burnet Institute in 2022 to support healthcare professionals including midwives in PNG around maternal and child health. The Safe Delivery App provides access to critical evidence-based information, to support midwives and nurses, particularly those in remote, offline locations.
DISCUSSION
The Global Safe Delivery App was aligned with PNG national guidelines and published with country specific animated visuals. By the end of 2024, 17 clinical modules had been adapted with 1304 health care professionals using the app in PNG. In October 2024 a one day "deep dive" training program and a 4-day training of trainers' program were conducted in East New Britain, PNG. Both groups included midwives and nurses from health facilities, and midwifery and nursing students and educators. This was a unique community project; clinical trainers from Maternity Foundation were present online, and co-facilitators from Burnet Institute were present onsite to facilitate in-person training and provide participants with hands-on practical sessions through simulated skills-based learning platforms. Knowledge and confidence assessments were conducted on adult learning principles and selected clinical modules before and after the training.
EVIDENCE WHERE RELEVANT
Among those included in the Training of Trainers, knowledge levels increased from 61% on average to 75%. Participants provided positive feedback regarding the blended training model. In December 2024 the most frequently accessed

topics were normal labour and birth and hypertension with 67% (868/1304) and 62% (805/1304), respectively, of all users with registered profiles.
KEY MESSAGE
Integration of modern technology with new learning strategies was an acceptable approach with those trained in the use of the App supportive to roll out the App in their respective work locations.
Eur J Midwifery 2026;10(Supplement 1):A128

EDUCATION – STUDENT EXPERIENCE 1 (INCLUDING THREE-MINUTE PRESENTATION COMPETITION)

0141

Evaluation of a midwifery student employment model in Aotearoa New Zealand: Experiences of students and registered midwives

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BACKGROUND
Midwifery staffing shortages in Aotearoa New Zealand prompted the introduction of the Maternity Care Assistant (MCA) role in 2020, providing casual paid employment to Bachelor of Midwifery students to support the workforce. While similar models exist internationally, research on their impact is limited. The MCA role is still evolving, and its effects on student development and the broader workforce remains unclear.
OBJECTIVES
This study explored the impact of the MCA role on the transition to practice, focusing on Māori (Indigenous people of New Zealand) and Pacific students, who are underrepresented in midwifery.
METHODS
A national cross-sectional survey was distributed through midwifery networks over two months using Qualtrics®. Final-year student midwives, early-career midwives, and senior midwives were invited to participate. MCA and non-MCA students were included to enable comparison between groups. Questions were informed by Te Mauri o Rongo (the 2023 New Zealand Health Charter which sets shared values for equitable, culturally grounded care). Data were analysed using descriptive statistics and Mann-Whitney U tests. Qualitative responses underwent thematic analysis.
RESULTS
Of 150 responses, current MCA students (n=42) reported significantly greater belonging (p<.001), preparedness for relationships (p<.001), and comfort seeking support (p=.008) than non-MCA peers (n=21). Early-career midwives with prior MCA experience (n=25/37) reported stronger belonging (p=.006), feeling valued (p=.004), and greater confidence (p=.042). Senior midwives (n=50) supported the role but noted unclear MCA scope limited student contribution and development. Māori and Pacific participants reflected overall findings, emphasising the value of whanaungatanga (relationship building) from the MCA role.
CONCLUSIONS
The MCA role enhances student readiness for practice and supports culturally responsive training. Findings may inform similar international strategies to strengthen and diversify midwifery education through paid student roles.
KEY MESSAGE
Innovative roles like the MCA can prepare students for practice while addressing workforce needs.
Eur J Midwifery 2026;10(Supplement 1):A129

0142

Barefoot midwife to bedside medwife: Midwives' pathways to education and practice in Alberta

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BACKGROUND
Midwifery in Alberta has undergone significant transformation since its regulation in 1994 and public funding in 2009. Despite its recognized value in improving perinatal outcomes, the profession remains relatively small, with fewer than 200 registered midwives and only one provincial education program. Entry into midwifery practice is often nonlinear, shaped by diverse educational backgrounds, evolving policies, and personal persistence. This study seeks to understand these varied pathways and how they shape midwifery in Alberta today.
OBJECTIVES
The goal was to examine how midwives enter, experience, and sustain their professional practice within a jurisdiction where midwifery remains comparatively young, both institutionally and publicly.
METHODS
Sixteen midwives currently or recently practicing in Alberta participated in in-depth, semi-structured interviews. Grounded in a feminist standpoint framework, the study explored participants' personal and professional journeys into midwifery, focusing on education, identity, and practice contexts. Interviews were audio-recorded, transcribed, and analyzed thematically to capture shared experiences and tensions.
RESULTS
Participants described diverse, often indirect routes into the profession, marked by regulatory gaps, geographic limitations, and identity-based barriers. Educational experiences played a pivotal role in shaping their philosophy of care and professional confidence. Shifting client demographics and increased complexity in care demands contributed to evolving practice styles. Participants also described pressure to conform to biomedical norms, while striving to maintain midwifery's relational and autonomous roots.

CONCLUSIONS
Midwifery in Alberta is adapting to intersecting pressures from healthcare systems, education, and communities. Supporting multiple pathways into midwifery, including Indigenous- and community-led models, is essential to growing a resilient, inclusive workforce that meets the needs of diverse populations.
KEY MESSAGE
As midwifery expands, education must honour diverse ways of knowing and practicing. Sustainable growth requires both system-level supports and protection of midwifery's core values.
Eur J Midwifery 2026;10(Supplement 1):A130

0374

Final-year midwifery students' experiences of being exposed to perinatal loss in one state in Australia: Recommendations for co-designed evidence-based best-practice education: A co-design approach

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BACKGROUND
The World Health Organisation (WHO) estimate 2.6 million stillbirth and 2.7 million neonatal deaths annually. However, in midwifery education midwifery students are prevented from gaining experience within the clinical placement and are shielded from exposure to still birth, late terminations, intrauterine death (Strauss, 2019) as midwifery mentors feel they should protect students from the emotional psychological trauma. The impact of this behaviour is that once students have completed their training they feel unprepared to care for women experiencing neonatal loss (Lopez-Ibernon, et al., 2025).
OBJECTIVES
The aim of this study was to co-design best-practice evidence-based education resources to prepare midwifery students for midwifery practice experience.
METHODS
In a three phase study a purposive sample of final year midwifery students were interviewed using conversational focus group interviews which collected students lived experiences of exposure to perinatal loss during their midwifery clinical practice experiences. The findings of the focus groups were used as the foundation for phase 2 - the need for the new education resource creation. In phase 2 a collaborative group of key informants were recruited in a co-design project to create new evidence-based best-practice education resources. The codesign group included clinicians, consumers, academics and final year midwifery students. Phase 3 will involve the implementation and evaluation of the new education resource with second year students.
RESULTS
Students identified personal experiences of the difficult situations they were exposed to and identified the greatest challenges that impeded their capacity to support parents. The key informants shared their expertise and contributed to the creation of a new education resource which will be implemented in 2026.
CONCLUSIONS
Co design is an appropriate research approach which respects the expertise of key informants and assists in collaborative creation of best-practice evidence-based education resources.
KEY MESSAGE
Students benefit from evidence-based best-practice recommendations that guides education to prepare them for clinical practice.
Eur J Midwifery 2026;10(Supplement 1):A131

EDUCATION – STUDENT EXPERIENCE 2

0237

Enhancing global competence in midwifery education through virtual exchange: A Finland–Benin collaboration

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PURPOSE
Midwifery students need international competence to work effectively and sensitively with diverse populations. Due to limited access to international internships, virtual exchange offers an accessible, equitable, and sustainable alternative. It enables students to practice language skills, gain cultural understanding, and learn about different healthcare systems and midwifery practices in a safe, structured setting. To address this need, Metropolia University of Applied Sciences (Finland) and Institut National Médico-Sanitaire (Benin) implemented a virtual exchange program via Zoom and Moodle. The virtual exchange program aimed to enhance midwifery students' global competence through self-directed learning and live interaction.
DISCUSSION
Virtual exchange is cost-effective and scalable, enabling more students to participate without the need for travel. Both student groups interacted in a non-native language, prepared presentations in advance, and chose presenters for the live session, reducing language anxiety. The most valued aspect was direct peer interaction, which provided insights into international midwifery and fostered solidarity. For greater impact, future programs should include more interactive elements, enhanced technical support, and structured peer engagement. Strong facilitation and teacher involvement are essential for student motivation and learning.
EVIDENCE WHERE RELEVANT
All participants (n = 44) submitted reflection papers after the virtual exchange. The exchange improved intercultural understanding, professional identity, and related English skills. Students compared midwifery education and maternal healthcare in Finland and Benin, and reflected on global equity, reproductive rights, and shared professional values.
KEY MESSAGE
Virtual exchange is a valuable tool for promoting global competence in midwifery education. It supports internationalization, equity, and intercultural learning—but requires committed teacher facilitation and institutional support.

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O238

Studying abroad: The Bremen international program of midwifery in Germany

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PURPOSE

Recent academization of midwifery studies in Germany has brought forward new ideas for midwifery programs. The purpose of this presentation is to deliver insight into the Bremen model of ‚one mandatory semester abroad' as best practice, its prerequisites, challenges and outcomes four years after implementation.

DISCUSSION

In Germany, program coordinators see internationalization as an essential part of the program. Studying abroad not only broadens the perspective of midwifery (science) and offers new or different role models in research, teaching and practice. Students are also encouraged in their personal development. Nevertheless, universities struggle to include possibilites to study abroad. The University of Applied Sciences Bremen with its tradition of internationalization, however, is the only university in Germany to have successfully implemented a mandatory semester abroad within the midwifery program.

EVIDENCE WHERE RELEVANT

Having started with a rather limited network of existing contacts to European universities, over the past four years the study program expanded its scope with other academic institutions on all continents. Students enroling in the program must provide proof of English language skills. They regularly complete their studies abroad in the fifth semester and choose courses in midwifery and related sciences, such as psychology, gender studies, or environmental health at the partner university. They also complete practical placements if this is part of the chosen program. Evidence shows that students not only develop their competencies in various ways. This experience also enriches the teaching process after returning.

KEY MESSAGE

Allowing and enabling midwifery students to study at universities in other countries serves to develop their competencies in theory, research and practice. They reflect on standards and procedures they are used to. Looking beyond one's own plate with regard to caring evidence and philosophies is crucial to initiate advocacy and best practice for women, their (unborn) children and families.

Eur J Midwifery 2026;10(Supplement 1):A133

O239

Improving and sustaining student satisfaction in North Wales – An extraordinary tale

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PURPOSE

In 2015 the Bachelor of Midwifery programme at Bangor University in North Wales, UK had a national student satisfaction overall score (NSS) of 39% and was subject to a Nursing and Midwifery Council extraordinary review. NSS scores improved from 2016 onwards and remain strong in 2025. This session will share our expertise in improving the programme and student experience despite a decade of pressure and change.

DISCUSSION

We have established principles for midwifery education that have worked to support and sustain programme improvements. We use the acronym 'KISSES' to outline what we believe, and have noted, has worked to improve student experience: Keep It Simple, Standardised, Equitable, and with a Strategic view. We are midwives first and foremost and therefore the impact and outcomes of the care provided by our graduates is our primary focus. We are clear regarding our expectations of students as our future colleagues and we also aim to meet the expectations they have of us. We cannot always meet student requests or expectations due to programme requirements, however, we have found that using the principles outlined, as well as explaining to students if there are things we cannot change in response to their requests, supports programme organisation and student satisfaction. A key activity that optimises communication between students and staff is course board meetings. At this meeting, we share data from student theory and practice evaluations. Student year representatives attend to share points raised by each cohort. The team, along with representatives from practice, discuss any issues and points raised with student representatives at this meeting.

EVIDENCE WHERE RELEVANT

1. Brown S, Roberts J, Ford E. NSS scores in the UK from 2015 to 2025. Maternity and Midwifery Forum. 2022. Accessed June 9, 2026. https://www.maternityandmidwifery.co.uk/midwifery-student/

KEY MESSAGE

The importance of having a clear and standardised approach to programme delivery for midwifery education cannot be understated and is the key to improving student experience.

Eur J Midwifery 2026;10(Supplement 1):A134

EDUCATION FACULTY DEVELOPMENT 1

O059

Designing for impact: An evidence-informed framework for midwifery faculty development in low- and middle-income countries

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BACKGROUND

Midwifery educators in low- and middle-income countries face growing demands to serve as educators, researchers, leaders, and clinicians. Yet, they lack tailored development opportunities. Strengthening midwifery education and care requires investment in faculty development to ensure educators are well-prepared, supported, and equipped for their multifaceted roles.

OBJECTIVES
This research aimed to develop an evidence-informed framework to guide the design and delivery of midwifery faculty development programs that are responsive to individual, institutional, and national needs.
METHODS
A multi-phase, mixed-methods doctoral research project was conducted, comprising a scoping review, a regional learning needs assessment survey, qualitative interviews with midwifery faculty, and expert consensus workshops. Data were analyzed and synthesized to inform the framework. A university Human Research Ethics Committee (HREC) approved all aspects of the research (ETH23-8059) and no conflicts of interest are identified.
RESULTS
The evidence-informed framework integrates four core design principles of standards-based, outcomes-focused, context-specific, and co-design. The framework considers the development needs of faculty, institutions, students, and country contexts. Key findings include the need for support in research, leadership, curriculum design, and maintenance of clinical competence. Situated Learning Theory underpins the framework, prioritizing mentorship, peer support, and workplace-based learning.
CONCLUSIONS
The framework provides a practical, adaptable tool for institutions and development partners to design midwifery faculty development programs that are equitable, sustainable, and impactful. By aligning with global standards while remaining grounded in local realities, the framework supports the advancement of midwifery education and contributes to improved maternal and newborn health outcomes. This presentation explores the evidence behind the framework's development and its potential use across all-resource settings.
KEY MESSAGE
Strengthening midwifery education requires a focus on faculty development. Programs of midwifery faculty development should be co-designed and based on identified need. In addition, programs should be standards-based, outcome-focused, and context-specific.
Eur J Midwifery 2026;10(Supplement 1):A135

O060

Evaluation of the feasibility of a midwifery educator continuous professional development (CPD) programme in Kenya and Nigeria: A mixed methods study

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BACKGROUND
Midwifery education is under-invested in developing countries with limited opportunities for midwifery educators to improve/maintain their core competencies. To update their competencies, a blended midwifery educator-specific continuous professional development (CPD) programme was designed with key stakeholders.
OBJECTIVES
To evaluate the feasibility of a blended midwifery educator CPD program developed by UNFPA and Liverpool School of Tropical Medicine in Kenya and Nigeria.
METHODS
A mixed-methods intervention study using a concurrent nested design among 120 midwifery educators from 81 midwifery schools. Educators completed four self-directed online learning (SDL) modules and three-day practical training on teaching methods (theory and clinical skills), assessments, effective feedback, and digital innovations in teaching/learning. Pre- and post-training knowledge in SDL modules; confidence and practical skills in preparing a teaching plan and microteaching were measured. Differences in knowledge, confidence, and skills were analyzed. Educators' and midwifery councils' reactions, including challenges to the program, were collected/analysed thematically.
RESULTS
Mean knowledge scores in SDL modules improved from 52.4% (±10.4) to 80.4% (±8.1), preparing teaching plan median scores improved from 63.6% (IQR 45.5) to 81.8% (IQR 27.3), and confidence in applying selected pedagogy skills improved from 2.7 to 3.7 (out of 4), $p<0.001$. Participants rated the SDL and practicals high for relevance and satisfaction (median, 4 out of 4 for both). After training, 51.4% and 57.9% of the participants scored 75% or higher in preparing teaching plans and microteaching assessments. Country, training institution type or educator characteristics had no significant associations with overall competence in preparing teaching plans and microteaching ($p>0.05$). Educators found the programme educative, flexible, convenient, motivating, and interactive for learning. Internet connectivity, computer technology, costs and time constraints were challenges to completing the programme.
CONCLUSIONS
The programme was feasible and improved educators' teaching/learning competencies.
KEY MESSAGE
Policy for roll-out of mandatory CPD programmes for midwifery educators is needed for quality MNH care.
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O061

Expanding and strengthening the midwifery workforce in Michigan through innovative community and academic partnerships: The Michigan Midwifery Maternity Care Scholars program

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PURPOSE
There is a crisis in maternity care in the United States, with significant disparities in care outcomes combined with limited access to midwifery care providers in many communities. To address this challenge, the University of Michigan midwifery program faculty collaborated with community and clinical partners to offer new approaches under the Michigan Maternity Care (MiMatCare) Scholars program. The focus is to strengthen and grow the midwifery workforce in Michigan and beyond with a diverse student body preparing to serve underserved communities.
DISCUSSION
Key tenants of our model include provision of financial resources, enhancing academic success strategies, creating a sense of belonging, providing mentorship and offering high quality inclusive teaching in the classroom and clinical settings. These experiences, combined with exceptional clinical training in a range of practice settings, including rural areas and birth centers located in underserved communities, prepare graduates to meet the full range of social drivers of health of birthing families. Community partners include Birth Detroit, a non-profit Black-led birth justice organization providing birth center care. This, combined with our Health System Partners in underserved communities, we are building a comprehensive approach to growing the midwifery workforce in critically needed areas of Michigan.
EVIDENCE WHERE RELEVANT
In 2 years, we diversified and expanded our admissions pool by over 50%, graduated 5 students, and are supporting another 12 students with scholarships and program services who will join the midwifery workforce in 2026.
KEY MESSAGE
Through strategic, collaborative partnerships with community and clinical partners, we are successfully expanding the midwifery workforce in Michigan. This program is a critical intervention to improve maternal and neonatal health outcomes by increasing access to midwifery care providers with rich lived experiences, meeting the needs of underserved communities across Michigan and the United States.
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0062

Where care is missing, we build pathways: Reimagining the role of accreditors in workforce development of certified professional midwives in the United States

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PURPOSE
The United States is facing a maternal health crisis, with disproportionately high mortality rates among Black, Indigenous, and rural communities. A key driver of these disparities is the lack of access to community-based maternity care, particularly in the Deep South and other underserved regions. The Midwifery Education Accreditation Council (MEAC), a U.S. Department of Education-recognized accrediting body, launched the Midwifery Education Expansion Project to directly address these gaps by increasing the availability of accredited midwifery education programs where they are needed most.
DISCUSSION
Historically, MEAC functioned in a traditional regulatory capacity. However, with increasing disparities and demand for Certified Professional Midwives (CPMs), MEAC began identifying ways to expand its impact beyond compliance. The Expansion Project was developed to support institutions in underserved areas, starting with the U.S. South, in developing new, accredited midwifery programs. States prioritized include Tennessee, Mississippi, Alabama, and Louisiana.
EVIDENCE WHERE RELEVANT
The Southern United States is home to more than 56% of the nation's black population. There are currently no MEAC-accredited midwifery schools in this region.
KEY MESSAGE
This presentation shares MEAC's experience in implementing the initiative, including how target regions were selected, the forms of technical assistance being offered to prospective schools, and the ways in which accreditation standards support sustainable, community-centered program development. The project is also contributing to workforce diversification, particularly among Black and Indigenous midwives, by supporting community-based pathways into the profession. Attendees will gain insight into the evolving role of accrediting bodies in shaping health systems and educational access. The session offers practical lessons from MEAC's approach to partnership-building, strategic planning, and policy navigation. It also examines how accrediting agencies can operate as facilitators of systemic change while remaining grounded in the core principles of educational quality and professional accountability. This abstract contributes to broader global conversations about how to develop one million more midwives.
Eur J Midwifery 2026;10(Supplement 1):A138

EDUCATION FACULTY DEVELOPMENT 2

0287

Evaluating midwifery students in a clinical setting. Full-scale simulation – A change from knowledge-based to competence-based evaluation

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PURPOSE
Evaluating students in clinical settings must be as objective and relevant as possible. This abstract provides an insight into how full-scale simulation allows teachers to evaluate the student's competences in the delivery room. The midwives responsible for midwifery clinical education in the Capitol Region of Denmark identified a need to create a method that were able to evaluate the student's competences in a realistic setting. Evaluation was changed from formal examination based on traditional scholastic competences by testing

knowledge of "care, empathy, presence and communication". The knowledge-based evaluation does not include the underlying - often unconscious - dynamics, emotions and resistances within social situations.
DISCUSSION
Through research, field visits and educational activities, a framework that monitors the students' clinical competences was developed. This method focuses on communication skills, social involvement, showing empathy, interacting with parents, and performance of midwifery- and obstetric care for a pregnant/birthing/postnatal person. The goal was to be able to monitor and evaluate the student's ability for these competences in "near real life" situations and thereby change from an evaluation that allows the students to explain how they perform these tasks to instead be able to see and hear them do the tasks. Full-scale simulation was evaluated and found to be the most useful method.
EVIDENCE WHERE RELEVANT
This is experence based work.
KEY MESSAGE
Full-scale simulation is a significant improvement of the education and evaluation of midwifery student's clinical competences at Hvidovre Hospital. The students are trained in full-scale simulation as an important learning method throughout their clinical practice and can thereby be in scenarios they would otherwise rarely meet in the clinical setting. I will present the method developed, the framework and some of the cases the students meet and the objectives the students are evaluated on. I will explain how the scenarios were successfully implemented, and I will show pictures from students training sessions.
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0288

A supportive supervision pilot project in midwifery education in Somalia and Somaliland

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PURPOSE
Strengthening Midwifery Education and Practice in Somalia (SMEPS) was a 5-year project that aimed to reduce maternal mortality by addressing the critical shortage of skilled midwives in Somalia, Somaliland and Puntland through enhancement of midwifery education and practice, regulation and association strengthening. Somaliland was selected for a pilot support supervision project with Somaliland Nursing and Midwifery Association (SLNMA) playing a key role. The pilot aimed to enhance the quality of midwifery training and practice by providing constructive feedback, mentorship and resources to educators.
DISCUSSION
The project was supported by Global Affairs Canada and implemented by UNFPA and the Canadian Association of Midwives (CAM). The Midwifery Program at University of British Columbia (UBC) contributed as educational experts, collaboratively improving the midwifery curriculum and leading workshops for tutors and midwives teaching new concepts from the updated curriculum. There is little professional development resulting in the need to update skills and teaching methods. Therefore, the final phase of the project was a supportive supervision element to strengthen accountability and enhance teaching of the revised curriculum.
EVIDENCE WHERE RELEVANT
This approach to supervision promotes mentorship and continuous improvement and is generally better received than traditional monitoring and evaluation methods (Marquez et al.; 2002; Bogren et al., 2021). We offered workshops for midwifery tutors and clinical instructors to explain benefits and process of supportive supervision. We developed and tested guides and checklists with the steering committee and supportive supervisors to track use of evidence-based methods and content in teaching.
KEY MESSAGE
UBC and CAM provided support for the steering committee whose members orientated supervisors to conduct observation visits. They identified skill gaps and provided training in teaching methodologies and respectful maternity care. The pilot proved the approach is feasible and effective. It additionally helped with implementation of the revised midwifery program and identified gaps needing mentorship-focused support.
Eur J Midwifery 2026;10(Supplement 1):A140

0289

Midwifery Education and Practice Centers of Excellence (MEPCEP): An innovation to improve midwifery education and practice to improve maternal and newborn health outcomes in Ghana

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PURPOSE
Globally, there are increasing calls for investment in quality midwifery to improve maternal and newborn outcomes for women and girls. Evidence available suggests that educated and regulated midwives can deliver 90% of essential maternal, newborn, sexual reproductive, and adolescent health services. According to the World Health Organization (WHO), transitioning to midwifery models of care is a sustainable strategy to provide high-quality maternal, newborn, and sexual reproductive health services, towards Universal Health Coverage (UHC). Despite these calls for

quality midwifery, several reports have documented midwifery workforce challenges, noting educational, regulatory, practice, and policy gaps, especially in low and middle-income countries. This project aimed to improve midwifery education and practice through the implementation of the Midwifery Education and Practice Centers of Excellence Program (MEPCEP) for improved midwifery service delivery in Ghana
DISCUSSION
The project utilized an implementation science approach. The MEPCEP program implementation was guided by recommendations from a contextual assessment of midwifery education in Ghana. The MEPCEP program combines faculty and provider capacity development, provision of teaching, learning, and high-fidelity midwifery skills equipment, and ongoing monitoring to upgrade current midwifery schools and clinical sites to globally recognized centers of excellence standards.
EVIDENCE WHERE RELEVANT
Two midwifery schools and their respective clinical sites were selected from the two most populated regions in Ghana as pilot sites. The selected sites were supported with faculty capacity development and guidelines for effective teaching and learning. Additionally, the project has supported the selected sites with equipment to promote midwifery skills simulations. The project further seeks to utilize evidence from monitoring and evaluation to guide a national scale up of the MEPCEP program.
KEY MESSAGE
The MEPCEP program presents a strategic innovation for quality midwifery education and practice in Ghana for sustainable maternal, newborn and sexual reproductive health outcomes. Education faculty development 2
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O290

Calling all midwifery preceptors: How to go from good to great for a lasting impact. Preceptors are the key to one million more midwives

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PURPOSE
This presentation will provide preceptors with tools necessary to create supportive learning environments while also providing constructive student feedback. Methods for student case presentation and preceptor feedback such as the SNAPPS Model and the One-Minute Preceptor will be reviewed. At the end of the session, preceptors will have the tools necessary to balance supervision and independence, assess clinical reasoning, confront challenging situations while displaying professionalism and effective role-modeling.
DISCUSSION
Preceptors make a significant impact by shaping students' clinical competence, professional identity, and confidence. Great preceptors foster a supportive, safe, and reflective learning environment, model professional behaviors, and provide opportunities for hands-on practice and critical thinking. A positive preceptor-student relationship is associated with increased student confidence, retention, and satisfaction, while negative interactions can undermine learning and even contribute to student progression. Midwifery programs provide the foundational knowledge that necessary for students to practice midwifery. Midwifery preceptors however are the bridge between academic knowledge and clinical practice. Most preceptors are not "taught" how to precept. Preceptors need to understand the role and acquire the skills necessary to go from good to great!
EVIDENCE WHERE RELEVANT
Additional References will be provided. •Blumenfeld, J., Alspaugh, A., Wright, L., Lindberg, L. (2024). Identifying drivers and barriers to precepting midwifery students: "A little part of me lives on in each student midwife". Journal of Midwifery and Women's Health, 69(5), 727-734.
KEY MESSAGE
"Teaching one person while caring for another" (Blumenfeld et al., 2024) Midwives provide safe evidenced-based care to patients and families. They also want to provide the same level of precepting for their students. While there are challenges and barriers to precepting students, it is also can be a very rewarding experience for midwives. Having the skills to precept well will increase both student and preceptor satisfaction. We need more midwifery preceptors to reach ICM's goal of "One million more midwives!"
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ENABLING ENVIRONMENT 1

O005

Implementation of the clinical practice guideline on intrapartum care for low-risk births in Belgium: An integrated knowledge translation approach

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BACKGROUND
The updated Belgian clinical practice guideline on intrapartum care for low-risk births requires the transfer of document-based knowledge into actionable directives for workflow integration.
OBJECTIVES
To systematically identify and prioritise clinical questions requiring enhanced implementation support, understand the context of implementation barriers and facilitators and define a set of healthcare behavioural implementation activities for Belgian maternity services.
METHODS
We employed an integrated knowledge translation approach, combining the Knowledge-To-Action and Intervention Mapping framework. This approach involves identifying the clinical questions that need enhanced implementation support, analysing the context of barriers, and defining change and performance objectives. Feedback from a Belgian multi-stakeholder consulting group and Advisory Board informed the process.
RESULTS
Two clinical questions require enhanced implementation

support: (1) initial clinical investigations during labour and (2) ongoing clinical investigations and interventions during a low-risk birth. Barriers to implementing the recommendations include individual healthcare professional factors and professional interactions. Implementation necessitates that healthcare professionals acknowledge the physiological perspective of labour and birth, remain informed about the evidence and accept the evidence that underpins the management of low-risk births while incorporating shared decision-making and seeking the woman's consent. Achieving behavioural change requires a shift in attitudes, intentions, knowledge, social norms and skills.
CONCLUSIONS
The identified barriers to implementing recommendations highlight the critical role of interpersonal dynamics in successful guideline implementation. The findings emphasise the need to foster communication, collaboration, and mutual understanding across professional boundaries to enhance maternity care services.
KEY MESSAGE
Expecting end users to adopt guidelines does not guarantee effective implementation. Successful implementation requires more than logistical solutions—it demands a shift in professional culture. Policymakers should address structural challenges within maternity care and invest in structured implementation support to facilitate adherence to guidelines. Guideline implementation necessitates strategies to promote teamwork and communication, alongside a collaborative workplace culture.
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0006

Mentoring in midwifery: Building sustainable leadership and retention pathways in NSW Health

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PURPOSE
A sustainable midwifery workforce is essential to achieving Sexual, Reproductive, Maternal, Newborn and Adolescent Health (SRMNAH) goals and progressing the Sustainable Development Goals (SDGs), particularly maternal health, midwifery workforce development, and gender equity. In response to this, the Mentoring in Midwifery (MiM) program was developed within NSW Health, guided by the International Confederation of Midwives (ICM) Mentoring Guidelines (2020) and informed by Appreciative Inquiry principles to create strengths-based, reflective, supportive mentorship pathways. The program fosters empowerment of women leaders while creating safe, inclusive pathways welcoming gender diversity, including men and gender-diverse individuals into midwifery, promoting a resilient, representative workforce. This presentation shares the experience of MiM facilitators delivering the program across diverse contexts.
DISCUSSION
MiM draws on ICM's global standards for mentorship, embedding partnership, respect, and reciprocal learning. Using Appreciative Inquiry, facilitators create psychologically safe spaces focused on strengths and shared successes, building resilience and leadership growth. Facilitators report personal leadership development while supporting mentees to explore clinical, professional, and leadership challenges. The program empowers midwives to build confidence, sustain passion for SRMNAH care, and remain engaged in delivering high-quality care, even in complex practice settings.
EVIDENCE WHERE RELEVANT
Evaluation findings and facilitator reflections demonstrate positive outcomes in workforce satisfaction, leadership confidence, and retention. To date, participation has exceeded 30%, with ongoing growth in the NSW public health midwifery workforce engaging as mentors or mentees. Facilitators valued cultural safety principles embedded in mentorship, supporting midwives caring for Aboriginal families, culturally diverse communities, and rural populations. These outcomes directly contribute to SDG targets promoting equitable care access, workforce sustainability, gender equity, and health system resilience.
KEY MESSAGE
Mentorship grounded in global standards and strengths-based practice creates thriving midwifery workforces. The MiM program offers a scalable, evidence-informed model that strengthens leadership, supports SRMNAH workforce wellbeing, and contributes to the global vision of One Million More Midwives.
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0007

It's not enough to expand midwifery models of care: Enacting values during times of crisis: A critical qualitative multiple case study

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BACKGROUND
The COVID-19 pandemic exacerbated longstanding reproductive injustices and disrupted the delivery of midwifery care globally. While midwifery is grounded in values of respect, autonomy, and relational care, the crisis revealed how these values were challenged and unevenly enacted. This study critically examines how the philosophy and values of midwifery care—conceptualized through the International Confederation of Midwives (ICM) and Quality Maternal and Newborn Care (QMNC) frameworks—were impacted during the pandemic in Lima Metropolitana (LM),

Peru, and the Greater Toronto Area (GTA), Canada.
OBJECTIVES
To explore how midwifery values and philosophies were upheld, adapted, or compromised during COVID-19, and how these processes were shaped by intersecting structures of power, privilege, and marginalization.
METHODS
A qualitative multiple-case study design was employed, guided by Stake's approach. Data sources included 45 semi-structured interviews, photographs, grey literature, and demographic reports in English and Spanish. A two-stage analysis was conducted: axial coding grounded in midwifery values, followed by reflexive thematic analysis using an intersectional lens. Ethics approval was obtained in both countries. All participants provided informed consent. The study was supported by a Mentored Midwifery Research Grant from the Association of Ontario Midwives. The author declares no conflicts of interest.
RESULTS
Midwifery values were expressed through four distinct stances: resistance, privilege, constrained relational care, and erosion of core values. These stances were shaped by midwives' and service users' social and professional identities, institutional constraints, and broader systemic inequities.
CONCLUSIONS
The enactment of midwifery values is not only an ethical commitment but a political act. The pandemic exposed the need to re-evaluate midwifery models of care: for whom, by whom, under what conditions, and with what consequences for justice, equity, and dignity in care.
KEY MESSAGE
Expanding midwifery model of care is not enough. Without confronting systemic power imbalances and structural inequities, core midwifery values cannot be fully realized, especially for marginalized communities.
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FRENCH – EQUITY AND BREASTFEEDING (INCLUDING THREE-MINUTE PRESENTATION COMPETITION)

0021

Clinical disparities in reproductive care: Ethnicity and class effects on women's health in Iran

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BACKGROUND
Reproductive health policies in Iran have created documented disparities in healthcare access and outcomes, particularly affecting rural, lower socioeconomic status Persian and Afghan women. Clinical data suggest persistent inequities in contraceptive access and care quality despite policy transitions, with minority populations experiencing suboptimal outcomes and potential medical ethics violations.
OBJECTIVES
This study examines how healthcare delivery systems contribute to reproductive health disparities in Iran, analyzing the relationship between clinical practice patterns and patient outcomes, with specific focus on how socioeconomic factors and ethnicity influence contraceptive counseling, informed consent processes, and reproductive autonomy.
METHODS
This clinical ethnography employed systematic observation in three clinical sites in Yazd province from 2017-2022: a public maternity ward, private gynecological clinic, and midwifery practice. Data collection included clinical observation of patient-provider interactions (n=215), interviews with healthcare providers (n=42) including midwives and obstetrician-gynecologists, and structured interviews with undocumented Afghan women patients (n=37). Clinical documentation review supplemented observational data.
RESULTS
Findings reveal significant disparities in contraceptive method allocation and informed consent processes based on patient socioeconomic status and ethnicity. Documentation analysis showed healthcare professionals provided reduced contraceptive education to patients from minority and lower socioeconomic backgrounds. Review confirmed cases of inadequately documented consent for sterilization procedures among marginalized populations, particularly affecting rural working-class and Afghan women.
CONCLUSIONS
This study identifies clinical pathways through which reproductive healthcare delivery contributes to health disparities and medical ethics breaches. These findings have immediate implications for clinical practice reform, provider education, and health policy modifications to ensure equitable reproductive healthcare delivery.
KEY MESSAGE
Clinical practices in Iran contribute to reproductive health disparities, with Afghan and low-income Persian women receiving inadequate contraceptive counseling and informed consent, revealing urgent ethical and policy gaps.
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0022

Barriers to informed consent in obstetric care during chilbirth from practitioner's perspective: A qualitative study

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BACKGROUND
The theoretical and ethical framework for obstetric practices during childbirth. Yet studies, particularly those into obstetric violence, show that acts are performed on women's bodies without their consent. Beyond this simple observation, we need to understand why women's autonomy through informed consent is not a priority standard.
OBJECTIVES
Understanding the barriers to informed consent in obstetrics to better explore the persistence of obstetric violence and negative birth experiences.
METHODS
Using a phenomenological approach, we conducted 32 semi-structured interviews with obstetricians and midwives and

performed 30 days of participant observation in maternity wards. Data were analyzed thematically using NVivo software.
RESULTS
Four major barriers to informed consent were identified: (1) A complex caregiver-patient relationship shaped by power dynamics and time constraints; (2) Ethical distress among professionals due to institutional pressures and clinical workload; (3) A prevailing "safety-first" paradigm prioritizing fetal outcomes, often at the expense of shared decision-making; (4) Informed consent in childbirth as a Source of Tension.
CONCLUSIONS
Healthcare professionals described informed consent in obstetrics as an "idealized" concept, difficult to implement in practice due to time constraints, institutional norms, and medico-legal concerns. Many reported ethical distress when unable to engage in shared decision-making, highlighting the tension between professional duty, patient autonomy, and systemic constraints.
KEY MESSAGE
The conditions for informed and free consent were not operational in our study. Ensuring meaningful informed consent in childbirth requires structural changes, including improved communication training, ethical support for caregivers, and institutional reforms promoting a patient-centered approach. Addressing these challenges is crucial to improving maternal experiences and professional well-being in obstetric care.
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0023

Baby-Friendly Hospital Initiative: Analysis of perinatal practices of French BFHI-accredited maternity units

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BACKGROUND
The Baby-Friendly Hospital Initiative (BFHI), launched by WHO and UNICEF in 1990, was initially designed to promote breastfeeding. In France, the program has since evolved to benefit all newborns, regardless of feeding method. The proportion of BFHI-accredited maternity units increased from 2% in 2010 to 12% in 2021. While its positive effect on breastfeeding is well documented, its broader impact on perinatal care practices remains underexplored.
OBJECTIVES
To assess whether BFHI-accreditation in France is associated with improved adherence to recommended perinatal care practices, beyond breastfeeding support.
METHODS
We analyzed data from the 2021 French National Perinatal Survey, including women who gave birth to a live singleton at ⩾36 weeks' gestation in mainland France. Facilities in the process of BFHI accreditation were excluded. The final sample comprised 412 maternity units, 9504 women, and 9599 newborns, classified according to BFHI accreditation status. A multilevel multivariate logistic regression model was used to evaluate compliance with recommended practices: reduced use of oxytocin during spontaneous labor, immediate skin-to-skin contact, companion presence during delivery, and avoidance of routine gastric aspiration.
RESULTS
BFHI-accredited units accounted for 12% of births and demonstrated better adherence to evidence-based practices compared to non-accredited units: Less oxytocin use during spontaneous labor (27% vs. 32%, AOR = 0.6 [0.4–0.9]); Greater companion presence, especially during cesarean delivery (86% vs. 70%, AOR = 4.1 [2.2–7.8]); More frequent immediate skin-to-skin, especially during cesarean delivery (57% vs. 29%, AOR = 4.5 [2.7–7.4]); Reduced use of gastric aspiration (4% vs. 11%, AOR = 0.3 [0.01–1.2]).
CONCLUSIONS
In France, BFHI accreditation is associated with improved compliance with evidence-based perinatal care practices, extending beyond its original focus on breastfeeding. These findings support the potential of BFHI as a broader model for quality improvement in perinatal care.
KEY MESSAGE
BFHI's potential as a broader model for quality improvement in perinatal care.
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0024

Factors influencing Quebec midwives' perceptions of migrants without health insurance coverage and of the perinatal care offered

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BACKGROUND
In Quebec (Canada) a growing number of migrant women with precarious status have difficulty accessing perinatal care, which has disastrous consequences for their health and that of their babies. Despite policymakers' discourse on universal health coverage, many precarious migrants pay high healthcare costs. Midwives, working in the public system, face many challenges when serving these populations. This research was conducted as part of a Master's thesis and underwent an ethical review process of Concordia University and has obtained the certificate number 30021829. The researcher has no conflicts of interest.
OBJECTIVES
This research aims to study factors that may influence Quebec midwives' perceptions of pregnant migrants without health coverage, as well as their perceptions of the current perinatal care process.
METHODS
We conducted a qualitative study using semi-structured interviews with fifteen Quebec midwives. We performed a thematic analysis using the street-level bureaucracy theory to reveal the factors influencing midwives' perceptions of perinatal care for pregnant, vulnerable migrants.
RESULTS
Preliminary results indicate that Quebec midwives' perceptions of migrants are influenced by the social context, organizational structure of their work teams, personal values and beliefs, and clients' attributes, as discussed in street-level bureaucracy literature. Midwives are critical of

the government's health care coverage policy for pregnant migrants and believe that preventive care is essential to reducing spending. Their knowledge of migratory status and differences in healthcare coverage could be improved.
CONCLUSIONS
Policymakers should be aware of the catastrophic consequences of uninsured care on perinatal morbidity and mortality and should ensure access to perinatal care, regardless of migratory status. Midwives view themselves as qualified to care for vulnerable pregnant migrants and should be involved in creating policies on perinatal care for this population.
KEY MESSAGE
Quebec midwives' perceptions of vulnerable pregnant migrants and cares they receive are differentially influenced by social context, organizational structure, personal values and beliefs, and clients' attributes.
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FRENCH - PROFESSIONAL IDENTITY

O091

Fear, anxiety and stress in midwifery students: An integrative review of the literature

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BACKGROUND
Health professions students experience higher levels of stress than their peers enrolled in other study pathway and, in particular, midwifery students have a 40% prevalence of stress. Their academic curricula are characterized by high-quality instructional offerings based on both theory and hands-on experience, conducted in a variety of clinical settings and simulated scenarios. Students subjected to stressful situations may experience negative repercussions on their academic performance.
OBJECTIVES
To examine the literature related to the sources of fear, anxiety, and stress experienced by midwifery students during their university career.
METHODS
Integrative review using the Cooper approach, in accordance with PRISMA guidelines. The CINAHL, PubMed, and Embase databases were searched. Quantitative, qualitative, and mixed-methods studies exploring the sources of fear, anxiety, and stress in midwifery students, published in English in international peer-reviewed journals with no date restrictions, were included.
RESULTS
The search generated 13 articles that met the inclusion criteria. Three areas were identified as potentially generating fear, anxiety, and stress in students enrolled in an undergraduate degree in midwifery: academics, internship, and personal. Of these, the area of internship was reported in all the reviewed articles . Within this domain, the greatest source of negative emotions was the relationship with the mentor.
CONCLUSIONS
Midwifery students experience significant stress during their undergraduate studies, particularly during internships. Our findings show that interpersonal relationships, especially a students' relationship with their mentors, area key contributor to emotional distress. The impact on the well-being of the students can be profound, and this highlights the need to investigate which interventions might mitigate these challenges and improve the learning experience.
KEY MESSAGE
The quality of the relationship between the midwifery mentor and the midwifery student is the aspect that most influences the student's emotional well-being and the quality of learning.
Eur J Midwifery 2026;10(Supplement 1):A150

O092

Discovering the invisible: Midwifery students' journey in supporting physiological birth through continuity of care placements

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BACKGROUND
Despite international consensus advocating for physiological birth and continuity of care (CoC) models, educational institutions lack sufficient data to inform student professionalization during CoC placements, understood as a comprehensive process encompassing culture, competencies, and professional identity.
OBJECTIVES
1) To describe the learning experiences related to physiological birth, as well as the transformations required to become a midwife who supports physiological birth during CoC placements in freestanding birth centres; 2) To analyze, from a systemic perspective, the barriers and facilitators influencing the professionalization of midwifery students as they learn to support physiological birth.
METHODS
A descriptive-interpretive approach, based on the student professionalization framework was used. Data were collected through individual audio diaries (n=126) from students and preceptors (n=14) during placements in birth centers; discussion groups (n=2) with participating students; and individual interviews with key policy informants (n=5). The data were analyzed thematically.
RESULTS
Objective 1: Three key themes were identified: appropriating culture: relational autonomy; Developing competencies: acknowledging attitude, enabling behaviours and narrative skills; Constructing identity: between coherence and resistance. Objective 2: Nine barriers and seven facilitators, spanning sociopolitical, professional, interdisciplinary, educational, and interpersonal contexts, offered a systemic perspective on the factors influencing midwifery students' professionalization regarding physiological childbirth.

CONCLUSIONS
This research initiates a typology of invisible competencies essential for learning to support physiological birth, shaped by a relational perspective of autonomy. CoC placements and continuity of preceptorship in birth centres were crucial to the professionalization of midwifery students regarding physiological birth. However, the demanding intrapartum working conditions, combined with on-going caseload and academic duties, foster a devalued culture of self-care, significantly impacting students' professionalization. This should be critically considered when implementing CoC placements.
KEY MESSAGE
Attitudes are crucial to support physiological birth and should be integrated into Essential Competencies for Midwifery Practice. Self-care competencies and team-care strategies must be included into curricula to enhance CoC models sustainability.
Eur J Midwifery 2026;10(Supplement 1):A151

0093

Towards a coherent and unified European framework for the midwifery profession

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PURPOSE
Within the framework of free movement in the European Union, midwives benefit from the automatic recognition of their professional qualifications, allowing them to practise across all member states. While this mobility-facilitating system is based on minimum training requirements, it does not reflect the profound disparities that exist in terms of education, practice, and professional identity across Europe.
DISCUSSION
The length of training varies considerably—from three to six years—and educational pathways are highly heterogeneous. In some countries, midwifery is a nursing specialisation; in others, it is an autonomous medical profession, like in France. The scope of practice also differs: some midwives provide comprehensive sexual and reproductive healthcare, including pre-, peri-, and postnatal care, gynaecology, contraception, and the performance of voluntary terminations of pregnancy. Others work within a more limited framework, often under medical prescription.These differences, shaped by national histories and the specific needs of each healthcare system, are creating increasing challenges. A growing number of midwives trained in one country are practising in another—often in response to demographic pressures—without necessarily having the expected level of autonomy or the relevant competencies. As some states expand midwifery training and responsibilities to address public health priorities, the qualification gap continues to widen.
EVIDENCE WHERE RELEVANT
This fragmented landscape raises concerns about safety and quality of care, as well as professional equity. It is now essential to move beyond current minimum standards and work towards true European harmonisation.
KEY MESSAGE
This must be built on a strong common professional identity, a reinforced core of clinical competencies, and recognition of the central and autonomous role of midwives in the continuity of sexual and reproductive healthcare.
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0094

When emotions become resistance: Rebellious emotions and low-profile resistances in midwifery – A qualitative study with 57 midwives from 36 countries

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BACKGROUND
Worldwide, midwives operate within tension-filled environments, caught between the imperatives of biomedical safety and a desire for a more humanistic, emancipatory, and culturally situated approach to childbirth. Within these contexts of competing norms, emotions become vehicles of meaning, critique, and professional repositioning.
OBJECTIVES
This presentation explores how the emotional experiences of midwives working under constraint can lead them to circumvent or reinterpret institutional norms in order to safeguard the humanity of care.
METHODS
This research adopts a qualitative, inductive, and multi-sited methodology. It combines a reflexive autoethnographic stance — grounded in thirty years of practice across twelve countries — with 57 interviews conducted with midwives from 36 countries across the Global North and South, spanning five continents. Conducted between October 2023 and April 2024 via videoconference (in English, French, Portuguese, or Spanish), these interviews, averaging 65 minutes in length, were recorded, transcribed, and then analyzed transversally. The analysis draws on the sociology of emotions (Hochschild, Jaggar), theories of quiet resistance (Scott, Foucault), and the concepts of epistemic injustice (Fricker, De Sousa Santos).
RESULTS
Two interrelated concepts emerged from the interviews: • Rebellious emotions: anger, shame, sadness, or indignation in response to practices perceived as unjust or dehumanizing. These emotions function as ethical compasses, prompting repositioning or transgression. • Low-profile resistances: subtle adjustments and silent gestures that circumvent norms, aiming to preserve women's autonomy and the dignity of care, without direct confrontation. These forms of resistance embody a situated professional ethics grounded in emotional, experiential, and socio-cultural knowledge.
CONCLUSIONS
The narratives collected reveal critical tensions, subtle repositionings, and the mobilization of often-invisible forms of knowledge — emotional, experiential, and local.
KEY MESSAGE
Through their silent resistances, midwives are reshaping the contours of a plural, critical, and emancipatory midwifery, offering concrete pathways to reconcile biomedical knowledge with emotional, experiential, and endogenous forms of women's knowledge.

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0412

Midwives as community catalysts: promoting reproductive health through the Healthathon initiative in the Béni Mellal Region, Morocco

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PURPOSE
EVIDENCE WHERE RELEVANT
BACKGROUND
CONCLUSIONS
OBJECTIVES
KEY MESSAGE
DISCUSSION
KEY MESSAGE
METHODS
In 05 May 2024, the first Midwives' Healthathon was held in Béni Mellal, supported by midwifery training institute, and UNFPA in partnership with professional midwives associations The event gathered more than 100 participants, including student and practicing midwives, educators, and public health experts. Healthathon is the competition that included interactive activities such as community theatre, SRH education material development in Arabic and Amazigh, micro-debates, and working groups addressing topics like early marriage, intimate partner violence, and supervised childbirth and the importance of emotional intelligence in stress management
RESULTS
The Healthathon generated several innovative interventions: simplified multilingual SRH brochures, theatre performances targeting youth and mothers, mobile pregnancy risk monitoring tools, and awareness campaigns led by midwives. These projects improved trust between communities and health workers, increased awareness of maternal health risks, and promoted greater uptake of antenatal and delivery services in supervised facilities.

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FRENCH - SRHR (INCLUDING THREE-MINUTE PRESENTATION COMPETITION)

0233

Promoting equitable access to sexual and reproductive health services for women with physical disabilities in Morocco: Findings from a mixed-methods study

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BACKGROUND
Women with disabilities are frequently excluded from sexual and reproductive health (SRH) systems, despite international commitments to universal health coverage and gender equity. In Morocco, where approximately 6.8% of the population lives with a disability and half are women. Misconceptions about disability and sexuality, combined with barriers, continue to marginalize this population. Midwives, as frontline SRH providers, are often underprepared to offer inclusive care.
OBJECTIVES
This study investigates the challenges encountered by women with physical disabilities when seeking SRH services, with the aim of informing inclusive strategies and midwifery practice. Generate evidence-based recommendations to support more inclusive policies and enhance midwifery training and practice.
METHODS
Using a sequential explanatory mixed-methods approach, the research combines quantitative data from a cross-sectional survey with qualitative insights from in-depth interviews. Focusing on women with motor impairments and SRH care providers, including midwives. Ethical approval has been secured, and data analysis is underway, with completion anticipated by the end of June 2025.
RESULTS
Initial analysis reveals a combination of physical, economic, and sociocultural barriers. These include limited accessibility of health facilities, financial challenges, stigma surrounding the sexuality of women with disabilities, and a lack of provider training. Misconceptions about asexuality contribute to discriminatory attitudes, further limiting women's autonomy and rights in SRH matters.
CONCLUSIONS
This study sheds light on a largely underexplored area of SRH and disability in the North African context. Its conclusions are expected to support the development of inclusive public health policies and reinforce the role of midwives as key actors in delivering rights-based, accessible SRH care for all.
KEY MESSAGE
Midwives are central to ensuring equitable SRH access. The findings suggest a pressing need for disability-sensitive training, policy adaptations that promote accessibility, and strengthened provider-patient communication. Greater involvement of midwives in advocacy and service adaptation could substantially improve health outcomes for women with disabilities.

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0234

Strong public health policies to improve access to safe abortion services in the DRC

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PURPOSE
To present the contribution of midwives in the provision of safe abortion and post-abortion family planning services since the implementation of health policies such as the Norms and Guidelines for Comprehensive Abortion Care (SCACF) in a context of humanitarian crisis following armed conflicts and natural disasters, in order to fully guarantee the rights of women and girls, thus combating high maternal mortality
DISCUSSION
The standards and guidelines in SCACF are a key policy emanating from the publication of the Maputo protocol in the country's official gazette. They serve as a guide for providers,

including midwives, in providing safe and acceptable abortion care. However, in many countries, midwives are not allowed to provide this care
EVIDENCE WHERE RELEVANT
13 midwives trained by Ipas DRC in SCACF in North and South Kivu since the adoption of the standards and guidelines in 2021.1188 women and girls have benefited from SCACF services since 2022 and 63% of them have received a modern contraceptive method of their choice and 5% are survivors of sexual violence.
KEY MESSAGE
Strengthening the capacity of midwives to provide safe sexual and reproductive health care, including safe abortion care and family planning in the context of humanitarian crises, would go a long way toward reducing maternal mortality from clandestine abortions.
Eur J Midwifery 2026;10(Supplement 1):A156

0235

Normalization of menstrual and sexual pain among 18-25 year olds in France: An education issue?

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BACKGROUND
In France, the average time taken to diagnose endometriosis is seven years, with women suffering from diagnostic uncertainty and delayed treatment of their symptoms, even thoughearly dysmenorrhea is almost always found during questioning. This early onset pain seems to have been trivialized among most women.
OBJECTIVES
We therefore conducted a study to assess the menstrual well-being of women aged 18 to 25, their knowledge of the abnormal nature of the symptoms present (dysmenorrhea, dyspareunia, pelvic pain) and the link with their general well-being.
METHODS
We conducted a descriptive, prospective survey using an online questionnaire distributed by universities that were randomly selected to participate in the study. The questionnaire included closed-ended questions and Likert scales to assess pain experienced during the cycle, as well as the WHO 5-point mental well-being score.
RESULTS
A total of 2,058 women were included. Among women with dysmenorrhea, 63% rated their pain as debilitating (EVA score > 6/10 and 15% regular absenteeism). However, 67% of them considered this pain to be normal and less than half had ever consulted a doctor for this reason. Similarly, 47% of women surveyed who were sexually active reported dyspareunia, and more than half of them considered this pain to be normal. The presence of dysmenorrhea, dyspareunia, and chronic pain was significantly correlated with a lower mental well-being score ($p < 0.001$).
CONCLUSIONS
This study shows a trivialization of painful symptoms related to the sexual and menstrual lives of young women aged 18 to 25 and raises the question of the representation of women's pain, which seems to be a cause of delay in the treatment of these patients.
KEY MESSAGE
Menstrual and sexual well-being are significantly linked to mental well-being. Pain experienced by 18-25 year olds is trivialized and leads to delays in treatment.
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0236

Transnational research collaboration: Strengthening the research capacity of midwives' associations to drive change in abortion care and maternal health in Democratic Republic of Congo

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PURPOSE
This presentation will discuss a transnational research collaboration between Karolinska Institutet, Sweden and la Société Congolaise de la Pratique Sage-Femme (SCOSAF) and IPAS-Democratic Republic of Congo (DRC). The project's first aim was to evaluate the impact of the ratification of the Maputo Protocol in DRC particularly, the role of midwives who can now provide the full extent of comprehensive safe abortion care. Our second aim was to strengthen the research capacity of SCOSAF, with special attention to organizational capacity and gender equity. Overall we aimed to position SCOSAF as a key leader in improving access abortion care, and ultimately, supporting the country's goals for improved sexual and reproductive health, decreased maternal mortality and ultimately achieving sustainable development (SDGs).
DISCUSSION
Our approach was intersectional, decolonial and equitable. Training and mentorship in research management, coordination and process was tailored and continuous to meet the team's needs. Challenges due to unforeseen changes within SCOSAF, were met with continuous adaptation, and targeted support in research management.
EVIDENCE WHERE RELEVANT
Midwives involved in the project, alongside SCOSAF, have published two peer-reviewed studies, and were able to advance their professional research careers outside of traditional, difficult-to-access academic pathways. SCOSAF strengthened its organizational capacity to conduct future studies along with research mobilization (policy brief), build official partnerships with IPAS-DRC and expand their advocacy efforts.
KEY MESSAGE

Co-collaborating in research with midwives' associations, while centering research capacity building can enable them to sustainably contribute to health system transformation within the context of the midwifery model of care. In parallel, it can advance research in non-academic settings creating equitable research pathways for more midwives. Our experiences contributed to expanding the visibility, legitimacy, and integration of the midwifery model of abortion care, while positioning midwives' associations as central actors in transforming reproductive health services and advancing SDGs in DRC.

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HUMANITARIAN 1 (INCLUDING THREE-MINUTE PRESENTATION COMPETITION)

O196

Investigation of post-earthquake women's breastfeeding continuation and factors affecting the breastfeeding process

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BACKGROUND
After an earthquake, decrease or cessation of breast milk may be observed due to reasons such as stress, insomnia, poor nutrition. After an earthquake, it's of great importance to ensure women have access to preventive health services specific to their breastfeeding process.
OBJECTIVES
Aim was to determine breastfeeding continuation status of women living in Hatay in Turkiye province whose breastfeeding processes intersected with earthquake time, factors affecting the breastfeeding process.
METHODS
Research was conducted in container cities in Hatay province between 11-22 March 2024 as retrospective descriptive study within the scope of TÜBİTAK 2209-A University Students Research Projects Support Program. Women whose breastfeeding processes coincided with earthquake, who lived in tent cities/container cities afterwards were included in study. Data were collected face to face using data collection form created by researchers as result of literature review.
RESULTS
217 women were included in study. Mean age of women was 28.45±5.45. 42.9% of women were primary school graduates, 95.4% were housewives, 57.6% lived in city center for longest time. 59% of women had exclusively breastfed their babies before earthquake, 43.3% continued to breastfeed them mostly after earthquake. When factors facilitated breastfeeding after earthquake were examined, majority of women stated there was no factor facilitated breastfeeding (31.8%), 29.5% continued breastfeeding only to keep their babies alive. After earthquake, 30.4% of the women listed failure to meet basic living needs, 22.6% the failure to provide privacy, and 21.7% psychological reasons as factors that prevented breastfeeding.
CONCLUSIONS
It's very important to continue providing exceptional, qualified, holistic, individualized care to women who are breastfeeding after earthquake.
KEY MESSAGE
Midwives need to anticipate needs of women who are breastfeeding after earthquake, enrich content of care provided accordingly, taken on leadership role in post-earthquake health services.

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O197

Midwifery models of care in humanitarian settings; Employing displaced midwives in conflict zones in Gaza, an implementation research case study

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BACKGROUND
Gaza is in a humanitarian crisis with ongoing conflict and displacement. Most people and health services are within designated safe areas. Women living in conflict areas travel long distances in insecure areas or forgo care. Most displaced communities have midwives who are no longer working as a result of the conflict, they are often sought out by women but lack access to essential medicines and supplies.
OBJECTIVES
To reduce women's health morbidity and mortality within conflict zones in Gaza To empower midwives and midwifery care models
METHODS
Seven midwives residing in conflict areas were identified, all agreed to provide services. Midwives accessed project offices and received orientations, guidelines, register books, and commodities. Midwives offered health education, antenatal and postnatal care, family planning, nutrition screening, gyn care, and emergency stabilization. Midwives supplied micronutrient supplements and high energy biscuits to all pregnant women, and other treatments as needed. Midwives sent their reports weekly by text messages.
RESULTS
Midwives saw 5600 women in the first 5 weeks of the project, 2281 for antenatal care, 215 for gynecological infections,1025 for family planning, and 2698 received SRH counseling. Of those seen for antenatal care 334 had a history of risk factors, and 476 had had a previous cesarean section, 95 were identified as having gestational hypertension and referred, and 212 were anemic and received treatment and follow up. Of those receiving family planning, most received condoms (600), followed by combined oral contraceptive pills (147), and progesterone only pills (38).
CONCLUSIONS
Enabling midwives within displaced communities was effective for reaching vulnerable women in displaced conflict-ridden communities. Midwives worked independently. This is an example of a midwifery model of care in a humanitarian context that deserves further research.
KEY MESSAGE

Enabled midwives within displaced communities will provide essential services even if outside of existing health systems. Midwifery models of care are efficient and effective.

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0198

Post-conflict maternal health in Tigray, Ethiopia: Low service utilization, infrastructure damage, and midwifery workforce gaps

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BACKGROUND

Since November 2020, the conflict in Tigray has led to widespread displacement and the collapse of healthcare, causing maternal mortality to rise to about 840 deaths per 100000 live births—nearly five times the pre-war level of 186. Service utilization has significantly declined, with antenatal care at 36.5%, skilled delivery at 47.1%, and postnatal care within 24 hours at just 15.0%.

OBJECTIVES

To evaluate the status of maternal healthcare services and identify post-conflict challenges in midwifery and service delivery in Tigray, Ethiopia.

METHODS

A mixed-methods approach was employed in December 2024 using a WHO-aligned Hamlin standard checklist to assess maternal health care service and semi-structured Focus Group Interviews (FGI) with purposively selected midwives and local stakeholders to explore service delivery challenges. Descriptive and reflexive data analysis was conducted.

RESULTS

Facility readiness: Maternal health care in the woreda is at 43.7%, from that 24.3% accounts for facility accessibility and readiness and 19.4% accounts for maternal health care service readiness. FGI Insights: Midwives reported critical workforce shortages due to displacement, increased workload, and limited supplies. They also mentioned challenges with referral systems and lack of psychosocial support, negatively affecting motivation and service delivery.

CONCLUSIONS

Facility readiness: Maternal health care in the woreda is at 43.7%, from that 24.3% accounts for facility accessibility and readiness and 19.4% accounts for maternal health care service readiness. FGI Insights: Midwives reported critical workforce shortages due to displacement, increased workload, and limited supplies. They also mentioned challenges with referral systems and lack of psychosocial support, negatively affecting motivation and service delivery.

KEY MESSAGE

Maternal services in Tigray are severely impaired post-conflict, with issues in facility readiness, service utilization, and midwife capacity. Recovery should prioritize resource rebuilding and tailored support for midwives to restore sustainable maternal healthcare.

Eur J Midwifery 2026;10(Supplement 1):A161

HUMANITARIAN 2

0402

Breaking taboos of gender-based violence: A community-based care approach in humanitarian contexts

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PURPOSE

Accessing care to gender-based violence (GBV) services is immensely challenging anywhere in the world, but in humanitarian settings this is amplified by weakened service provision systems. In order to overcome this barrier, Médecins sans Frontières (MSF) created a midwife-led, peer sharing, co-designed community-based care approach within the organisation which was implemented in the community in three countries to improve access to care for survivors of GBV.

DISCUSSION

We created a community-based care approach that has the ability to address prevention but simultaneously respects cultural values and beliefs in that context. Focal points (trusted women) were chosen by the community. They received training on GBV care and psychological first aid (PFA). MSF staff provide ongoing support by phone and receive referrals to an MSF supported clinic. This enabled them to provide immediate care, PFA, emergency contraception, the first doses of PEP (post-exposure prophylaxis). Currently we are in the process for the focal points to provide medication abortion in the first trimester. For referrals, MSF provides them with phone credit and a suitable referral pathway. Trust and confidentiality are at the core of this model of care.

EVIDENCE WHERE RELEVANT

Since October 2024 a significant uptake of services was shown in one of the MSF-supported community-based care projects. Seeing before only 10 people a month for GBV care, this increased over 12 weeks into a nine-fold increase. Seventy-one percent disclosed their request for support in the first 72 hours, of which nearly 70% were under the age of 18 years.

KEY MESSAGE

Involving the community in co-designing approaches to healthcare improves access and removes barriers in humanitarian settings. Listening to and engaging with the populations we work for is a major step in partnerships and empowerment. This is even more relevant for women and girls whose voices are often not heard.

Eur J Midwifery 2026;10(Supplement 1):A162

0403

Humanitarian midwifery in Europe. A midwives reflections from working in a refugee camp in Greece

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PURPOSE

Midwives working in humanitarian settings often face severe suboptimal conditions, particularly in developing countries where non-governmental organizations deploy health personnel. These environments frequently lack the infrastructure to adequately meet the needs of patients, including pregnant women. Working as a humanitarian midwife in Europe presents a stark contrast to the structured and resource-rich environments many European midwives are accustomed to. In humanitarian settings—particularly in refugee camps—midwives often operate under suboptimal conditions, with limited access to essential medical supplies, infrastructure, and support systems.

DISCUSSION

These challenges are especially pronouced in countries that serve as entry points for refugees, such as Greece. This presentation draws on first hand experience from the refugee camp Kara Tepeon the island of Lesvos, Greece. As a frontline location in the European migrant route, Lesvos hosts thousands of displaced individuals, many of whom are women in need of maternal care.

EVIDENCE WHERE RELEVANT

The camp environment highlights the disparity between the expected standards of midwifery care in Europe and the reality faced by refugee women. While European countries may differ in how midwifery is practised, there is a shared commitment, supported by organzations like the European Midwifery Association- to uphold minimum standards of care for all pregnant women across the continent. However, in a humanitarian context like Kara Tepe, these standards are difficult to maintain. Refugee women often face barriers to accessing timely and adequate maternal health services, leading to increased risk during pregnancy and childbirth. The experience of working in such a setting challenges midwives to adapt their skills, expectations and ethical frameworks to meet the need of vulnerable populations under pressure,

KEY MESSAGE

This reflection aims to shed light on the complexities of providing midwifery care in humanitarian crisis within Europe, and to advocate for stronger support systems that ensure equitable maternal care for all women- regardless of their legal status.

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0404

Introduction of a safe delivery app module - A free innovative digital micro-learning for midwives in fragile settings - On diagnosing and suturing perineal lacerations

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PURPOSE

At the ICM 2026 conference, we will present a new module within the Safe Delivery App, a widely used digital micro-learning tool developed by Maternity Foundation with partners. This upcoming module focuses on the diagnosis, pain management, and surgical repair of first- and second-degree perineal lacerations and episiotomies. The module is designed to strengthen midwifery competencies and improve maternal outcomes in middle and low income settings (2).

DISCUSSION

Supporting learning in middle- and low income countries requires contextually relevant, culturally sensitive, and accessible tools. The new suturing module addresses these needs by offering free, high quality, evidence-based micro-learning content tailored to the realities of midwives working in resource constrained environments.

EVIDENCE WHERE RELEVANT

Research shows that diagnosing and classifying perineal trauma is a complex skill to master, even for experienced clinicians (3). Digital tools such as the Safe Delivery App can help bridge this gap by providing educational material for self-paced micro-learning and practical hands-on training.

KEY MESSAGE

The new suturing module will be launched at the ICM 2026 conference and will be freely available through the Safe Delivery App. It includes instructional videos, step by step procedures, action cards, drug lists, and interactive MyLearning quizzes. This tool is designed to help midwives build confidence, retain knowledge, and deliver respectful, high-quality care.

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0405

The reproductive health response to women and trans people during floods at Rio Grande do Sul in May 2024: Sharing from our local learning

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PURPOSE

To present our work supporting to climate displaced people during floods in May 2024 in Porto Alegre Brazil. From early May to end of July, big part of the city was flooded. About 15000 people from vulnerable area were displaced to 153 shelters. The flooding covered the city since beginning of May and middle June. Was necessary about several months to back home. All city became facing a humanitarian condition, including disrupted ways to get or leave city.

DISCUSSION

This discussion focused on the climate emergency as a

central issue connected to reproductive health to women and transgender people. During this period midwives, nursing students, nurses and academics on health education were focused on to detect the reproductive needs of this population. The main detected points of attention were: to identify among several shelter pregnant women and trans people, post-partum person with or without a babies, person who may were suffering sexual abuse into the shelters, person who was necessary to offer any contraceptive method, person with menstrual health issues, person with abortion need of care trans people with harmonizing needs and specific attention on shelter to avoid transphobia, prejudice and discrimination.
EVIDENCE WHERE RELEVANT
To relate to other professionals, health services or voluntaries, was central to implement a better response during this period. The climate change should make communities resilient. And we highlight our learning as a community of midwives, health students, local health managers, academics in health education, social sciences and anthropology, justice, other professionals and voluntaries. This was also recognizes as a model on community care.
KEY MESSAGE
Is crucial to consider in public policies of response for extreme climate events that the girls, woman and transgender people are the most impacted regarding to implement better protocols considering their specific needs in terms both in cultural phisycal ans social context.
Eur J Midwifery 2026;10(Supplement 1):A165

INTERPROFESSIONAL – COLLABORATION

0383

To present the work of a national collaboration of midwives, obstetricians, academics, maternity care supporters, addressing the growing crisis in UK maternity services

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PURPOSE
To present the work of a national collaboration of midwives, obstetricians, academics, maternity care supporters, service users who aim to address the growing crisis in UK maternity services. The collaborative aims to analyse contributing factors, share clinical insights and lived experience, and co-design strategies to promote respectful, evidence-based care.
DISCUSSION
The rate of caesarean sections in England has surged to 44%, up from 29% in 2018, while inductions of labour now occur in over one-third of pregnancies. Despite this escalation in intervention, maternal mortality is rising. Falls in stillbirth and neonatal mortality rates are well below the expected trajectory, and disparities due to inequalities persist. Alongside these trends, more women report traumatic birth experiences, and both litigation and freebirth are rising, indicating a growing lack of trust in formal maternity systems. Simultaneously, access to midwife-led and out-of-hospital birth options continue to diminish. International comparisons highlight that countries with lower intervention rates often achieve better perinatal outcomes, underscoring the need for systemic reform in the UK.
EVIDENCE WHERE RELEVANT
This initiative is grounded in established evidence that continuity of midwifery care and midwife-led care provided in respectful collaboration with medical and other staff where needed, improves outcomes, reduces intervention rates, and enhances satisfaction. UK and global evidence to be discussed will include: Scarf 2018, Coxon et al 2021, MBRRACE-UK, 2022; Birth Trauma Association 2023, NHS Digital 2023, WHO 2024.
KEY MESSAGE
The current UK approach to maternity care has not translated into sufficiently improved outcomes and is contributing to trauma, litigation expense, and reduced trust. A multidisciplinary, evidence-informed response was needed to begin to address these trends and reinstate collaborative midwifery focused, person-centred care as a foundation of safe and respectful maternity services. As global concern increases about rising rates of intervention and disrespectful maternity care, our initiative might help others to consider a collaborative midwifery solution.
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0384

Co-producing equity: A care bundle to reduce maternal inequalities across London

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PURPOSE
To share the co-produced initiative of the Maternal Reducing Inequalities Care Bundle (MRICB), designed to tackle persistent maternal health disparities in London through co-production with service users, subject matter experts and frontline providers.
DISCUSSION
Our collaborative process engaged over 74 stakeholders—midwives, clinicians, maternity navigators (MNVPs), academics, EDI leads, translators, community advocates, and service users—to co-produce four equity-centered interventions: Interpretation and translation: Improving access to care, Vitamin D supplementation pathway, Reduced fetal movements. Grounded in rights-based, decolonial frameworks, and informed by the COM-B model of behaviour change, we built a Theory of Change informed by scholarly evidence and local insights. This presentation will discuss: Co-design methodology: Hybrid workshops, surveys, digital storyboard creation Engagement successes and challenges: Building trust, addressing digital exclusion, balancing trauma-informed care Implementation design: Interactive

videos (AI-aided), multilingual posters for clinical/community settings Early pilot activities: Roll-out strategies, clinician engagement, feedback mechanisms.
EVIDENCE WHERE RELEVANT
While final outcome data are pending, the process is supported by key interim indicators: Engagement: 74+ participants across sectors with 92% retention, Co-designed framework and materials: Four toolkits and digital resources evaluated by target users for clarity and cultural relevance, Evidence-informed design: Each intervention was developed following targeted literature reviews, service user focus groups, and expert input—ensuring alignment with both national guidance and community-identified priorities.
KEY MESSAGE
Co-producing an equity-focused care pathway with affected communities enables culturally responsive maternal care. The MRICB offers a replicable model of how participatory design and early engagement can reduce maternal inequalities in high-income urban settings. This project provides practical insights and tools for midwives, maternity settings and service designers worldwide.
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0385

Midwives catalyzing change: A case-study from Paraguay

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PURPOSE
Paraguay faces a maternity care crisis marked by high rates of maternal mortality, unnecessary medical interventions, obstetric violence, minimal prenatal education, and an underutilized midwifery workforce. An additional contributing factor driving the complex situation is the limited collaboration between midwives and obstetricians. This presentation will recount the lessons learned from a Fulbright-funded research project that will be completed by January 2026 by an interprofessional team to understand how to better integrate the midwives within the Paraguayan health care system. The findings have implications for similar settings in Latin America and globally, where birth is highly medicalized and especially where midwives remain underutilized.
DISCUSSION
Key research question: How do we support hospitals and training institutions in fostering interprofessional collaboration with midwives to improve maternal health outcomes and patient experience of care? This research applies the midwifery model of care technical guidance developed by WHO, ICM and UNFPA to the Paraguayan context. We will engage national stakeholders and thought leaders to conduct strategic planning and transitional framework assessments to define next steps to achieve a more collaborative maternity care workforce. To that end, midwives can provide a continuum of care for birthing people as well as improve sexual and reproductive health services and education for the entire family.
EVIDENCE WHERE RELEVANT
The last published research on the role of midwives in Paraguay was conducted in 2011.The research highlighted the shrinking space for midwives to practice alongside obstetricians.
KEY MESSAGE
Collaborative maternity care model may reduce unnecessary interventions and improve patient experience.
Eur J Midwifery 2026;10(Supplement 1):A168

0386

Integrating evidence-based prenatal and postnatal care into primary health services: An experience report from a training program for sus professionals

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PURPOSE
This experience report describes a training initiative aimed at strengthening the quality of prenatal and postnatal care in Brazil's primary health services, through the integration of World Health Organization (WHO) recommendations for a positive experience in pregnancy, birth and postpartum into clinical practice. The initiative targeted professionals from units certified by UNICEF's Child-Friendly Primary Health Unit (UAPI) program.
DISCUSSION
The Brazilian Network for Humanization of Childbirth - ReHuNa was selected by the UNICEF Brazilian Office and structured a one-day course on "Evidence-Based Prenatal and Postnatal (Maternal and Child) Care" according to WHO Recommendations for a positive experience and other updated evidence-based references including epidemiological data on vulnerable populations. After the classes held using Paulo Freire's teaching method, the participants were invited to propose how to individualize care according to different vulnerabilities (Indigenous, Black and Brown women, adolescents, people with disabilities, migrants and LBTQIAPN+ individuals capable of pregnancy and childbirth) and the result provided a rich perspective of humanized care emphasizing the importance of individualized, culturally sensitive, person-centered care that aims to promote a positive experience.
EVIDENCE WHERE RELEVANT
Around 800 professionals of 7 capital cities participated. The course's evaluation by participants was 98.2% of excellent and good. The initiative fostered collaboration between ReHuNa (social movement and professional network for humanization of birth) university educators and health professionals working in the SUS. It highlights the need for ongoing professional development and collaborative networks to promote sustainable and inclusive midwifery care in primary health settings. The process involved participatory engagement with local communities to ensure cultural relevance and accessibility.
KEY MESSAGE
This initiative illustrates the importance of integrating evidence-based education into public health systems to improve maternal and newborn outcomes. It highlights the

need for continued professional development, intersectoral collaboration, and inclusive approaches to care that prioritize continuity, rights, and equity—particularly for historically underserved populations.

Eur J Midwifery 2026;10(Supplement 1):A169

INTERPROFESSIONAL – GUIDELINES

0262

Experience in introducing evidence-based practice into existing practice in a public maternity hospital in Hong Kong

Lai Shan, Lisa Chan

PURPOSE

A working group of midwives from different public maternity hospitals in Hong Kong was formed to initiate and promote the best practice.

DISCUSSION

The working group went through the EBP process and found the small act, delaying the time of clamp and cut the umbilical cord at birth would benefits to the mothers and babies. They formulated a PICO question, "What is the best management to practice delayed cord clamping for full term normal vaginal born babies?" Since 2019, all public maternity hospitals have been practicing DCC for babies born by normal vaginal deliveries except unstable cases. Standardized guidelines enhance consistency in staff training and compliance, and ensure quality and safety in midwifery care.

EVIDENCE WHERE RELEVANT

The statistics were monitored periodically and the experience practicing DCC in different hospitals was shared. The overall number of babies having DCC practice at birth was steadily increased in most of the hospitals. The rate of DCC practice for NSD in the presenting hospital had been increased from 54.9% in 2019 to 94.3% in 2023. However, the practice rate in C-Section remained low due to various reasons. To reduce the variation in practice of cord clamping, a strategic plan was implemented to gain better collaboration between departments. All the stakeholders were involved in promotion and implementation of the EBP practice.

KEY MESSAGE

A strategic plan to gain better collaboration between departments was implemented. Anonymous pre-briefing survey to identify staff learning needs and perspective. Obstetricians to be the DCC ambassadors. Involved OT colleagues in the production of training video. Briefing sessions to enhance staff knowledge and share the practice of DCC to all disciplines. Used newsletter for promulgation. Created checklist to enhance team communication and make documentation easier. Practice guideline available the department website for easy access. Started in suitable elective C-sections. Progressed to emergency C-sections after familiarization. DCC practice in all births achieved.

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0263

Maternity referral guidelines improve care and collaboration in Australia and Aotearoa New Zealand

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BACKGROUND

A critical safety mechanism in maternity care involves referral and transfer of pregnant, birthing, and postpartum women and babies from primary maternity care to obstetric and neonatal services when required. There is a dearth of research on mechanisms for developing maternity referral guidelines or their impact on care.

OBJECTIVES

1. Compare maternity referral guidelines of New Zealand and Australia. 2. Investigate how the guidelines were created and the importance of shared ownership. 3. Examine the role of the guidelines in the provision of care, as perceived by the health professionals involved.

METHODS

A qualitative descriptive design and content analysis was undertaken. Data included three maternity referral guideline documents; two from Australia and one from New Zealand (NZ), and the transcripts of semi-structured interviews of four midwives and two obstetricians involved in developing and implementing the maternity referral guidelines. Ethics approval for this research was granted by Griffith University, Queensland.

RESULTS

Similarities and key differences in documents were demonstrated. Four key domains were identified from the interviews: 1. Jointly owned maternity referral guidelines are difficult to achieve. 2. They work well in practice and improve maternity care.· 3. They need to fit each country's context and be regularly updated.· 4. There is concern that they may be used unreasonably in disciplinary actions, to limit women's care options or deny a woman's access to personal health insurance.

CONCLUSIONS

Developing maternity referral guidelines is a complex task requiring gathering of evidence, discussion and collaboration between professional organisations involved in maternity care. When jointly developed they improve safety of maternity care.

KEY MESSAGE

Maternity referral guidelines are a critical aspect of safe maternity care supporting "One Million More Midwives" in saving lives globally.

Eur J Midwifery 2026;10(Supplement 1):A171

0264

Enhancing safety and equity in early postpartum discharge: A multidisciplinary French initiative to guide global midwifery practices

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PURPOSE

Early postpartum discharge is expanding globally, yet remains highly variable and inconsistently defined. The French National College of Midwives, in collaboration with multiple scientific societies, initiated a comprehensive, multidisciplinary project to update the evidence base and guide equitable, safe, and context-sensitive discharge practices.

DISCUSSION

This work introduces a novel typology of early discharge (6-72 hours postpartum) and outlines a rigorous methodology to support thirteen systematic literature reviews addressing clinical, psychosocial, and organisational factors relevant to early discharge decisions. Our analysis highlights the heterogeneity of existing practices, the limited robustness of international recommendations, and the crucial role of midwives in ensuring continuity of care. By integrating evidence across diverse domains, from maternal metabolic risk to neonatal jaundice and mental health, the initiative offers a framework for tailored discharge criteria aligned with midwifery models of care. Particular attention is paid to health equity, interdisciplinary coordination, and family-centred approaches, making the findings globally relevant beyond the French health system. This work also highlight the crucial role of midwife, the key professional of post-partum care, both in hospital and on an outpatient setting. In France, this is a major issue, given the tension between hospital perinatal care and the growing number of self-employed midwives.

EVIDENCE WHERE RELEVANT

Reviews were conducted according to PRISMA 2020 and GRADE standards, with a focus on high-income settings. The initiative was led by a national steering committee including midwives, paediatricians, obstetricians, anaesthesiologists, and public health experts.

KEY MESSAGE

Developing a shared, midwifery-led framework for early postpartum discharge offers a model to enhance safety, visibility, and equity in maternal care systems. This work demonstrates how scientific rigour can support midwifery leadership in shaping interdisciplinary policy and practice.

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0265

Smooth transitions: A quality improvement model for supporting community midwives through care transitions

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PURPOSE

Health disparities continue to challenge the US perinatal healthcare system. In response, community-based, midwifery-led care models are on the rise, and have demonstrated a reduction in disparities while maintaining excellent clinical outcomes. A robust quality improvement (QI) infrastructure that encourages multidisciplinary collaboration while centering shared patients is essential to this successful model. Smooth Transitions, housed at The Foundation for Health Care Quality, a neutral, nonprofit organization based in Washington State, brings together hospital providers and staff, community midwives, EMS personnel, and doulas, to improve the process for transfer of care, while centering whole patient safety.

DISCUSSION

Smooth Transitions provides a framework for these diverse groups to develop transfer processes that preempt miscommunication, errors, and delays. The program provides education, resources, and opportunities for dialogue and relationships between all groups through regular meetings. Processes are guided by qualitative survey data that captures a 360 degree view of the transfer experience, from involved providers, nurses, EMS, doulas, and patients. Smooth Transitions has evolved to facilitate multidisciplinary simulations of common emergencies and protected case reviews, all of which focus on teamwork, communication, and safety. As the program has gained popularity and visibility, other states and national organizations in the US have expressed interest in collaborating with and/or replicating its work in their jurisdictions. It is a model that can be utilized in other countries where community midwives are present.

EVIDENCE WHERE RELEVANT

Annual evaluations of participants provide data for analysis illustrating program efficacy.

KEY MESSAGE

Community-based midwifery care is part of the solution to ongoing disparities in perinatal health outcomes, especially in rural and underserved communities. As efforts to reduce preventable maternal and newborn morbidity and mortality are implemented, it is critical that they are accompanied by a QI structure that evaluates and supports the impact of these efforts. Smooth Transitions is a program that addresses these issues.

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LABOUR AND BIRTH – CAESAREAN SECTION

0115

Breaking the surgical team hierarchies by midwives through obstetric safe surgery implementation in Nakuru County, Kenya

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PURPOSE

Obstetric surgery, especially Caesarean Section (CS), is essential for managing life-threatening complications during childbirth. Ensuring safe obstetric surgical and anesthesia care requires a multidisciplinary approach, and midwives' involvement throughout the continuum of peripartum care remains underrecognized. The Global Surgery Foundation has funded an Obstetric Safe Surgery (OSS) project in Nakuru County, Kenya, with the aim of assessing and documenting how midwives enhance team-based care in maternity theaters by operationalizing WHO recommendations fundamental to achieving Sustainable Development Goal (SDG) 3: ensuring healthy lives and promoting well-being for all ages.

DISCUSSION

Effective models of care prioritize respectful maternity services and implement protocols for infection prevention, surgical and anesthesia safety, and postoperative monitoring. The OSS project will be implemented in 5 government facilities. Using purposive sampling, the project will assess and document midwives' involvement in five key domains. 1) Shared decision-making with clients, birth companions, and multidisciplinary surgical teams; 2) surgical safety checklist (SSC) utilization and adherence; 3) Infection prevention practices (pre-operative antibiotic administration, vaginal cleansing, and abdominal skin preparation), 4) 4)Newborn practices(delayed cord clamping, immediate skin-to-skin contact, and early initiation of breastfeeding during CS births), and 5) Post-CS discharge tracking for surgical site infections (SSIs) on days 7 and 30. Through the hub-spoke mentorship model, routine collection and analysis of data by use of checklists and facility score summaries for progress reviews will be done.

EVIDENCE WHERE RELEVANT

From the implementation, the project aims to achieve 1) 100% of women undergoing CS to have consented for CS, 2) correct use of SSC in 90% of CS cases. 3) CS-related complications and mortality reduced by at least 50% and 30%, respectively 4) Reduction of newborn admissions into the Newborn Unit by 30% and 5) 80% of post-discharge CS clients tracked for SSIs.

KEY MESSAGE

Embedding midwifery-led models ensures safe, timely, and quality interventions for improved maternal and newborn outcomes.

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O116

Strengthening health systems for safe and appropriate caesarean use in low-middle income countries (LMIC): Learnings from the C-Safe pilot intervention in Andhra Pradesh, India

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BACKGROUND

The rising caesarean section (C-section) rates in India—42.4% in Andhra Pradesh, as per National Family Health Survey(NFHS)-5—exceed WHO recommendations, posing a challenge to maternal and perinatal health systems. The C-Safe pilot was designed as a system-level intervention to reduce unnecessary C-sections, improve clinical decision-making, and promote evidence-based intrapartum care in low- and middle-income countries (LMICs).

OBJECTIVES

To design, implement, and evaluate a comprehensive intervention targeting health system practices related to C-sections in a public hospital in Andhra Pradesh, India.

METHODS

The pilot study was conducted at the District Hospital (DH) Tenali using a mixed-methods implementation research approach. The intervention trained 33 healthcare providers—including obstetricians, paediatricians, midwives, and nurses—on the C-Safe model: (1) C-Op (safe operative care protocols); (2) C-Y (classification and audit tools); and (3) C-Non (promotion of vaginal and assisted vaginal births). A structured mentoring framework (both physical and virtual) guided implementation. Real-time data were collected using the WHO Robson and C-Y classification, tracked via REDCap, and reviewed weekly for adaptive learning purposes.

RESULTS

The intervention resulted in a 2% decrease in overall C-section rates and a significant decline in primiparous C-sections (from 60% in 2023 to 36% in 2024-Health Management Information System). Placenta previa-related C-sections dropped from 26% to 10%, while audit data showed improved alignment with clinical indications. AVB uptake and surgical safety checklist use increased and mentoring enhanced team coordination and confidence.

CONCLUSIONS

The C-Safe pilot demonstrates that strengthening systems—

focused on midwifery-led models, task sharing, audits, and mentoring—can improve outcomes and lower unnecessary C-sections. It provides a scalable, evidence-based framework for LMICs.
KEY MESSAGE
The C-Safe pilot in Andhra Pradesh shows that system-level interventions—combining classification tools, audits, midwifery-led care, and structured mentoring—can reduce unnecessary caesarean sections and strengthen intrapartum care. This evidence-based model offers a scalable, context-adaptable framework for improving maternal outcomes across health systems in low- and middle-income countries.
Labour and birth - caesarean section
Eur J Midwifery 2026;10(Supplement 1):A175

0117

Beyond tradition and technology: The rising tide of elective c-sections in South India and the call for midwives

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PURPOSE
To examine the contributing factors behind the rising rates of elective caesarean sections in South India—particularly the influence of culture and technology—and explore how midwifery can serve as a critical intervention in reclaiming and promoting normal birth.
DISCUSSION
Deeply rooted cultural norms—such as auspicious birth timings, fear of labor pain, and the association of c-sections with modernity—continue to influence women's expectations. These are now intensified by a growing culture of instant gratification where planned and painless births are preferred over the unpredictability of labor. This shift carries serious implications: increased maternal and neonatal risks, higher healthcare costs, and diminishing trust in natural birth. Midwifery offers a vital, evidence-based alternative—focused on informed choice, respectful care, and support for physiological birth. However, South India, like much of the Global South, faces a critical shortage of trained and empowered midwives, especially in the private sector. This issue extends beyond India. Many developing countries face similar challenges, including urbanization, digital influence, weakening traditional birth supports, and gaps in midwifery services. Therefore, insights from South India hold wider relevance for global maternal health systems. This presentation stresses the urgent need to expand midwifery education, regulation, and integration globally.
EVIDENCE WHERE RELEVANT
According to recent data, the Cesarean section rate in some Indian states in the private sector is nearing 70%, the rate of pregnancy complications is much less, around 40%, indicating that the rise in c section rates is most likely due to non-clinical factors. Through a systematic review, data collection, and patient interviews - a repetitive theme of maternal desire to avoid labor pain was noted as the reason for surgical delivery.
KEY MESSAGE
The increasing preference for elective caesarean sections in India reflects a global trend reshaping childbirth practices. To ensure safe, informed, and woman-centered care, substantial investment in midwifery is essential as a cornerstone of maternal health worldwide.
Eur J Midwifery 2026;10(Supplement 1):A176

0413

How can simulation training on prolonged labour influence the caesarean section rate during the active labour phase?

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BACKGROUND
Caesarean section (CS)-rates have increased to more than 50% in some low- and middle-income countries. CS can be a life-saving procedure, but unnecessary interventions may be harmful for both mother and child.
OBJECTIVES
To investigate whether multi-professional simulation training on prolonged labour could reduce the CS-rate during active labour.
METHODS
Simulation training on prolonged labour was carried out at a university hospital, Tanzania, using a quasi-experimental pre-post interventional design. Women admitted to the labour ward were included in the study after giving consent. Maternity staff consented before training participation. The contextual training involved maternity staff in small teams. Lectures and workshops on prolonged labour, foetal heart rate monitoring, respectful maternity care, shared decision-making, and teamwork, were followed by simulation training on prolonged labour. We collected baseline data seven months before the training and post-intervention data nineteen months after the training.
RESULTS
The study population comprised 1159 mothers pre-intervention and 2256 mothers post-intervention. Among these, 54,5% and 51,6% mothers respectively, were delivered by CS pre- and post-intervention. Most CS were performed prelabour or during the latent phase. The CS-rate during the active labour phase was reduced from 7.4% pre-intervention to 2.7% post-intervention ($p < 0.01$). The frequencies of five minutes Apgar scores <7 and referrals to the neonatal intensive care unit, were similar in both periods.
CONCLUSIONS
With emphasis on respectful maternity care and shared decision-making during simulation training on prolonged labour, we found a significant reduction in the CS-rate during active labour.
KEY MESSAGE

Teamwork in maternity care with close follow-up during prolonged labour, might contribute to a reduction in the CS-rate during the active labour phase.

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LABOUR AND BIRTH – EVIDENCE

O111

Relationship between fear severity and satisfaction at vaginal childbirth Comparison natural birth and epidural birth

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BACKGROUND

Women with severe fear of childbirth are reported to choose epidural birth. However, it is unclear whether epidural birth improves their childbirth satisfaction.

OBJECTIVES

This study aimed to explore the relationship between fear severity and satisfaction at vaginal childbirth with or without epidural anesthesia (EA).

METHODS

This cross-sectional study was conducted in Japan. Healthy women after vaginal delivery with or without EA were recruited. Participants were administered the Japanese Wijma Delivery Experience Questionnaire (JW-DEQ) Version B, evaluation tool to assess fear of childbirth, and Short Version of the Childbirth Experience Self-Rating Scale (CESRS). They were divided into their JW-DEQ score ≥85 as severe fear of childbirth and <85 as light fear. Each participant was explained the study protocol and provided written informed consent. It was reviewed and approved by the Ethics Committee of Kyoto University School of Medicine. The authors have declared that no competing interests exist.

RESULTS

Data from 201 women (light fear group: 123, severe fear group: 78) were analyzed. In the severe fear group, 48 women without EA and 30 women with EA were compared, 30 women received EA were significantly older ($p<0.001$) and had significantly higher CESRS scores ($p=0.026$). In both fear groups, "labor pain coping score" were significantly higher for women received EA than not EA ($p = 0.002$, $p<0.001$). Furthermore, in the severe fear group, women with EA showed significantly higher score of "trust in medical staff score" than the no EA women ($p=0.024$), and their total CESRS scores were also significantly higher.

CONCLUSIONS

It was suggested that psychological support as well as analgesia with EA is necessary for improving childbirth satisfaction among women with severe fear of childbirth.

KEY MESSAGE

Women with severe fear of childbirth may need midwifery care in pregnancy.

Eur J Midwifery 2026;10(Supplement 1):A178

O112

Exploring the passive phase of second stage labour in healthy childbearing women: Implications for physiological birth care

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BACKGROUND

The passive phase of the second stage of labor is increasingly recognized as a normal component of labor. However, it remains poorly characterized, especially in healthy labouring women.

OBJECTIVES

To estimate the prevalence of the passive phase of the second stage of labor in healthy women, and to identify associated antenatal and intrapartum factors, as well as maternal and neonatal outcomes.

METHODS

A retrospective cross-sectional study was conducted using data from women who gave birth in an Italian hospital between 2019 and 2023. Healthy labouring women were included while where excluded women who received epidural analgesia or underwent intrapartum interventions. Data were extracted from electronic records and analyzed overall and by parity.

RESULTS

Among 2810 eligible women, 466 (16.6%) experienced a passive phase of the second stage, with a median duration of 30 minutes. This phase was significantly more frequent in nulliparous women (63.9%; $p<0.001$). Its occurrence was associated with more advanced cervical dilatation at partograph initiation ($p<0.001$) and longer second-stage durations ($p<0.001$), even when stratified by parity. In nulliparous women, the passive phase was significantly associated with a higher likelihood of episiotomy ($p=0.02$) and lithotomy position during birth ($p=0.013$). Among multiparous women, it was linked to higher rates of macrosomia ($p=0.001$) and neonatal admission to NICU ($p=0.009$). No significant association with mode of birth was found in either group.

CONCLUSIONS

The passive phase occurred in a minority of healthy laboring women and may be underdiagnosed due to reliance solely on vaginal examinations and inconsistent definitions.

KEY MESSAGE

Its recognition, particularly following an advanced cervical dilation at partograph initiation, may support a normal approach of labor progression and reduce unnecessary interventions.

Eur J Midwifery 2026;10(Supplement 1):A179

O113

Implementing evidence-based and compassionate midwifery practice in pursuit of midwifery-led models of care: A strategic process model applied in the Kurdistan Region of Iraq (KRI)

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METHODS

Partnering with the Directorate of Health and Hospital Leadership, a 15-month implementation pilot was conducted at a KRI, public maternity hospital. Nine strategic steps, including staff surveys, multi-modal on-shift trainings and an empathy exercise were carried out with 18 nurses and midwives, to reduce manual 'cleaning' rates and assess effects on staff job satisfaction as a recognized obstetric disrespect and abuse contributor.

RESULTS

Uterine 'cleaning' rates declined from 100% to 3-5% and staff job satisfaction increased throughout the project. Increase in compassionate care was observed immediately after the empathy exercise, but lacked sustained effect. Challenges included de-implementation resistance, unreliable data, ineffective communication structures, cross-cultural differences, and cultural norms concerning disrespect and abuse. The strategic process model was useful but requires supplementation with Audit and Feedback and VCAT tools to sustain long-term change.

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O114

Emergency skills in upright breech birth: A Delphi study

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BACKGROUND

A new paradigm has emerged that supports vaginal breech birth in an upright position as opposed to semi-recumbent. Clinical consensus on the recommended manoeuvres required to manage upright breech specifically for trained but inexperienced practitioners in an unplanned setting is necessary for the incorporation of this important skill into emergency management texts or guidelines.

OBJECTIVES

This Delphi Study [2023], a collaboration between the Association of Ontario Midwives (AOM) and Toronto Metropolitan University (TMU), sought to establish consensus from global upright vaginal breech birth providers on the critical manoeuvres for managing complications of upright breech birth in an unplanned setting in low resource environments where immediate caesarean section is unavailable. The findings from this study assist to identify the core interventions and manoeuvres for breech birth in the upright position and are transferable to other health care providers seeking to manage unplanned breech birth in the upright position in all settings.

METHODS

The research consisted of a three round Delphi multi-national e-survey conducted between April to December 2023. Ethical approval was from TMU (REB 2022-508).

RESULTS

There were six manoeuvres that met the threshold for consensus based on the findings in round two and three.

CONCLUSIONS

The six manoeuvres identified in this study contribute to addressing the knowledge gap in the scientific/scholarly community regarding upright vaginal breech birth. The results also increase the healthcare profession's capacity and confidence to provide safe, high-quality, client-centered and evidence-based healthcare, ultimately improving health outcomes for pregnant populations.

KEY MESSAGE

There are six manoeuvres that are critical for inexperienced but trained providers to know to safely manage an upright breech birth in low resource environments where immediate caesarean section is unavailable. This added skill set supports clinical education and increases the healthcare profession's capacity and confidence to provide safe, high-quality, client-centered and evidence-based healthcare, ultimately improving health outcomes for pregnant populations.

Eur J Midwifery 2026;10(Supplement 1):A181

LABOUR AND BIRTH - INDUCTION

O381

Evaluating the implementation of a multi-component strategy to optimise the timing and use of induction of labour

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BACKGROUND

Induction of labour (IOL) rates are rising worldwide. In Australia, a third of all pregnancies result in an IOL. A regional health service implemented a multi-component strategy to improve the IOL processes for women, optimise timing and use, and support clinical decisions for IOL.

OBJECTIVES

To evaluate the impact of the strategy on perinatal outcomes and to explore midwives' views and experiences of using the multi-component strategy.

METHODS

We used multiple methods, comprising an audit of routinely collected perinatal data, 12 months pre- and post-strategy implementation and a focus group interview with midwives. Data were analysed using descriptive statistics and reflexive thematic analysis.

RESULTS

A lower proportion of women underwent an IOL in the post-implementation period (n=1027, 37.3%; n=941, 35.9%); however, the difference was not statistically significant (P=0.305). Five main reasons for IOL were recorded, including diabetes (all types), decreased fetal movements, prolonged pregnancy, prolonged rupture of membranes, and fetal growth restriction. Statistical differences were found for three indications between the two time-periods: inductions due to

diabetes (12.2% vs 9.4%, p=0.044) and advanced maternal age (3.7% vs 1.6%, p=0.004) were lower post-implementation, while inductions for maternal request were higher (2.3% vs 3.9%, p=0.041). There were no significant differences in labour, birth, or neonatal outcomes. Interview analysis identified three themes in relation to improved practice: consistent information sharing with women and families, embedding best practice, and improved interprofessional collaboration. The final theme, 'challenges operationalising the process', reflected the barriers for senior midwives implementing the IOL strategy.
CONCLUSIONS
The use of a multi-component strategy may support a systematic approach to IOL processes, improve practice and interprofessional collaboration. Further research should capture women's experiences.
KEY MESSAGE
The findings will inform decision-making about ongoing use of the strategy. Implementation challenges may influence practices and clinical outcomes.
Eur J Midwifery 2026;10(Supplement 1):A182

O382

The Birth experiences study in the Netherlands: Induction of labour is associated with a more negative childbirth experience, reduced perception of respect and lower autonomy

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BACKGROUND
The rates of induction of labour have increased substantially in recent decades, prompting the need to assess its impact on women's experiences, autonomy, and perceived quality of care.
OBJECTIVES
To investigate the association of induction of labour with childbirth experience, perceptions of respect, and autonomy.
METHODS
In the Netherlands, a cross-sectional study was undertaken as part of the Birth Experience Study (BESt). A total of 1396 women who had given birth in the past five years completed an online survey. Binary outcomes for induced versus spontaneous labour were compared using validated tools: CEQ2.0 (birth experience), MORI (respect), and MADM (autonomy). Thematic analysis was applied to open-ended responses on induction experiences.
RESULTS
In total 426 (30.5%) women had an induction of labour. Odds ratios were increased for women in the induction of labour group, indicating they experienced a more negative childbirth (OR=1.90; 95% CI=1.43–2.54), reduced perceptions of respect (OR=1.74; 95% CI=1.31–2.29), and lower autonomy (OR=1.32; 95% CI=1.00–1.74) in comparison to the spontaneous onset of labour group. The qualitative results indicate that some women were happy with their decision to be induced, especially when it was medically necessary. However, others felt underinformed, unheard, and wished they had been offered more choices.
CONCLUSIONS
Induction of labour is associated with a more negative childbirth experience, reduced perceptions of respect and lower autonomy compared to spontaneous labour.
KEY MESSAGE
As induction rates rise, it is vital to ensure women are fully informed, feel heard, and are supported in making autonomous decisions to improve their childbirth experience.
Eur J Midwifery 2026;10(Supplement 1):A183

LABOUR AND BIRTH – MISCELLANEOUS

O215

The UK pool study: Pattens of genital trauma and risk factors for severe genital trauma or neonatal morbidity following intrapartum water immersion

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BACKGROUND
Warm water immersion during labour provides women with analgesia and comfort. The UK POOL study was the largest global study of waterbirth to date.
OBJECTIVES
The presentation will present the primary outcomes of the study, describe patterns of genital trauma among women giving birth in or out of water, and explore risk factors for severe perineal trauma and additional neonatal treatments following intrapartum water immersion.
METHODS
Cohort study with non-inferiority design. Setting – 26 UK NHS maternity services. Sample - 73229 women without antenatal or intrapartum risk-factors, using intrapartum water immersion, between January 2015 and June 2022. Data source: Data captured in NHS maternity and neonatal information systems. Main outcome measures - Maternal primary outcome: obstetric anal sphincter injury (OASI) by parity; Neonatal composite primary outcome: Fetal or neonatal death, neonatal unit admission with respiratory support, or administration of antibiotics within 48 hours of birth. This project was funded by the National Institute for Health and Care Research (NIHR) (reference:16/149/01). The study is registered at ISRCTN.com, ISRCTN13315580 and received NHS ethical approval.
RESULTS
Rates of OASI among nulliparous women (waterbirth: 730/15,176 [4.8%] vs. births out of water: 641/12,210 [5.3%]; adjusted odds ratio (aOR) 0.97, one-sided 95% confidence interval (CI), -∞ to 1.08). Rates of OASI among parous women (waterbirth: 269/24,451 [1.1%] vs. births out of water 144/8,565 [1.7%]; AOR 0.64, one-sided 95% CI -∞ to 0.78).

Rates of the composite adverse outcome among babies (waterbirth 263/9,868 [2.7%] vs. births out of water 224/5,078 [4.4%]; AOR 0.65, one-sided 95% CI -∞ to 0.79).
CONCLUSIONS
Rates of the primary outcomes were no higher among waterbirths compared to births out of water.
KEY MESSAGE
Among 'low-risk' women using water immersion during uncomplicated labour, remaining in the pool and giving birth in water was not associated with an increase in the incidence of adverse primary maternal or neonatal outcomes.
Eur J Midwifery 2026;10(Supplement 1):A184

O216

Powers of culture in caesarian birth: A global study

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PURPOSE
Does the kind of society a woman lives in matter for her choice of CS? This study investigates the practice of CS among populations with a matrilineal cultural heritage. I used a step-wise interdisciplinary research approach: 1) The conduct of a literature review of empirical research to identify matrilineal societies globally, including the now existing matrilineal societies and those of the past 2) Study of the prevalence of CS for the specific geographical areas 3) Search through sources in anthropology, history, art and archaeology to obtain knowledge about the social norms, traditions and value systems inherent in matrilineal society.
DISCUSSION
Cesarean section delivery has substantially increased globally over the past few decades, reaching almost 30 million in 2020. This escalating trend has been observed in all regions and has emerged as a critical global health concern.
EVIDENCE WHERE RELEVANT
Matrilineal societies were found in Asia, Africa, Europe, Oceania and the Americas. Some were found in indigenous contexts, others not. The prevalence of CS was consistently lower for any population with a matrilineal cultural heritage regardless of whether matrilineal tradition was practiced or fully practiced today. Where current epidemiological research was unable to explain differences in the prevalence of CS within similar populations, historical maps were cross-matched to the geography of present-day country boundaries showing the presence of past matrilineal culture: The status of women historically was different in the locations with lower CS prevalence today.
KEY MESSAGE
The practice of CS is deeply rooted in culture and the status of women. The egalitarian status of women and men characteristic of matrilineal society and documented lesser violence against women are plausible explanations. Studies of CS have almost exclusively been conducted in societies of patriarchal origin. How women's high status in existing and former matrilineal society seems to create resiliency to reproductive anxiety and CS practice needs attention.
Eur J Midwifery 2026;10(Supplement 1):A185

O217

Subjectivity as a structuring axis of care: Elective cesarean through the lens of obstetric care models

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BACKGROUND
Obstetric practice, historically shaped by technocratic models, continues to prioritize technical success over women's subjective experiences. In the context of elective cesarean sections, this logic is intensified, transforming reproductive choices into decisions mediated by discourses of safety and control.
OBJECTIVES
To reflect on the process of care in obstetrics regarding elective cesarean sections, based on the paradigm of subjectivity and the childbirth care models proposed by Davis-Floyd.
METHODS
This is a theoretical reflection grounded in the concept of care as an encounter between subjects, articulated with Davis-Floyd's (2001) obstetric care models, which view childbirth as a symbolic and culturally mediated event.
RESULTS
This approach highlights the importance of recognizing subjectivity as a foundational element of care. By acknowledging that women's reproductive choices are influenced by biomedical and cultural structures, it advocates for the appreciation of female protagonism and listening as ethical-political dimensions of obstetric practice. The humanistic model, positioned between technique and attentive listening, emerges as a viable path to break with practices that, despite an appearance of autonomy, perpetuate symbolic violence.
CONCLUSIONS
Reconfiguring obstetric care requires shifting the focus from technique to the subject. Humanization is not a rejection of technology but rather its application in service of singularity and ethics.
KEY MESSAGE
Building sustainable obstetric practices requires recognizing subjectivity as central and repositioning women as protagonists of care, thus overcoming models that objectify them.
Eur J Midwifery 2026;10(Supplement 1):A186

O218

Effect of multisensory (snoezelen) environment on birth outcomes, neonatal health parameters and birth memory: A randomized controlled trial

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BACKGROUND
The concept known as Snoezelen, also referred to as a controlled multi-sensory environment, has emerged with the aim of stimulating people's senses. In this room design, it is commonly observed that equipment such as soft music,

aquariums, optical illusions, fiber optics, swings, tactile differentiation tools for hard and soft surfaces, aromatic oils, etc. are used.
OBJECTIVES
The aim of this study is to determine the effect of the multi-sensory (snoezelen) environment on birth outcomes, newborn health parameters, and birth memory.
METHODS
While the participants of the intervention group were taken to the snoezelen environment at the beginning of the active phase, the control group received routine care from the hospital's maternity unit.In the scope of the study, a projector, lamp, diffuser, scent essence, sensory balls, and a nut ball have been used to stimulate each sense.In the study, the Personal Information Form, Birth Monitoring Form, Visual Comparison Scale - Pain, and Baby Monitoring Form were used. In the study, 24 primiparous pregnant women from the intervention group and 26 from the control group were reached.
RESULTS
In the intervention group, the average and standard deviation of the pain scale at the end of the latent phase were calculated as 7.58±1.34, while the average and standard deviation of the pain at the end of the active phase were calculated as 6.75±0.73. In the control group, the average and standard deviation of the pain scale at the end of the latent phase were 7.23±1.03, while the average and standard deviation of the pain at the end of the active phase were 8.03±0.87.
CONCLUSIONS
This study concludes that the snoezelen environment is an effective application.
KEY MESSAGE
More studies with larger sample groups are needed to contribute to the literature.
Eur J Midwifery 2026;10(Supplement 1):A187

LABOUR AND BIRTH – PPH (INCLUDING THREE-MINUTE PRESENTATION COMPETITION)

O009

Nurse-midwives' decision-making on the management of the third stage of labour in Portugal

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PURPOSE
Postpartum haemorrhage (PPH) remains a leading cause of maternal mortality globally, despite the availability of clinical guidelines. The third stage of labour is a crucial window for PPH prevention, and nurse-midwives play a pivotal role in its management. In Portugal, inconsistencies in clinical decision-making and implementation of best practices persist. This project aims to explore the factors that influence nurse-midwives' decision-making during the third stage of labour, through the lens of woman-centred care and evidence-based practice.
DISCUSSION
This mixed-methods study will be conducted in three phases. Phase I consists of a scoping review to map existing international evidence on clinical decision-making during the third stage of labour. Phase II involves a qualitative study using semi-structured interviews to explore Portuguese nurse-midwives' experiences and perceptions, analysed through the lens of the Midwifery Model of Women-Centred Childbirth Care (MiMo), which emphasises relational care, professional autonomy, and the broader birthing context. Phase III will involve the adaptation and validation to the Portuguese context of international instruments to assess knowledge, attitudes, practices, and perceived barriers to evidence-based care, followed by a cross-sectional study using the validated tools. Together, these phases will offer a comprehensive understanding of clinical decision-making in this critical stage.
EVIDENCE WHERE RELEVANT
Evidence shows that decisions during the third stage of labour are shaped by contextual factors such as institutional norms, midwives' experiential knowledge, and interprofessional dynamics. The MiMo framework offers a valuable lens to interpret how woman-centred values influence these decisions. The Portuguese context remains underexplored in this regard.
KEY MESSAGE
Understanding the factors that influence nurse-midwives' decision-making in third stage labour management is essential for aligning practice with evidence-based and woman-centred care. This study seeks to provide meaningful insights to inform future strategies that promote safer, more consistent midwifery care in Portugal.
Eur J Midwifery 2026;10(Supplement 1):A188

O010

Learnings from introduction and scaling of heat-stable carbetocin across Kenya by use of webinars approach

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PURPOSE
This abstract highlights how a midwife-led, webinar-based approach was successfully used to introduce and scale up the use of heat-stable Carbetocin (HSC) for postpartum haemorrhage (PPH) prevention across Kenya. It presents a replicable model for South-South knowledge exchange and the dissemination of maternal health innovations. Specifically, it:d emonstrates the critical role of HSC in reducing PPH and maternal mortality. Showcases the leadership of the Midwives Association of Kenya (MAK) in disseminating updated national guidelines through virtual platforms. Provides evidence of national reach, uptake, and impact across all 47 counties. Aligns with Sustainable Development Goal 3 and WHO recommendations through practical implementation.
DISCUSSION
Implementation: Between September 2024 and April 2025, MAK coordinated a structured rollout of updated PPH prevention and management guidelines across Kenya. In

collaboration with county reproductive health coordinators, experienced midwifery educators and clinicians trained 3673 healthcare professionals—including midwives, nurses, doctors, clinical officers, pharmacists, and lab technologists—across all 47 counties. Following the training, all counties procured HSC through the national supply chain. Of the 360000 doses initially procured by the Kenya Medical Supplies Authority, over 262000 (75%) were taken up within nine months, indicating strong uptake and integration into routine obstetric care. Midwives are uniquely positioned to lead the dissemination of maternal health guidelines due to their frontline role and contextual understanding (Richens, 2002). MAK leveraged a "train-the-trainer" model delivered via interactive webinars, incorporating Q and A sessions, polls, and peer learning forums to enhance engagement and knowledge retention.

EVIDENCE WHERE RELEVANT

N/A

KEY MESSAGE

Midwives are central to the successful dissemination and adoption of maternal health innovations. Cost-effective, scalable digital training methods can significantly enhance the uptake of evidence-based interventions. Interprofessional collaboration and peer-led learning foster greater ownership and sustainability in maternal and newborn health programs.

Eur J Midwifery 2026;10(Supplement 1):A189

LABOUR AND BIRTH - VBAC

0378

Birth outcomes for women planning vaginal birth after caesarean (VBAC) in midwifery led settings: A systematic review and meta-analysis

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BACKGROUND

Limited evidence exists to inform midwives, obstetricians, and women about the safety and success of planned vaginal birth after caesarean (VBAC) in midwifery-led settings compared to obstetric units. This gap restricts informed decision-making about place of birth for women planning VBAC.

OBJECTIVES

To synthesise existing research comparing maternal and neonatal outcomes of planned VBAC in midwifery-led versus obstetric-led settings in high-income countries.

METHODS

We systematically searched six databases for quantitative studies on planned VBAC outcomes in midwifery versus obstetric settings (up to August 2022). Included studies were quality assessed using the CASP checklist. Meta-analyses of binary outcomes were performed, reporting risk ratios (RR) with 95% confidence intervals (CI). Narrative synthesis was used for heterogeneous outcomes.

RESULTS

Two high-quality studies (from 420 screened) were included. Planned VBAC in midwifery-led settings was associated with higher rates of unassisted vaginal birth (RR=1.42; 95% CI 1.37–1.48) and lower rates of emergency caesarean (RR=0.46; 95% CI 0.39–0.56) and instrumental birth (RR=0.33; 95% CI 0.23–0.47) compared to obstetric-led settings. No significant differences were found in uterine rupture (RR=1.03; 95% CI 0.52–2.07), special care nursery admissions (RR=0.71; 95% CI 0.47–1.23), or low Apgar scores (RR=1.16; 95% CI 0.66–2.03).

CONCLUSIONS

Planned VBAC in midwifery-led settings is linked to increased vaginal birth rates and fewer interventions, with rare adverse perinatal outcomes. Further research is urgently needed to strengthen evidence and support informed choice for women planning VBAC. *This living systematic review will be updated prior to the conference to include all studies published since the initial search, supporting evolving evidence for clinical guidance.

KEY MESSAGE

Based on high-quality but limited evidence, women planning VBAC in midwifery-led settings experience fewer interventions and comparable safety outcomes to those in obstetric-led settings, supporting informed choice.

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0380

We are listening: Partnering with women to co-design a decision aid for birth options after a previous caesarean

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PURPOSE

To provide women with evidence-based information to make decisions on their birth choices after a previous caesarean.

DISCUSSION

Many women who have experienced a caesarean birth describe it as traumatic or negative, often seeking a more positive experience for subsequent births. Vaginal birth after caesarean (VBAC) is a safe and viable option, yet only 13% of women choose to plan a VBAC in Australia, despite success rates reaching up to 87% in midwifery-led models of care. Research highlights that women who pursue VBAC frequently encounter barriers in navigating their choices, including limited support and inconsistent information. In response, Metro North Health (Queensland, Australia) was

commissioned by Clinical Excellence Queensland to co-design a decision aid aimed at improving women's birth experiences and facilitating meaningful discussions with healthcare professionals. This initiative aligns with Clinical Excellence Queensland's Birth Strategy, which prioritises consumer-focused resources that promote informed, shared decision-making. The co-design process brought together women with lived experience of caesarean birth, midwives, obstetricians, and academic experts. The resulting decision aid is currently being digitalised to create an interactive tool tailored to women's needs. A pilot implementation is planned within a maternity unit, with full rollout scheduled for early 2026 following a comprehensive evaluation. Preliminary results from the pilot will be available by January 2026. This project demonstrates the value of listening to women and involving them directly in the design of tools that support autonomy, choice, and respectful maternity care.
EVIDENCE WHERE RELEVANT
Queensland Health. Queensland Birth Strategy 2024-2030. A guide for clinicians. Queensland Health, 2024. Queensland Birth Strategy 2024-2030 Townsend, B., Fenwick, J., McInnes, R., and Sidebotham, M. (2023). Taking the reins: a grounded theory study of women's experiences of negotiating water immersion for labour and birth after a previous caesarean section. Women and Birth, 36(2), e227-e236.
KEY MESSAGE
Co designing decision aids with women ensures they are tailored to their needs.
Eur J Midwifery 2026;10(Supplement 1):A191

LEADERSHIP 1 (INCLUDING THREE-MINUTE PRESENTATION COMPETITION)

O099

Vital historical lessons for the ICM today

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PURPOSE
The purpose of this presentation is to highlight key lessons learned in our search of primary sources, review of ICM documents, and interviews with key partners that are relevant for ICM's leaders today and in the future.
DISCUSSION
The presentation will begin with a brief overview of the book and its authors. The major portion of the presentation will focus on two aspects of ICM's history: 1) significant challenges faced by the organization and 2) lessons learned from our historical research that are important to ICM as a modern day global health organization representing the world's midwives through its Member Associations in order to protect and promote women's reproductive health, rights and safe childbearing care. Consistent challenges will include varying leadership strengths, financial concerns, and organizational structure. One of the biggest challenges is differing opinions about where the organization should invest its limited resources to make the biggest impact on empowering midwives and empowering women affected by gender, socio-economic status and race. Significant lessons learned will include the importance of strong, visionary midwife leaders who believe in the organization's purpose; an efficient, representative, caring organizational structure and staff; expert guidelines for midwifery education and practice; periodic strategic planning with Member Associations that keeps the organization true to its purpose of representing the world's midwives; and the power of health-oriented global partners.
EVIDENCE WHERE RELEVANT
Joyce E Thompson, Joan Walker, Ann M Thomson, Margaret Peters. 100 years of the International Confederation of Midwives: empowering midwives and empowering women. Brown Dog Books and The Self-Publishing Partnership Ltd, Bath, UK, 2022.
KEY MESSAGE
Though at times eroded by lack of attention to the lessons of the past, the ICM's stature as an international NGO has grown through the individual and collective work of strong, visionary midwives closely involved with ICM's governance and future.
Eur J Midwifery 2026;10(Supplement 1):A192

O101

Building power to scale: The role of black midwifery leadership in transforming maternal health systems

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BACKGROUND
Black midwives in the United States have long provided culturally-centered, community-rooted models of care that improve outcomes and experiences for Black birthing people. Despite their deep expertise and innovation, Black midwives and their care models remain underfunded, undervalued, and often excluded from health system leadership and scale-up efforts.
OBJECTIVES
This qualitative study examines how Black midwifery leaders are advancing and sustaining culturally-centered models of care that address entrenched maternal health inequities, and explores barriers and opportunities to scaling these models within broader health systems.
METHODS
We conducted in-depth, semi-structured interviews with 9 Black midwifery leaders across the United States from September 2023 to June 2025, including practicing midwives, founders and directors of Black-led midwifery practices, and leaders of professional organizations. Data were analyzed using thematic analysis informed by reproductive justice and critical race frameworks.
RESULTS
We identified five themes in the analysis process, including Defining Black-led Community Midwifery, Double Jeopardy, Structural Factors, Burnout and Self Care, and Scaling Black Midwifery. Findings show that Black midwives are leading

innovative care models that integrate clinical excellence with cultural safety, community engagement, and holistic support for birthing people and families. Participants identified key enablers of scaling these models, including community trust, mentorship networks, and Black-led professional infrastructure. At the same time, they face systemic barriers such as structural racism, limited funding streams, and exclusion from dominant policy and health system spaces.
CONCLUSIONS
Black midwifery leadership is central to advancing equitable maternal health systems in the US. Targeted investment in Black midwives and their models of care is critical for transforming maternity care and addressing persistent racial inequities in outcomes.
KEY MESSAGE
Scaling Black midwifery-led models of care is an essential strategy to achieve maternal health equity and must be supported by structural investments and policy change.
Eur J Midwifery 2026;10(Supplement 1):A193

LEADERSHIP 2 (INCLUDING THREE-MINUTE PRESENTATION COMPETITION)

0181

Implementing a midwifery leadership structure across a nation

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PURPOSE
To provide an overview of a national approach to implementing a national midwifery leadership structure across a nation. To give an overview of the processes and work required to gain nation wide approval for implementation and the key enablers and barriers in the process for other countries learning.
DISCUSSION
NZ has moved all its 18 local districts to having district Chief Midwives, sitting at an equal position to Chief Medical Officers, Chief Nurses and Chief Allied Health. We no longer have any district chiefs reporting through nursing. We have 4 regional chief midwives and 1 national chief midwife. All work within multidisciplinary teams with medicine, nursing and allied health to make up the MDT team that advises our senior operational leaders.
EVIDENCE WHERE RELEVANT
The implementation currently as of 25th June 2025 of all 18 districts in NZ now having midwifery leaders who sit at the same level in organisational structures to Nursing, Medicine and Allied Health. The disestablishment of all joint Nursing and Midwifery leadership roles in NZ over the last 6 months so there are no longer any structures where midwifery reports through nursing and midwifery is now an equal position in the organisational structure.
KEY MESSAGE
The identification of the key enablers and the key barriers when implementing a national midwifery leadership structure throughout a country. What key relationships were required and levers to enable the change to midwifery being at the same level as Medicine and Nursing and Allied Health in all levels within our national organisation.
Eur J Midwifery 2026;10(Supplement 1):A194

MARGINALIZED – INDIGENOUS

0018

Unmasking the uncounted: Disparities in indigenous maternal health and the vital role of midwifery

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BACKGROUND
Indigenous women and girls globally face disproportionately high rates of maternal mortality and morbidity, posing a major barrier to achieving SDGs. These disparities remain largely invisible due to a persistent lack of disaggregated health data that would reveal the specific challenges experienced by Indigenous communities.
OBJECTIVES
This analysis uncovers global disparities in maternal health outcomes between Indigenous and non-Indigenous women. It evaluates the availability and quality of ethnicity-disaggregated health data and highlights the critical role of Indigenous midwives in improving maternal health. The goal is to advocate for culturally responsive, rights-based solutions to address these gaps.
METHODS
This analysis draws on a global health survey data review, focusing on key maternal and reproductive health indicators. Outcomes for Indigenous and non-Indigenous women and girls are compared, identifying global patterns and significant country-level variations. The availability and quality of ethnicity-disaggregated data were also critically assessed.
RESULTS
Findings reveal stark disparities. Indigenous women and girls have lower use of modern contraception, higher rates of adolescent pregnancy, and are more likely to give birth at home without skilled health personnel compared to non-Indigenous women. Crucially, only 54% of reviewed surveys collect ethnicity data, and of those, only 63% allow for the identification of Indigenous Peoples, masking the accurate scale of the issue. Notably, the vital role of Indigenous and traditional midwives is underscored. When they are integrated into the health system, the rate of skilled birth attendance for Indigenous women increases from 55% to 62%.
CONCLUSIONS
States must urgently address systemic barriers and discrimination that prevent Indigenous women from accessing their right to health. This requires mandating disaggregated data collection, ensuring culturally acceptable and accessible health services, and integrating Indigenous midwives into primary healthcare systems. Sustainable progress must be

driven by solutions led by Indigenous women themselves.
KEY MESSAGE
Indigenous midwives play crucial roles in improving indigenous maternal health.
Eur J Midwifery 2026;10(Supplement 1):A195

0019

Meeting the calls to action – How Inuulitsivik midwifery embodies the Truth and Reconciliation Commission of Canada Calls to Action

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PURPOSE
Ten years ago, the Truth and Reconciliation Commission of Canada (TRC) issued a series of Calls to Action for governments and institutions to address the historic and ongoing harms of colonialism to the First Nations, Inuit and Metis peoples of Canada. Many of the calls focus on education and health. Ten years later is a time of reflection and accountability for how governments and institutions have responded to the inequities facing Indigenous peoples. This presentation represents our reflections on how our Inuit-led midwifery service embodies the Calls to Action and provides a model for how governments, institutions and communities can move forward on reconciliation by reclaiming Indigenous birth.
DISCUSSION
Discussion: Our service brought birth back to our remote Inuit communities by re-establishing Inuit midwifery and providing midwifery education in our communities. Our service is recognized as a model for providing safe care in remote communities and for Indigenous-led midwifery care. Both qualitative and quantitative research provide evidence of our success and sustainability and yet many remote and Indigenous communities wanting to bring birth back face resistance. In this presentation we use the Calls to Action of the TRC to frame the policy arguments for ending evacuation for birth. We demonstrate ways governments and communities can meet recommendations 2 (Education), 14 and 16 (Language) and 18 -24 (Health) by bringing birth and midwifery back to Indigenous communities. In summary, our service aims to address historic and current causes of health inequity; improve outcomes by providing accessible, local care and education in Inuktitut; supports including Elders and Indigenous health practices and by expands the pool of Inuit health care providers.
EVIDENCE WHERE RELEVANT
see above
KEY MESSAGE
Returning birth to small communities supports governments and institutions to meet calls to address the harms of colonialism in Indigenous communities.
Eur J Midwifery 2026;10(Supplement 1):A196

0020

Mapping the movement: 2025 Landscape of Indigenous Midwifery in Canada

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PURPOSE
This presentation shares findings from the National Council of Indigenous Midwives' (NCIM) 2025 Landscape Report, which maps the current state of Indigenous midwifery across Canada. This work seeks to illustrate the growth, resilience, and ongoing reclamation of Indigenous midwifery as a vital expression of self-determination and community health.
DISCUSSION
Using newly developed tools—including a national map of practicing Indigenous midwives by region, a map of Indigenous communities actively reclaiming midwifery, and visual data on Indigenous midwifery students and community-based education models—this session will explore where Indigenous midwifery is thriving and where further support is needed. We will highlight regional differences, identify key policy and funding drivers, and reflect on the impact of community-led education in expanding access and leadership.
EVIDENCE WHERE RELEVANT
This updated landscape draws from NCIM's national tracking efforts, community surveys, and collaborations with midwifery associations and educational programs. It reflects both quantitative and qualitative inputs from Indigenous midwives, students, and community leaders, offering a data-informed picture of where growth is occurring and what systemic changes have made that possible.
KEY MESSAGE
Indigenous midwifery is experiencing powerful momentum across Canada. Mapping this movement helps us understand how Indigenous communities are reclaiming birth, closing access gaps, and advancing reproductive justice. As this growth continues, supporting Indigenous midwifery through sustained investment in community-led education, practice, and leadership remains essential to reconciliation and health equity.
Eur J Midwifery 2026;10(Supplement 1):A197

MARGINALIZED – MATERNAL SEPARATION (INCLUDING THREE-MINUTE PRESENTATION COMPETITION)

0281

The lost mothers project: Midwifery, maternal separation, and the global impact of pregnancy in prison

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BACKGROUND
The number of incarcerated women globally is rising, many pregnant and imprisoned for non-violent offences. These women often face poverty, domestic violence, trauma, and poor health. Maternal separation in prison remains under-

examined, despite its profound impact on maternal and infant wellbeing.
OBJECTIVES
The Lost Mothers Project aimed to explore the experiences of maternal separation in prison, assess the role of midwives and other professionals in these contexts, and highlight global implications for reproductive justice and midwifery care.
METHODS
A qualitative, co-produced study funded by the UK's ESRC, in partnership with Birth Companions and women with lived experience. Data was gathered through 29 interviews with incarcerated mothers, 45 with professionals (midwives, prison staff, social workers), and observations of mother-and-baby unit decision-making. Ethical approval was granted by the University of Hertfordshire and the prison service.
RESULTS
Separation from newborns caused acute trauma, loss of maternal identity, and disrupted bonding: I was so upset; it was worse than giving birth. That was the hardest pain of my life. I've never felt pain like it...It was just in here; in my chest; in my heart. Even in my belly... Oh, it was painful. It was the hardest day of my life. Midwives, often lacking training or systemic support, played vital roles in offering continuity, advocacy, and care. Bureaucratic and institutional barriers often overshadowed compassionate practice. Structural inequalities, including racial bias, were prevalent.
CONCLUSIONS
Maternal separation in custody is a global reproductive justice issue. Midwives must be supported to lead rights-based, trauma-informed care, and advocate for alternatives to custodial sentences for pregnant women and mothers.
KEY MESSAGE
Midwifery leadership is essential in ensuring humane, respectful care for incarcerated mothers and babies. This research calls for global policy change and recognition of midwives' crucial role in prison settings.
Eur J Midwifery 2026;10(Supplement 1):A198

0282

Does incarceration change the right to make healthcare decisions? History, competency and custody

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PURPOSE
To identify the legal and institutional issues preventing incarcerated women from making autonomous choices about reproductive health. To discuss the process of changing policies to meet those needs.
DISCUSSION
The carceral system is well hidden from public scrutiny. While legal obligations and standards exist to offer services and meet needs of incarcerated people, a wide variation exists in what actually takes place. Incarcerated women have little utilization of health care when not incarcerated. Reproductive health issues take a low priority in correctional health systems. Incarceration can impede the rights of women to access reproductive health. Institutional policy rather than laws may dictate whether someone has the right to make decisions that affect her life long after incarceration. For example, while abortion is a protected constitutional right, factors such as payment, scheduling difficulties and transportation problems may make it difficult or impossible. Women with low income have been susceptible to the possibility of forced or coerced sterilization since mid-20th century. Trading fertility for reduced sentencing, making sterilization or long-acting birth control required for release, or involuntary sterilization after childbirth, have been documented as recently as 2018. In an effort to avoid any possible appearance of coercion, in recent years it has been a general recommendation that "pregnant women may not sign permission for sterilization while incarcerated." But this has not been an ideal solution either. We evaluated the precedents, legal issues, use of terminology around capacity, custody and guardianship to develop a more humane policy that was acceptable for all systems-carceral facility, hospital and gynecologic providers and the women who strongly requested this procedure.
KEY MESSAGE
MIdwives have always been strong advocates for the needs and rights of our clients and families. Advocating for the right to make choices in a rigid system can be laborious and difficult but worthwhile when successful.
Eur J Midwifery 2026;10(Supplement 1):A199

MARGINALIZED – MIGRANTS

0051

Improving birth outcomes and experiences: The impact of multicultural doulas for newly arrived migrant women in Norway

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BACKGROUND
Migrant women are at heightened risk for adverse obstetric and neonatal outcomes, underutilisation of health services, and unsatisfactory childbirth experiences compared to the general population. In response, Norway introduced a multicultural doula (MCD) program in 2018 to enhance maternity care for newly arrived migrants.
OBJECTIVES
This study evaluates the impact of MCD support on obstetric and neonatal outcomes, healthcare utilisation, and childbirth experiences—focusing on perceived care quality and whether healthcare needs were met.
METHODS

A multi-center case-control study was conducted across hospitals in four of Norway's five health regions implementing the MCD program, 2018–2023. A total of 339 women who received MCD support were compared to matched migrant women who did not (n=339). Data was collected from hospital records. A total of 195 women returned the postpartum childbirth experience questionnaire—98 with MCD support, 95 without. Descriptive and regression analyses were performed.

RESULTS

MCD-supported women had significantly lower rates of emergency cesarean sections (AOR 0.59, 95% CI 0.34–0.98), severe postpartum haemorrhage (≥1000 ml) (AOR 0.25, 95% CI 0.12–0.52), ambulance use (AOR 0.32, CI 0.17–0.58), and unplanned out-of-hospital births (AOR 0.05, CI 0.01–0.39). MCD support was associated with increased likelihood of attending hospital consultations for reduced fetal movement (AOR 1.83, 95% CI 1.19–2.82), using pain relief (AOR 2.88, 95% CI 1.93–4.30), and exclusive breastfeeding at discharge (AOR 2.26, 95% CI 1.53–3.36). Women with MCD support reported significantly fewer unmet healthcare needs (AOR 0.18, 95% CI 0.09–0.36) and low quality of care (AOR 0.12, 95% CI 0.05–0.32).

CONCLUSIONS

The MCD program appears to improve clinical outcomes and patient-reported experiences among newly arrived migrant women. These findings suggest that culturally adapted birth support can reduce disparities in maternity care and benefit maternal and child health.

KEY MESSAGE

Culturally tailored doula support improves birth outcomes, healthcare use, and childbirth experiences among newly arrived migrant women—helping reduce disparities in maternity care. Marginalized - migrants

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O052

Participatory approaches to informing policy and practice: Collaborating with migrant women as experts by experience

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PURPOSE

This presentation explores strategies for meaningfully engaging underserved groups—specifically migrant women who have experienced UK maternity care—in shaping maternity research, policy, and practice. As PPIE Lead for the No Recourse to Public Funds (NoRePF) Project at King's College London, I will share insights from our collaboration with migrant women who are Experts by Experience (EbE).

BACKGROUND

Globally, migrant women face multiple barriers to maternity care, including restrictive healthcare access, legal precarity, poverty, and social isolation. These overlapping challenges often lead to exclusion from research, service design and the policy debate, worsening health inequities. Addressing these issues requires intentional, inclusive, and flexible approaches. Approach: We have built a sustained partnership with women affected by immigration control and restricted healthcare access. Recognizing language barriers and fears of identification, we are exploring creative and safe story-sharing methods to ensure all voices can be heard without risk. Our co-designed activities and policy roundtables prioritize trust, transparency, safeguarding, and shared decision-making, supporting women with complex lives to participate meaningfully. Learning and Impact: This presentation will reflect on our learning about creating empowering, flexible spaces for engagement and the value of creative storytelling in overcoming barriers. We will also discuss how these stories are helping to reshape public perceptions of migration by humanising the experiences behind the headlines. These efforts are informing a research agenda and policymaking that centres lived experience for greater real-world impact.

EVIDENCE WHERE RELEVANT

A reflective analysis of the impact of our collaboration with EbE will be incorporated into the presentation. Evidence pertaining to key research findings will be shared by the Programme Lead (Dr Hannah Rayment-Jones) during her presentation.

KEY MESSAGE

Engagement with underserved groups demands rethinking power, process, and purpose. Creative story-sharing amplifies voices often unheard, ensuring research and policy are grounded in justice, responsiveness, and empathy.

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O053

Maternal and early childhood health outcomes of migrants in high-income countries and the impact of restrictive healthcare policies: A systematic review and meta-analysis

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BACKGROUND

Migrants in high-income countries (HICs), particularly those from racialised or socioeconomically disadvantaged backgrounds, face barriers to healthcare due to restrictive policies, discrimination, and language challenges. While the "healthy migrant effect" suggests better health outcomes among migrants, its relevance to maternal and early childhood health is unclear.

OBJECTIVES

To assess maternal and early childhood health and social outcomes among migrants in HICs and examine the impact of healthcare access restrictions based on MIPEX-defined health system scores

METHODS
A systematic review and meta-analysis of studies published between 2014 and 2024 comparing outcomes between foreign-born migrant women and children (up to five years old) and their local-born counterparts in HICs. Study quality was assessed using the Newcastle-Ottawa Scale. Random-effects meta-analyses were used to calculate pooled odds ratios (ORs) for key outcomes. The review will be updated every 2–3 years to reflect emerging evidence.
RESULTS
Fifty moderate-to-high-quality studies (n=67,471,879 across 16 HICs) were included. Migrant women had significantly higher odds of emergency caesarean births (OR=1.24), perinatal depression/anxiety (OR=1.67), food insecurity (OR=2.49), intimate partner violence (OR=2.20), and low Apgar scores (OR=1.37). Odds of low birth weight were slightly lower (OR=0.95). These disparities persisted in countries with restrictive healthcare policies. No significant differences were found for maternal mortality, severe maternal morbidity, preterm birth, fetal loss, NICU admission, or childhood vaccination. Data were limited for inclusive policy contexts and child health outcomes.
CONCLUSIONS
Findings challenge the notion of a "healthy migrant effect" in the perinatal period. Migrant families face marked health inequities, particularly where healthcare access is restricted.
KEY MESSAGE
Governments and policymakers must consider the adverse effects of restrictive healthcare and immigration policies on maternal and infant health. This living review will continue to track and synthesise emerging evidence, supporting policy responses that advance equity and universal health coverage. Further evidence is needed on how healthcare coverage affects migrant children's long-term health and wellbeing.
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0054

Enhanced access to sexual and reproductive health services for Venezuelan migrants in public healthcare settings in Trinidad and Tobago in 2023-2024

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PURPOSE
There was an increase in Venezuelan migrants to Trinidad and Tobago since 2015, driven by the economic and political crisis that led to an exodus of its citizens. The project aimed to facilitate access to antenatal and postnatal care for Venezuelan migrants in strategic geographic areas with high concentrations. It sought to improve maternal and child health and foster integration, in alignment with the Ministry of Health's Non-National Policy for accessing health care.
DISCUSSION
The Trinidad and Tobago Association of Midwives engaged midwives, civil society, service providers, and Government over two phases- January to December 2023 & July to December 2024. The first phase consisted of an orientation where eight midwives from five primary and three secondary care institutions were supported to develop language skills to better interact with pregnant migrants; provided with Spanish-translated educational materials and referral resources for legal, social, and economic support. There were sensitization sessions with midwifery leaders in the relevant areas that garnered support, ultimately facilitating improved access for seven hundred and eighty-eight pregnant migrants. The second phase engaged six midwives from three primary and three secondary institutions due to migration patterns. Three hundred and fifty –five migrants accessed antenatal and postnatal care. Both phases included community outreaches targeting migrant communities that were reluctant to access services. Over sixty migrant families attended and received information on antenatal care, breastfeeding, birth registration, immunization, referral to SRH Services, and personal care packages. With the ongoing global migration trends, this project can provide a collaborative model for midwifery associations, civil society, and Governments.
KEY MESSAGE
This initiative resulted in the migrant's improved confidence in accessing comprehensive SRH services; midwives and other health care professionals have increased awareness of the SRH rights and needs of childbearing families.
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MARGINALIZED – MINORITIES

0155

Disparities in access to ambulance services during pregnancy, birth and the postpartum period in Northwest England: Associations with maternal and neonatal outcomes (DIAAS)

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BACKGROUND
Access to high-quality, timely maternity care is essential for safe pregnancy and birth. In emergencies, ambulance services play a critical role, yet their role in maternity care is poorly understood, particularly for under-served populations. Emerging evidence suggests that women facing social deprivation or systemic disadvantage are more likely to experience delays in care and adverse outcomes.
OBJECTIVES
To explore the characteristics and outcomes of women accessing maternity care via ambulance services during the perinatal period, and to understand disparities linked to social determinants of health.
METHODS
This mixed methods study uses retrospective analysis of

electronic ambulance service and hospital records (Aug 2022–Aug 2024). In Work Package 1, we compare two cohorts at a large tertiary NHS Trust in the Northwest of England: women who accessed care via ambulance and those who did not. In Work Package 2, qualitative analysis of free-text paramedic records will explore underlying contextual factors for a sample of women identified as higher risk in WP1. Data was used under existing ethical approval. All records were anonymised, and NHS Data Opt-Out was applied.
RESULTS
Preliminary findings show that Black/Black British women comprise 11% of the maternity population but 18% of ambulance users. Women from the most deprived areas make up 30% of the general cohort but 44% of the ambulance group. Severe maternal outcomes, including postpartum haemorrhage >2000ml, were more common in the ambulance cohort.
CONCLUSIONS
These early findings suggest that women facing social and structural disadvantage may have reduced access to timely, preventative maternity care, resulting in higher reliance on emergency services and worse outcomes.
KEY MESSAGE
Midwives have a vital role in identifying and supporting women at risk of poor maternity care access and maternal/neonatal outcomes, advocating for integrated pathways that address health inequities and support early intervention.
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O156

Shifrah UK: Towards Jewish cultural safety in maternity care

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PURPOSE
Cultural safety and anti-racist work in maternity care is ongoing. Work by birth professionals and activists such as FivexMore and Birthrights in the UK, and the White Ribbon Alliance globally have created life-saving discussions and real-world changes for families and staff. In this presentation we will introduce a new organisation and resource, Shifrah UK, co-founded by a group of UK Jewish birth workers, which was created in 2025, to inform on Jewish birth practices and raises awareness of Jewish Cultural safety.
DISCUSSION
In this presentation, we will explore complex and diverse Jewish identities from around the world and cover some key Jewish cultural birth practices such as male circumcision, attitudes to breastfeeding, pregnancy and baby loss traditions in terms of death and mourning rituals, and festivals and fasting. We will introduce and sign-post to resources and links such as Shifrah UK and the Race and Health Observatory Report for more information and learning
EVIDENCE WHERE RELEVANT
In 2024, the NHS Race and Health Observatory investigated health inequalities in Jewish communities for the first time. Their review looked at increased breast cancer rates and ower immunisation uptake amongst other health indicators, as well as the impact of communications on cultural competency and antisemitism, which can create barriers to care and deepen health inequalities for this minority community.
KEY MESSAGE
This presentation by a midwife currently working in the NHS who is also one of the co-founders of Shifrah UK, Culture and Awareness Lead on the NHS Staff Network and Council member of the Jewish Medical Association (UK) will provide a vital introduction to help conference attendees consider how they can provide culturally safe care for Jewish women, birthing people and families.
Eur J Midwifery 2026;10(Supplement 1):A205

O157

A midwife-led exploration of the experiences of and perspectives on antenatal care among mothers in an ethnically diverse neighbourhood in the United Kingdom

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BACKGROUND
Timely initiation of antenatal care is critical to maximising positive maternal and infant health outcomes. Women from ethnic minority backgrounds in high income countries are likely to initiate antenatal care later than the recommended 10 weeks. These women often experience poor maternal and infant outcomes.
OBJECTIVES
To explore experiences and perspectives of mothers in an ethnically diverse neighbourhood who started antenatal care late (>10 weeks' gestation) on facilitators and barriers to antenatal care access in the United Kingdom.
METHODS
We conducted a midwife-led qualitative study using semi-structured interviews with 20 mothers from ethnically diverse backgrounds who initiated ANC late (>10 weeks' gestation) in the East of England region in the United Kingdom. Mothers were recruited through purposive and snowball sampling. Interviews were conducted between October 2024 and January 2025, in-person, online, or via telephone, and were transcribed and analysed using a framework approach.
RESULTS
Interviews reflected four main themes: perceptions about antenatal care, facilitators and barriers to access, information needs, and strategies to improve antenatal care access. All participants recognised importance of antenatal care, but described lack of awareness about when and how to start care. Differences between maternity care systems in home countries and the UK caused uncertainty for migrant mothers, compounded by fragmented antenatal care pathways, long waiting times, rushed appointments, and language and logistical barriers. Women viewed awareness of antenatal care pathways, presence of friendly and respectful healthcare professionals, midwife-led continuity of carer and support from family and friends as key facilitators for timely access and uptake.

CONCLUSIONS
Findings highlight the need for co-produced easy-to-navigate antenatal care pathways along with midwife-led continuity of carer, to facilitate equitable antenatal care provision for all mothers.
KEY MESSAGE
Fragmented care pathways, rushed appointments, and practical challenges create inequalities in timely and adequate access to antenatal care, which need to be addressed through redesigning integrated care pathways.
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0158

Muslim women's experiences of maternity care services in Australia

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BACKGROUND
According to the Australian Bureau of Statistics, Muslim women have a higher birth rate than other women in Australia. Like all pregnant and birthing women, they routinely engage with maternity services and interact with multiple health professionals. To date, there is little research exploring Muslim women's experiences of maternity care services in Australia, despite the increase in Muslim women accessing maternity services and the overwhelming evidence of Islamophobic incidents in Australia.
OBJECTIVES
This study aimed to explore Muslim women's experiences of access to either public or private maternity services in NSW in the last 5 years.
METHODS
A qualitative methodological approach was adopted to gather women's experiences. Semi-structured interviews enabled data to be collected through telephone and video conferencing. Twelve Muslim women aged 20–43 years were interviewed. Women accessed various models of maternity care, including standard maternity care and continuity of care in public hospitals, as well as private midwifery and private obstetric care.
RESULTS
The four major themes that emerged from the data were 'My religion (Islam) played a big part in my decisions', 'Modesty and privacy is essential', 'Being disrespected and stereotyped', and 'Being respected and supported'. The religious beliefs and practices of participants were described as paramount in shaping choices and decisions during childbearing. Factors that negatively impacted women's experiences included feeling judged, stereotyped and disrespected by staff. Some women described the factors that enhanced their experiences including health professionals who were respectful and supportive of their religious needs.
CONCLUSIONS
The maternity care experiences of Muslim women in this study were shaped by the cultural sensitivity of maternity care providers. Culturally competent and trauma-informed care is essential to understand Muslim women's needs, mitigate birth trauma and enhance maternity experiences.
KEY MESSAGE
Muslim women's maternity care experiences are shaped by cultural sensitivity, with respectful care improving experiences and stereotyping causing harm.
Eur J Midwifery 2026;10(Supplement 1):A207

MARGINALIZED – RACISM

0087

Understanding midwives' withdrawal from the profession due to racism and discrimination: A phenomenological study of lived experiences in the the U.S. maternity system

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BACKGROUND
The U.S. maternity care system is grounded in white supremacist policies dating to early 20th century. Consequently, the current U.S. midwifery workforce is small, overwhelmingly white, and inhospitable to midwives of diverse backgrounds. The U.S. needs more midwives from underrepresented groups to improve health disparities; therefore, understanding how to retain underrepresented midwives in the workforce is a priority.
OBJECTIVES
To explore the lived experiences of individuals who reported withdrawing from the midwifery profession due to racism and discrimination.
METHODS
A hermeneutic phenomenological approach and thematic analysis was applied. The team conducted in-depth semi-structured interviews with 35 individuals who reported withdrawing from midwifery due to racism and discrimination. Participants were interviewed by a midwife and offered racially congruent interviewers. Transcripts were open coded. Codes were discussed by the team and synthesized into themes in weekly meetings and a 2-day intensive retreat in which team members engaged in ongoing reflexivity. Transcripts were reviewed to refine themes. Themes were member checked with three participants.
RESULTS
Midwives withdrew in four distinct ways: from clinical practice, from employers, from the profession entirely, or emotionally while remaining physically present. A gradual erosion of well-being and absence of unconditional positive regard were commonly described. Five themes emerged: 1) daily experiences of racism, 2) being the only underrepresented provider, 3) witnessing discriminatory care, 4) harms caused by well-intentioned white midwives, and 5) guilt. Both institutional systems and individual behaviors, especially those of white midwives, contributed to these outcomes.
CONCLUSIONS
Underrepresented midwives are disengaging from the workforce in nuanced ways not captured by traditional metrics. Racism is experienced as both overt and subtle, and while institutions are complicit, individual midwives

play a significant role. Intersectionality of race, gender, and professional identity compounds marginalization.
KEY MESSAGE
To retain underrepresented midwives in the U.S. workforce, both systemic and interpersonal racism must be addressed, especially by white midwives.
Eur J Midwifery 2026;10(Supplement 1):A208

O088

Co-producing more inclusive care: Experiences of racism from Swedish maternal care

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BACKGROUND
The Lancet and Nature's series on racism in healthcare push the need to recognise racism as a structural social determinant of health. In maternal care, racialised minoritised women (RMW) experience significantly worse health outcomes, including an increased risk of stillbirth, preterm birth, and higher maternal and perinatal mortality. Factors contributing to these inequalities are complex, ranging from maternal factors (such as health status, educational level, health literacy) to socioeconomic factors. However, research show that racial inequalities persist even when such factors are controlled for, indicating that inequalities are also a result of suboptimal care. More research on how racism within maternal care contributes to these inequalities is needed.
OBJECTIVES
To uncover racialisation in maternal care and contribute to antiracist and inclusive maternal care through methods of co-production and mutual learning.
METHODS
The study is carried out in Sweden and the United Kingdom during 2024-2026. We use qualitative methods to observe processes of racialisation; 1) a web survey with open-ended questions, 2) qualitative interviews with RMW and health care providers (HCPs), and 3) observations in maternal care. The study is co-produced with RMW, HCPs and civil society actors.
RESULTS
Preliminary findings reveal experiences of racially motivated maltreatment, including withholding of support, pain relief, and information, as well as obstetric coercion and violence exercised by HCPs. Power hierarchies within maternal care hinder individuals (women, partners, and bystanding HCPs) from making resistance in relation to such events.
CONCLUSIONS
Midwives have a crucial role in preventing discrimination against RMW in maternal care.
KEY MESSAGE
This study highlights the voices of RMW, often rendered invisible regarding their experiences in maternal care, as well as the voices of HCPs. By developing antiracist tools through co-production and mutual learning with women and providers, the project can contribute to policy changes in maternal care in Sweden, the UK and beyond, to improve maternal care.
Eur J Midwifery 2026;10(Supplement 1):A209

O089

Data justice by design: Advancing midwifery through black-led health governance in Canada

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PURPOSE
This paper presents preliminary findings from a national Canadian study exploring barriers faced by African, Caribbean, and Black (ACB) led organizations in conducting research and data management to reduce health inequities. The goal is to inform a community-driven framework for ethical data governance that can serve as a tool for equity, accountability and systemic transformation within the practice of midwifery.
DISCUSSION
Health inequities are pervasive across health systems. In Canada, ACB populations experience significantly poorer health outcomes than white Canadians, despite reporting positive health behaviours. Data plays a central role in shaping midwifery care, maternal healthcare policies, and the design of healthcare systems, yet its misuse, rooted in histories of slavery, colonization, and anti-Black racism, continues to marginalize ACB communities. Anti-Black racism is embedded in how health data is collected, interpreted, and mobilized, especially within the field of midwifery, significantly compromising the health and wellbeing of Black birthing people and midwifery practice. Ethical, anti-racist data practices are essential to addressing health inequities and reshaping midwifery design for ACB communities.
EVIDENCE WHERE RELEVANT
Approved by the University of Ottawa's Research Ethics Board, this three-year mixed-methods study is grounded in socio-ecological, intersectional, and community-based participatory research frameworks. Data collection includes organizational surveys, interviews with ACB organizational leaders, and a scoping literature review. Quantitative data are analyzed using SPSS and Stata, and qualitative data through Braun and Clarke's reflexive thematic analysis. Transforming health systems requires building ACB-led organizational capacity in data governance. Findings will highlight best practices and systemic barriers in race-based data governance. Insights will support the development of

a Black-led framework that prioritizes data integrity and health equity, providing a foundation to strengthen culturally responsive care within midwifery practice.
KEY MESSAGE
Community-led governance of race-based health data is essential for dismantling anti-Black racism and creating health systems that advance equitable and culturally safe midwifery care for ACB communities.
Eur J Midwifery 2026;10(Supplement 1):A210

0090

Black birth, culture, and community: A Hoodoo perspective explored through black birth narratives

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BACKGROUND
This project gives voice to black birthing people's stories on how race, gender, and culture congruency in the context of Hoodoo affects their experiences. In the United States, Black birthing people and black infants have markedly higher mortality rates than their White counterparts (Artiga, 2020). Public health and social science research focus on how systemic racism and social determinants of health as both the source of the problem and the site of the solutions (Singh et al., 2017; Artiga, 2020). These viewpoints disregard the African cultural retention among the black communities and displayed in the "activist mothering" of black birthworkers who are increasing in numbers after a half century erasure of Grand Midwives.
OBJECTIVES
This research attempts to bring black/African American families "from the margin to the center" (hooks, 2000) by speaking with them and not to them in order to move away from addressing systemic racism as the only solution for improving maternal and infant mortality and morbidity rates.
METHODS
Individual narrative interviews were conducted on Zoom with eight black women to answer the research question "How do black birthing people experience birth with black birthworkers who are rootworkers?"
RESULTS
Through the lens of the PEN-3 Cultural Model and Conjure Feminism – an expansion of black feminist thought which privileges "other ways of knowing" including ancestral knowledge, simultaneity of past, present, and future, and spirit work (i.e. Hoodoo, Rootwork, Conjure), three major themes were derived: Hoodoo in birthwork, race congruency with birthworkers, and birthing in community.
CONCLUSIONS
This study was a spiraling forward of the necessity of Black birthworkers who are Rootworkers to safeguard Black birth and community healing.
KEY MESSAGE
As more black maternal health research and birthing spaces are created, the presence and epistemic knowledge of black women need to be centered, loved, respected, and protected.
Eur J Midwifery 2026;10(Supplement 1):A211

MARGINALIZED – REFUGEES 1

0314

"My pregnancy was very difficult because I was alone all the time and undocumented": Reproductive loneliness among undocumented mothers in Western and Central Switzerland

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BACKGROUND
Migration and motherhood are each transformative journeys, but for undocumented migrant mothers, the first 1000 days—from conception through early infancy—can be marked by profound solitude and fragmented support.
OBJECTIVES
This qualitative study explores how migrant mothers in Switzerland experience loneliness during this critical period.
METHODS
Semi-structured interviews were conducted with 29 mothers across 10 Swiss cantons. Data analysis was performed drawing on Heidegger's Being and Time and hermeneutic phenomenology.
RESULTS
Although many participants expressed satisfaction with healthcare encounters, they also described deep emotional isolation, challenges navigating unfamiliar systems, and a lack of meaningful support networks. Loneliness emerged not only as a response to postpartum challenges but as a persistent, relational experience shaped by disrupted belonging. The findings highlight the need for more holistic, continuous models of care that attend to mothers' social and emotional well-being alongside physical health. The choice of interviewed women to leave familiarity and pursue life in a foreign country comes with an incredible amount of uncertainty. Adding a baby to this already delicate situation creates a complex system of needs. Their system of needs is examined by using the duality of being and time, and separating the first 1000 days into two areas; migration and reproduction which was further separated into pregnancy and childbirth; and postpartum and early infancy.
CONCLUSIONS
The finding reinforced the notion that while motherhood can be a lonely experience in and of itself, there are significant additional factors when understanding undocumented migrant mothers in Switzerland.
KEY MESSAGE
While access to healthcare is essential for migrant wellbeing, it alone cannot address the loneliness that stems from a loss of belonging.
Eur J Midwifery 2026;10(Supplement 1):A212

0315

Exploring women refugees' and asylum seekers' access to maternity services in Northern Ireland: A multi-phase qualitative study

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BACKGROUND
Over 120 million people are forcibly displaced globally. Refugee and asylum-seeking women face higher maternal and newborn morbidity and mortality than host populations, driven by barriers to timely, appropriate care. Pregnancy often marks their first healthcare contact, yet intersecting barriers persist. Despite global commitments under SDGs 3 (health), 5 (gender equality), and 10 (reduced inequalities), no studies have examined maternity care access for this population in Northern Ireland—highlighting a critical gap.
OBJECTIVES
This study aims to understand the challenges and needs of women refugees and asylum seekers accessing maternity services in Northern Ireland.
METHODS
A multi-phase qualitative study using Critical Social Theory and Levesque et al.'s Conceptual Framework. It includes: (1) a scoping review and document analysis; (2) interviews with refugee and asylum-seeking women in Northern Ireland; (3) focus groups with system stakeholders; (4) data integration; and (5) a collaborative workshop to co-develop recommendations.
RESULTS
Phase 1 (scoping review and document analysis) synthesized evidence, revealing multifaceted access barriers and critical gaps between policy and practice in high-income countries. Phase 2 (interviews with refugee and asylum-seeking women) highlights a stark disconnect between formal entitlements and lived realities, with structural barriers compounding individual vulnerabilities. Phase 3 (stakeholder focus groups) identifies systemic challenges and emerging solutions. Data collection concludes August 2025, with integrative analysis and recommendation development to follow.
CONCLUSIONS
This research addresses a critical gap in Northern Ireland's maternity care evidence base while aligning with UN Sustainable Development Goals on health equity. Its multi-stakeholder approach ensures practical, relevant findings to inform midwifery practice and support policy improvements for marginalised populations.
KEY MESSAGE
In an era of unprecedented global displacement, the most vulnerable women face the greatest pregnancy risks yet encounter the most barriers to care. This multi-phase study combines policy analysis and lived experience to identify practical, evidence-based pathways to improve maternity care equity across diverse healthcare contexts.

Eur J Midwifery 2026;10(Supplement 1):A213

MARGINALIZED – REFUGEES 2

0343

Immigrant men's perceptions and experiences of accompanying their partner for contraceptive counselling provided by midwives in Sweden

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PURPOSE
Background: Male involvement in maternal health care has proven to be beneficial for improving maternal and child health and is often crucial in areas of family planning and contraceptive use. However, compared to male involvement in maternal health care, male involvement in contraceptive counselling is complex and controversial and thus faces certain challenges. Immigrant men in Sweden are often accompanying their partner for contraceptive counselling. Little is known about their presence and role. The aim of this study was to explore how immigrant men from the Middle East and Afghanistan perceive and experience accompanying their partner for contraceptive counselling provided by midwives in Sweden. Inductive qualitative content analysis guided the interpretation of data based on 21 individual in-depth interviews.
DISCUSSION
Findings: Balancing conflicting values and norms about sexual and reproductive health and rights including family planning was challenging and confusing when living in Sweden. Contraceptive counselling was perceived as a joint visit, and men were often acting as decision makers. The midwife's role as a contraceptive counsellor was perceived as trusted, but knowledge was lacking about the Swedish midwifery model and the Swedish healthcare system. Providers' ways of communicating sensitive information were crucial. Without marriage contraceptive counselling was unthinkable.
EVIDENCE WHERE RELEVANT
Conclusion: Highlighting male engagement and including men's sexual and reproductive health at policy levels are necessary for improving women's sexual and reproductive health and rights. Additional and new ways of contraceptive counselling and midwifery services, such as outreach work and joint visits, are needed in order to reach both men and women.
KEY MESSAGE
Immigrant men expressed a need and desire for more SRHR knowledge including contraceptives, appreciating midwives' role once understood and wanting to have access to midwife as well, highlighting the importance of engaging men without compromising women's autonomy and addressing structural gaps through policy-level inclusion.

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0353

Determination of health problems and care

needs experienced by refugee women in the postpartum period: A qualitative study

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BACKGROUND
Refugee women face distinct postpartum health challenges due to displacement, limited healthcare access, and socio-cultural barriers. Understanding their specific experiences is essential to improve maternal health outcomes.
OBJECTIVES
This study aimed to explore the postpartum health problems and care needs of refugee women using a qualitative approach.
METHODS
A qualitative descriptive design was adopted. The sample consisted of 22 postpartum refugee women selected through criterion sampling. Data were collected using a Descriptive Information Form and Semi-Structured Interviews. Colaizzi's phenomenological method and MAXQDA 2022 software were used for analysis.
RESULTS
Three main themes and seven sub-themes were identified. The participants' mean age was 25.00 ± 5.52 (range: 19–38); 72.2% were Syrian, and 81.8% had vaginal births. Most women reported lack of social support (n=16), language barriers, and isolation (n=19). Physical complaints included pain (n=13) and fatigue (n=17), while emotional issues involved mood changes (n=8). All participants required breastfeeding education. Additionally, 21 women stated they lacked private space, and 18 needed psychological and physical support.
CONCLUSIONS
Refugee women face considerable physical, emotional, and social difficulties in the postpartum period. These are compounded by limited support systems and language challenges. Culturally sensitive care, enhanced support services, and educational resources are critical to address their needs and improve maternal well-being.
KEY MESSAGE
Comprehensive, accessible, and culturally appropriate postpartum care is essential for refugee women, including language support, emotional guidance, breastfeeding education, and private space. Ethics and Conflicts of Interest: Ethical approval was obtained from the Scientific Research Ethics Committee of a public university. The authors declare no conflicts of interest.

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0354

Unseen, unsafe, undocumented: Addressing health inequities and safeguarding failures for pregnant women with an undocumented status, experiencing domestic abuse

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PURPOSE
To highlight the critical safeguarding gaps and health inequities faced by undocumented pregnant women, experiencing domestic abuse in the UK, who are routinely denied safety and dignity. The structural barriers they face are not incidental but embedded within policy, leading to exclusion from protection mechanisms afforded to other victims of abuse. This presentation aims to raise awareness of the systemic health inequities they endure, examine the structural and legal barriers to safety, and outline the roles and responsibilities of midwives and the government in addressing this urgent issue.
DISCUSSION
Women with an undocumented immigration status face a heightened risk of remaining in abusive relationships due to systematic exclusion from mainstream support services, including access to refuges. Without appropriate support interventions, many are forced into an impossible choice: stay with the perpetrator or face homelessness. The fear of destitution, street homelessness, or immigration consequences leaves many unable to seek help, heightening their risk of harm. For pregnant women, the concerns are even higher. Domestic abuse in pregnancy is linked to adverse maternal and neonatal outcomes, yet safeguarding frameworks overlook the compounded risks associated with undocumented status. These women are mainly rendered invisible within systems designed to protect, as they rarely account for immigration-related barriers. While midwives are uniquely positioned to identify and support victims of domestic abuse, many are unaware of the complex statutory thresholds that fail to accommodate the needs of this group. Without this understanding, opportunities to offer timely, trauma-informed interventions are missed.
EVIDENCE WHERE RELEVANT
References Available
KEY MESSAGE
This presentation challenges the current safeguarding infrastructure, advocating for systemic change that acknowledges immigration status as a key determinant of health. By centring the experiences of pregnant women, it calls for urgent policy review, training, and equitable, trauma-informed safeguarding pathways. Safety should never be conditional and pregnancy should not be a period of increased danger.

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0355

Empowering refugee women through natural family planning: A train-the-trainer fertility awareness strategy to improve reproductive health among South Sudanese refugees in Northern Uganda

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PURPOSE
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Kramer, PhD, CNM, FNP-BC, FAAN, Daniel Kuir Ajak Bul, MBA, Gulu University, Director of South Sudan Leadership and Community. Development Institution: The University of Michigan School of Nursing South Sudanese refugees in Northern Uganda experience high rates of maternal mortality, adolescent pregnancy, and closely spaced births—outcomes associated with cultural stigma surrounding contraception, limited access to services, and low literacy (Ackerson and Zielinski, 2020; Zielinski et al., 2024). This project aims to address poor reproductive outcomes through a culturally tailored, community-based fertility awareness intervention using natural family planning (NFP) and peer education. The initiative is grounded in over 12 years of collaboration with the refugee communities, who have expressed strong interest in fertility education and family planning support.

DISCUSSION

In January 2026, a three-day train-the-trainer workshop will be conducted in the Olua and Mungula refugee settlements, engaging 24 women. Peer trainers will first be educated using a picture-based curriculum and hands-on practice. The curriculum emphasizes the Standard Days Method using fertility beads and cervical mucus monitoring. These tools support accurate fertility tracking in low-literacy settings. Following the training, peer educators will deliver the same instruction to women in their communities. The intervention is designed to improve understanding of menstrual physiology, enhance fertility tracking, and pregnancy spacing—thereby reducing maternal health risks. Pre- and post-intervention assessments will measure knowledge acquisition, skill development, and behavioral intention. Anticipated outcomes include increased fertility awareness, improved confidence in using natural family planning tools, and sustainable peer-led education.

EVIDENCE WHERE RELEVANT

Results and conclusion pending project implementation, scheduled for January 2026.

KEY MESSAGE

This project highlights the potential of culturally responsive, low-literacy strategies to empower displaced women with the knowledge and tools to make informed reproductive health decisions in humanitarian settings.

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MATERNAL MORTALITY

O079

A disabling practice environment: Barriers to and facilitators of immediate postpartum and newborn care by midwives in one district in Central Uganda

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BACKGROUND

The immediate postpartum period (first 24 hours after birth) is critical for mothers and newborns. Almost half of the maternal and neonatal deaths occur during this time. Barriers and facilitators to immediate postpartum and newborn care by midwives have received little attention, especially in developing countries.

OBJECTIVES

The study explored the barriers to, and facilitators of immediate postpartum and newborn care within the first 24 hours after birth by midwives in Uganda.

METHODS

This was a qualitative descriptive study conducted among 15 purposively sampled midwives and four midwifery ward managers at a District Hospital in central Uganda. Three focus group discussions and four key informant interviews were conducted. Data were analysed using Colaizzi's inductive thematic approach.

RESULTS

All participants were females aged between 23 and 59 years. Two themes emerged: (1) Overwhelming experience highlighting barriers (sub-themes: disabling work environment, demotivating conditions, and an uninformed practice), and (2) Comprehensive support system describing facilitators (sub-themes: enabling work environment, effective leadership and management, and professional competence). An overarching theme emerged, "Contradictions in Perspectives", which highlighted the inconsistencies between the viewpoints of frontline midwives, who deal with daily realities, and midwifery managers, whose perspectives seemed more aspirational.

CONCLUSIONS

Specific interventions are needed to address barriers, strengthen facilitators, and promote open communication between midwives and managers to enhance the overall quality of maternal and newborn care.

KEY MESSAGE

The novel concept, "Disabling Practice Environment", highlights how the different perspectives between midwives and managers contribute to suboptimal care. Midwives are actively being disabled by their work environment, even though they might be professionally capable to provide care.

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O080

Frequency of team-simulation and reduction in maternal deaths following Safer Births Bundle of Care implementation – A prospective observational study

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BACKGROUND
The Safer Births Bundle of Care (SBBC) is a continuous quality improvement (CQI) program implemented in 30 health facilities across Tanzania. The project main report documented a 75% reduction in maternal deaths. Simulation training was integrated as part of the CQI strategy, targeting identified clinical gaps in both individual and team-based care.
OBJECTIVES
To examine the frequency of documented simulation sessions, number of recurring participants, and associations with changes in maternal mortality.
METHODS
SBBC was designed as a stepped-wedge cluster randomized implementation trial across 30 facilities in five Tanzanian regions between 2020 and 2023. The SimBegin® facilitator training program was used to establish a sustainable training cascade. A total of 90 healthcare workers were trained through three levels: facilitators (Level 1), mentors (Level 2), and instructors (Level 3). These local facilitators led simulations, reviewed clinical data, and maintained detailed training logs. Clinical outcome data were independently collected from patient files and fed back weekly to guide targeted training efforts. Key measures included simulation frequency, number of recurring participants, and maternal deaths within seven days postpartum in the subsequent month.
RESULTS
The study included 281165 parturient women. A total of 1280 simulation sessions were documented during the project period. We demonstrated a significant increase in simulation activities following the respective SimBegin levels ($p<0.001$). Higher simulation frequency ($P=0.0018$) and increased number of participants ($P=0.0006$) was associated reduction in maternal deaths the subsequent month.
CONCLUSIONS
Implementation of simulation-based training through the SimBegin® program was associated with a substantial reduction in maternal deaths. Increased frequency of simulations and participation by recurring participants appear to be key drivers of this improvement.
KEY MESSAGE
Regular, structured simulation training can be a powerful tool to reduce maternal mortality in low-resource settings.
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0415

Representation to influence: Equipping midwifery leadership with health diplomacy skills for global impact

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PURPOSE
Midwifery leadership is invited into high-level global health discussions, yet representation alone is insufficient to drive meaningful policy change. As a former Young Midwife Leader (YML) and ICM representative in forums such as SheDecides and PMNCH, I have firsthand experience of this gap. Despite possessing clinical expertise, midwifery leaders often lack the governance, negotiation, and political strategy skills necessary to influence global health decision-making. The World Health Organization (WHO) has emphasized the growing need for health diplomacy, recognizing that health challenges can no longer be resolved solely at the technical level but require diplomatic and political solutions. This session will explore how structured training in global health governance and diplomacy can equip midwives with the skills needed to transition from participants to negotiators in global health governance.
DISCUSSION
Health diplomacy requires more than technical knowledge; it demands strategic engagement, political literacy, and policy negotiation skills. While midwifery leaders bring essential expertise in maternal and newborn health, their contributions are often overlooked in global forums because they are not trained in governance and policy influence. WHO has stressed that health diplomacy is critical in addressing global health concerns, and midwifery must be positioned within this framework. This session will highlight personal experiences navigating these spaces and the broader implications for midwifery leadership. It will also propose a framework for integrating global health governance and diplomacy training into midwifery leadership development.
KEY MESSAGE
Midwifery is not just a clinical profession—it is a political and diplomatic force. WHO has called for greater engagement in health diplomacy, and midwifery leadership must answer this call. To drive real change, midwifery leaders must be prepared with governance, negotiation, and policy influence skills. This session calls on ICM and midwifery associations to prioritize policy education and advocate for the formal inclusion of midwifery leaders in health governance structures.
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MENTAL HEALTH (INCLUDING THREE-MINUTE PRESENTATION COMPETITION)

0251

The effect of online prenatal education on reducing the perception of traumatic childbirth: A randomized controlled trial

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BACKGROUND
Traumatic childbirth perception can negatively affect the birth experience and lead to psychological difficulties during the transition to motherhood.
OBJECTIVES
This study aimed to examine the effect of structured education provided to pregnant women on traumatic childbirth perception and to explore the relationship between e-health literacy and this process.
METHODS
This randomized controlled trial (Clinical Trial Registration:

NCT06637735) was conducted in a city in the Western Black Sea region of Türkiye. Pregnant women with high levels of traumatic childbirth perception were recruited face-to-face. Data were collected using the Pregnant Women's Introductory Information Form, the Traumatic Childbirth Perception Scale, and the E-Health Literacy Scale for Pregnant Women. Analyses were conducted using IBM SPSS Version 25 and DataBeeg 1.0. Chi-square tests, repeated measures ANOVA, and independent samples t-tests were applied. A p-value <.05 was considered statistically significant.
RESULTS
A significant decrease in traumatic childbirth perception scores was found in the intervention group at both post-test and follow-up ($p<0.05$), while no significant change occurred in the control group ($p>0.05$). The group × time interaction was significant ($p<0.05$) with a large effect size ($n^2=0.794$). Post-hoc analyses confirmed significant score reductions in the intervention group. No significant differences in e-health literacy scores were found between or within groups over time ($p>0.05$). However, at baseline, traumatic childbirth perception scores were positively correlated with total e-health literacy scores ($r=0.449$, $p<0.05$), and subscales "Access and Use of Information" ($r=0.488$) and "Information Security and Awareness" ($r=0.374$). These correlations were not significant at follow-up.
CONCLUSIONS
Structured prenatal education significantly reduces traumatic childbirth perception. Although e-health literacy scores did not increase, early correlations suggest a potential role in supporting information-seeking behavior.
KEY MESSAGE
Structured prenatal education can reduce traumatic birth perception and promote informed engagement during pregnancy.
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O252

Scaling neurodiversity-informed midwifery: Interventions to reduce overwhelm in ADHD mothers during the postnatal period and early parenthood

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BACKGROUND
Women with attention deficit hyperactivity disorder (ADHD) often face executive-function challenges and emotional issues, which can worsen postnatally due to caregiving pressures and societal expectations. Midwives could support them more effectively, but a lack of training leaves many new mothers without essential help.
OBJECTIVES
To explore how executive-function interacts with the demands of early postnatal parenting in mothers with ADHD.
METHODS
Interpretative phenomenological analysis (IPA) framed by feminist standpoint theory was employed to conduct semi-structured interviews with three mothers diagnosed with ADHD, each with children aged three years or younger. Participants were recruited via social media. Each 60-minute interview was audio-recorded, transcribed verbatim, and analyzed using Braun and Clarke's six-phase reflexive thematic process. The results indicate that implementing low-cost strategies, such as creating sensory-aware spaces, utilising concise written prompts, and adopting neurodiversity-informed communication, which can be quickly taught and adopted by midwives globally, has the potential to significantly improve postnatal care experiences for mothers with ADHD and contribute to advancements in maternal health worldwide.
RESULTS
Nine core themes emerged: (1) executive function challenges and emotional regulation, (2) self-criticism and negative self-talk, (3) importance of support networks, (4) sensory sensitivities and overload, (5) desire for individualized healthcare and understanding, (6) struggles with self-identity and adaptation to motherhood, (7) emotional release and crying as coping mechanisms, (8) the impact of trauma on postnatal experience, and (9) use of ADHD-specific coping mechanisms. These themes illustrate the compounded cognitive and emotional demands ADHD mothers face, exacerbated by societal norms that often fail to recognise or accommodate neurodivergent caregiving needs.
CONCLUSIONS
Results indicate that low-cost strategies like sensory-aware spaces, concise prompts, and neurodiversity-informed communication could quickly enhance postnatal care for mothers with ADHD and improve global maternal health.
KEY MESSAGE
Expanding neurodiversity-competent midwifery to a million more practitioners could enhance postnatal outcomes for ADHD mothers.
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O253

A qualitative descriptive study exploring women's experiences and perspectives of attending a specialist perinatal mental health service for pregnancy and birth related trauma

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BACKGROUND
Pregnancy and birth related psychological trauma are common, yet limited research has explored women's experiences of attending specialist perinatal mental health services for trauma. Understanding women's experiences of these services offers insights into what is working well and identifies areas for improvement.
OBJECTIVES
To explore women's experience of attending a specialist perinatal mental health service following a traumatic pregnancy or birth.
METHODS

Following ethical approval we conducted a qualitative descriptive study involving in-depth interviews with a purposeful sample of nine women recently discharged from a specialist perinatal mental health service. Data were analysed using Braun and Clarke's (2019) reflexive thematic analysis process.
RESULTS
Two overarching themes were identified: facilitators and barriers to initiating and sustaining contact with specialist perinatal mental health services. Barriers included women's difficulty recognising symptoms of perinatal trauma and the stigma associated with seeking mental health support. Facilitators included interactions with knowledgeable, non-judgemental clinicians who provided advocacy and support and service characteristics such as flexible consultation options and continuity of care.
CONCLUSIONS
Compassionate care is a key intervention to support women to recover from perinatal trauma. Advocacy within therapeutic relationships helped women navigate healthcare care systems during a current or subsequent pregnancy. Future research should include more diverse populations including birthing partners to ensure specialist perinatal mental health services are meeting the needs of the family.
KEY MESSAGE
Engagement with a midwife specialist in perinatal mental health, who is knowledgeable in both mental health and maternity care, fosters a sense of support and advocacy.
Eur J Midwifery 2026;10(Supplement 1):A223

MENTAL HEALTH - DATA

O159

Toward reforming perinatal mental health policy in Indonesia: A Kingdon's multiple streams analysis

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BACKGROUND
Perinatal Mental Health (PMH) care is a critical yet under-addressed public health issue in Indonesia, affecting maternal well-being and child development. Indonesia's healthcare system lacks standardized screening protocols, comprehensive training for healthcare providers, and accessible mental health services, particularly in rural areas. These challenges are further compounded by fragmented policy implementation and insufficient prioritization of maternal mental health within national healthcare frameworks.
OBJECTIVES
This study aims to identify key barriers and opportunities for reforming the perinatal mental health care policy in Indonesia and to understand how issues are prioritized within policymaking processes
METHODS
A policy analysis was conducted using Kingdon's Multiple Streams Framework, which examines the convergence of the problem stream, policy stream, political stream, and window of opportunity of the PMHcare.
RESULTS
Problem stream: PMHcare is increasingly recognized in Indonesia as a public health concern. Policy stream: Although current maternal health programs mention PMH, they lack specific actions. Political stream: The Ministry of Health, NGOs, and medical groups are key players in PMH policy. However, stigma, cultural beliefs, and competing health priorities often limit political support and funding. Policy Window: Reform is possible when the right timing, political support, and advocacy come together. Aligning PMH care with national goals like JKN and the SDGs could help boost policy attention
CONCLUSIONS
The evidence-based policy recommendations include mandatory PMH screening in routine antenatal and postnatal care, enhanced training for healthcare professionals, expansion of community-based mental health programs, increased funding for PMH services under universal health coverage (JKN), and targeted public awareness campaigns to reduce stigma
KEY MESSAGE
By aligning PMH initiatives with national health priorities, Indonesia can improve access to perinatal mental healthcare and enhance outcomes for mothers and infants. There is an urgent need for coordinated policy action to integrate PMH care into maternal healthcare, ensuring equitable access to mental health support for all Indonesian women.
Eur J Midwifery 2026;10(Supplement 1):A224

O160

A scoping review of perinatal mental health in the United Arab Emirates

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BACKGROUND
Perinatal mental health is of growing concern worldwide, however, it appears to be a dearth of research in the Middle East region. Therefore, there was a need to identify the prevalence of mental health issues, screening tools and associated risk factors in the United Arab Emirates (UAE).
OBJECTIVES
To illustrate the available evidence on perinatal mental health in the UAE.
METHODS
A scoping review was conducted using the Arksey and O'Malley framework via searching five bibliographic databases and the gray literature. The search identified 18 articles that were published between 1997 and 2024.
RESULTS

Approximately one third of women in UAE reported to have postpartum depress at six months after birth (33% in Dubai and Abu Dhabi, and 35% across four emirates of the UAE. There was a scarcity of research on anxiety, postpartum psychosis, suicidal ideation, or childbirth trauma. This review highlighted a lack of screening and appropriate support for perinatal mental health. The risk factors that contributed to adverse maternal mental health status were marital instability, a history of depression, stressful life events, and a young maternal age. In contrast, the protective factors were emotional sharing, religious beliefs, and robust family support.
CONCLUSIONS
Postpartum depression is prevalent in the UAE. There is no robust health system design or policy to detect and refer the women in need to the appropriate support. More research is required to understand cultural nuances in perinatal mental health so that appropriate strategies can be tailored to the population. Increasing the midwifery workforce also might be important to improve the experience of care through appropriate emotional support and referral system.
KEY MESSAGE
There is a need for improving health system in UEA to improve screening and appropriate support for women who are at risk of perinatal mental health issues. Increasing midwifery workforce may be a good start.
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0161

Comparing birth outcomes for women with perinatal mental health conditions/ substance use who received midwifery continuity of care with those who received non-continuity: A statewide study

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BACKGROUND
Perinatal mental health conditions (10-20% of pregnant women) and substance use disorder (1% of pregnant women) are associated with preterm birth/low birthweight. Babies born preterm or of low birth weight contribute to stillbirth, neonatal death, and longer-term health problems. Midwifery continuity of care, for women with perinatal mental health conditions, resulted in about half the rate of preterm births (OR = 0.46, 95% CI [0.24,0.86]) increased rates of vaginal birth (OR = 2.55, 95% CI [1.9,3.4]) and breastfeeding (OR = 3.1, 95% CI [2.0,4.5]) compared with those who did not receive continuity. A statewide data linkage study will determine outcomes for women with perinatal mental health conditions/substance use disorders who receive midwifery continuity of care.
OBJECTIVES
Assess proportion of women with perinatal mental health/ substance use disorder who received midwifery continuity in New South Wales (NSW), Australia; Compare pregnancy, birth and neonatal outcomes for those who received midwifery continuity of care compared to those who did not receive continuity.
METHODS
Routinely collected data from the Australian Longitudinal Study on Women's Health (ALSWH) and the NSW Perinatal Data Collection will be linked for women with pre-existing mental health and/or a substance use disorder (2011-2025). The proportion of women with perinatal mental health conditions/substance use disorder will be calculated. Differences in socio-demographic, health and pregnancy factors between the two discrete groups: women with and without midwifery continuity are analysed using ANOVA. Birth outcomes are analysed using a generalized linear mixed regression model adjusting for confounding factors.
RESULTS
Gestation, weight at birth, mode of birth, analgesia, number of antenatal appointments, antenatal admissions, perineal tears, blood loss, maternal and neonatal length of stay, Apgar scores, admission to neonatal, breastfeeding, antenatal and postnatal depressive symptoms, will be presented.
CONCLUSIONS
Birth outcomes for women with perinatal mental health condition/substance use may be improved through continuity.
KEY MESSAGE
Midwifery continuity perinatal mental health regulation.
Eur J Midwifery 2026;10(Supplement 1):A226

MIDWIFE AUTONOMY (INCLUDING THREE-MINUTE PRESENTATION COMPETITION)

0127

Midwifery-led sexual and reproductive health in the community: A new model of care in Australia

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PURPOSE
To present an innovative model of community-based, midwifery-led sexual and reproductive health (SRH) care in Australia. This model responds to recent legislative changes, enabling endorsed midwives to provide comprehensive SRH services including early medical abortion (EMA), expanding the scope of midwifery beyond maternity care.
DISCUSSION
Endorsed midwives in Australia are registered midwives with prescribing rights and authority to order diagnostics. Until 2023, EMA access was limited to medical practitioner-led models. In July 2023, the Therapeutic Goods Administration and MS Health removed prescribing restrictions on MS-2 Step (EMA medication), and Victoria amended the Drugs, Poisons and Controlled Substances Act, authorising endorsed midwives to prescribe Schedule 4 and 8 medicines within their scope. These reforms enabled the establishment of Western Health's Melton Sexual and Reproductive Health Hub in March 2025—Australia's first midwife-led SRH clinic based in the community. The Hub provides holistic, person-centred care, including EMA, contraception, STI management, cervical screening, and education, led by an

endorsed midwife in collaboration with local health services.
EVIDENCE WHERE RELEVANT
While formal evaluation is underway, early indicators show high service uptake, strong consumer satisfaction, and reduced access barriers for priority populations. Midwives report increased autonomy, role satisfaction, and confidence in delivering full-scope SRH care. The clinic offers a replicable model for expanding equitable, midwifery-led SRH services nationally.
KEY MESSAGE
Endorsed midwives are uniquely positioned to lead integrated SRH care in community settings. The Melton Hub demonstrates how midwifery leadership, supported by policy reform, can transform access, equity, and choice in reproductive health care. This model holds global relevance as health systems seek sustainable, rights-based approaches to safe SRH delivery.
Eur J Midwifery 2026;10(Supplement 1):A227

0128

Individual readiness of midwives working in outpatient clinics in Ukraine to see patients autonomously

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BACKGROUND
In the context of primary healthcare reform in Ukraine, the implementation of midwife-led models of care is becoming increasingly relevant. The success of such changes depends on the individual readiness of midwives to expand their scope of practice. Changes that are internally accepted at the individual level are significantly easier to implement — making this area of study crucial for sustainable health system transformation.
OBJECTIVES
A quantitative survey was conducted among 202 midwives working in outpatient health care settings in Ukraine. The instrument included two validated scales — the Acceptance of Change Scale and the Resistance to Change Scale — along with open-ended questions. The analysis included descriptive statistics, bivariate correlations, and multivariate regression.
METHODS
A quantitative survey was conducted among 202 midwives working in outpatient health care settings in Ukraine. The instrument included two validated scales — the Acceptance of Change Scale and the Resistance to Change Scale — along with open-ended questions. The analysis included descriptive statistics, bivariate correlations, and multivariate regression.
RESULTS
Most respondents (74%) expressed readiness to provide autonomous care. Higher readiness was reported among those with prior experience or support from facility leadership. Identified barriers included: unclear legal framework, fear of mistakes, lack of patient referral protocols, and limited access to training. Qualitative analysis of responses emphasized the need for mentorship and interprofessional collaboration.
CONCLUSIONS
Ukrainian midwives demonstrate strong potential for role expansion when supported appropriately. The findings may inform the development of educational programs, regulatory adjustments, and strategic policies in primary healthcare.
KEY MESSAGE
Midwives in Ukraine are ready to expand their roles and provide autonomous care, but success requires systemic support — including clear protocols, ongoing training, and mentorship — to translate this readiness into practice.
Eur J Midwifery 2026;10(Supplement 1):A228

0129

Midwifery in crisis: Lessons from Bangladesh's Rohingya refugee response and its potential for global replication—A narrative review of literature

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PURPOSE
This narrative review examines the crucial role midwives play in delivering maternal, neonatal, Sexual and Reproductive Health and Rights (SRHR) services in humanitarian settings. Using Bangladesh's response to the Rohingya refugee crisis as a case study, this review aims to demonstrate how midwifery-led models can help health systems respond to diverse needs for maternal, neonatal, and SRHR services in crises and provide guidance to adopt in other humanitarian contexts.
DISCUSSION
The midwifery-led model in the Rohingya response illustrates a holistic, woman-centered approach to providing maternal and SRHR care. In 2017, over half a million Rohingya people fled to Cox's Bazar, Bangladesh, facing urgent needs for maternal and SRHR services. Responding to the huge need for safe delivery and SRHR services, around 100 diploma-trained midwives were deployed by August 2018 across 34 camps through a coordinated effort by the Government of Bangladesh, UNFPA, and humanitarian partners. This model uniquely combines professional clinical care with culturally sensitive engagement, addressing barriers related to gender, language, and mobility. Midwives provided a variety of care, including delivery, antenatal and postnatal care, abortion and postabortion care, and GBV responses.
EVIDENCE WHERE RELEVANT
The midwifery response in Cox's Bazar results in increased facility delivery, use of modern contraceptive methods, and gender-based violence case management (UNFPA, 2021). The establishment of a midwifery-led birth center serves as another success story, with 267 births occurring in 2022. Women reported choosing this center because of the respectful care provided by kind and skilled midwives, along with high-quality services.
KEY MESSAGE
Midwives are frontline core actors in humanitarian crises. Bangladesh's Rohingya response affirms that where midwives are well-resourced, trained, and integrated into community-based health systems, they can deliver lifesaving SRHR care with clinical excellence, cultural sensitivity, and dignity. The model is a reproducible framework for enhancing midwifery care in other humanitarian settings.
Eur J Midwifery 2026;10(Supplement 1):A229

MIDWIFE-LED CENTRE 1

0335

Integrating the midwifery model of care into clinical practice at Dhulikhel Hospital, Kathmandu University Hospital

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PURPOSE

The quality, safety, and humanity of care for mothers and newborns are improved when the Midwifery Model of Care is incorporated into clinical practice. It minimizes unnecessary interventions, encourages healthy, natural birth experiences, and focuses on respect, autonomy, and shared decision-making. It increases trust, enhances communication, lowers costs through preventive care, and promotes cooperation among medical professionals.

DISCUSSION

The Midwifery Model of Care represents holistic, woman-centered healthcare, addressing physical, emotional, and social needs throughout pregnancy, childbirth, and postpartum. Since 2008, Dhulikhel Hospital, Kathmandu University Hospital, has provided nurse-led antenatal care for low-risk women. Traditionally, the educational pathway for maternity healthcare professionals in Nepal has been through a nursing degree. In 2016, the introduction of the Bachelor in Midwifery program, supported by internationally trained midwives and training in midwifery care, further boosted our confidence to teach students and integrate some elements of this model into practice. To fully implement the Midwifery Model of Care, we established the Onsite Midwife-Led Birthing Unit in May 2022, addressing the urgent need for dignified and respectful maternity care during childbirth. Today, the midwife-led ANC and OMBU together exemplify the Midwifery Model of Care, ensuring safe, positive birth experiences for low-risk women. This setting also supports clinical placement for midwifery students and serves as a model for institutions across Nepal.

EVIDENCE WHERE RELEVANT

Research indicates that the Midwifery Model of Care improves maternal experiences, such as increased satisfaction and decreased anxiety, and results in more spontaneous vaginal births with fewer interventions. It is affordable and improves access for underserved populations by providing ongoing, culturally competent care. Ultimately, it improves outcomes for both mothers and newborns.

KEY MESSAGE

Welcome change: Implementing a new model in our clinical setting reflects our commitment to progress. Through innovation and teamwork, we enhance woman-centered care, improve maternal and neonatal outcomes, and create an efficient healthcare environment.

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0336

Planned birth in Brazilian birth centres: Preliminary findings

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BACKGROUND

In Brazil, childbirth is hospital-based and obstetric-led, with high rates of interventions and cesarean sections. This model has been widely criticized by the population, health practitioners and international organizations advocating for more biopsychosocial and evidence-based practices. Brazilian Freestanding Birth Centres (FBC) were implemented as a strategy to restructure care for people with straightforward pregnancy, with the goal of reducing maternal and neonatal morbidity and mortality.

OBJECTIVES

To analyse the care outcomes of Brazilian Freestanding Birth Centres according to Brazilian health policy regulation.

METHODS

A national cross sectional research conducted with birthing people from all eight Brazilian Freestansing Birth Centres. Clinical and obstetrical data were collected from face to face and phone interviews, institutional records and antenatal cards.The study was approved by a Brazilian Research Ethics Committee, all institutions involved and all participants read and signed a Free and Informed Consent Form.

RESULTS

Most of the 1407 participants were mixed race (52.6%) and unemployed (55.6%). Nearly all gave birth at term (99.5%), had adequate antenatal care (94.5%) and no complications during pregnancy. Most had normal births (91.9%) attended by midwives (88.8.9%). Water births represented 12.3% of all births. Episiotomy (2.1%), amniotomy (14.5%), and oxytocin (12.7%) use were limited. Rate of severe perineal tears was 2.1%. Most newborns had immediate skin-to-skin contact after birth (93.3%). Intrapartum transfers were mostly due to low labour progression (4.5%), abnormal fetal heart rate (4.1%) or requests for pain relief (4.2%). Postnatal (1.5%) and neonatal (2.9%) transfers were related to retained placenta, high blood pressure, or mild newborn conditions.

CONCLUSIONS

The results show that the Centres provide safe care to mothers/parents and newborns. The care provided is supported by the World Health Organization and the Brazilian Ministry of Health.

KEY MESSAGE

Brazilian Freestanding Birth Centres provide good, respectful, human-centered and safe care to mothers/parents and newborns with optimal outcomes.

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0337

Midwife-led care services in Aghanistan: Navigating barriers and facilitators in

conflict zones

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BACKGROUND
Afghanistan remains among the countries with the highest maternal mortality ratios worldwide, a situation intensified by ongoing conflict, political instability, and restrictive gender norms that limit access to maternal and child health services. In response to these challenges, innovative service delivery models such as Midwife-Led Maternity Care Centres (MLMCCs) have emerged, offering a promising strategy to protect and expand access to essential maternal and newborn care.
OBJECTIVES
This study examines the enablers and barriers to implementing midwife-led care in fragile, conflict-affected settings, specifically evaluating the effectiveness, accessibility, and sustainability of MLMCCs in Afghanistan. It also assesses the impact of these centres on women's satisfaction, and their role in early risk identification and referral systems.
METHODS
A mixed-methods approach was employed, combining quantitative analysis of service records collected over a six-month period (Oct 2024-Mar 2025) with qualitative insights from in-depth interviews and focus group discussions involving midwives, women, and key stakeholders. The evaluation considers community perceptions, provider experiences, and operational challenges faced by MLMCCs in Afghanistan situation.
RESULTS
Midwives play a pivotal role in conflict-affected contexts, serving not only as skilled healthcare providers but also as trusted community advocates, often working under severe restrictions. Success factors for MLMCCs include strong community engagement, local ownership, consistent midwifery service availability, and culturally sensitive care delivery. However, persistent barriers remain, including inadequate infrastructure, limited medical supplies, safety risks, and diminishing opportunities for women to enter and remain in the health workforce.
CONCLUSIONS
The findings provide urgently needed evidence to guide health policy and donor investments in fragile contexts. By amplifying Afghan midwives' voices and showcasing resilience, it proposes a scalable model for delivering respectful, life-saving maternity care in crisis-affected regions.
KEY MESSAGE
MLMCCs represent a resilient and adaptable approach to safeguarding maternal and newborn health in Afghanistan's most challenging environments, offering valuable lessons for similar fragile contexts worldwide.

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0338

The experience of midwifery centre accreditation: Creating systems for sustainable quality and enabling spaces for midwifery care

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BACKGROUND
Midwives often struggle to provide an autonomous midwifery model of care. Midwifery centres (MCs) can provide an enabling space, but most countries lack licensure or regulatory systems to assure quality. Accreditation—using international standards and localized through a participatory process—may facilitate MC integration into healthcare systems, strengthen sustainable quality, and fully enable midwifery care.
OBJECTIVES
This study explored the expectations and experiences of stakeholders involved in a voluntary accreditation process and assessed the provision of care at MCs once accredited.
METHODS
A rapid ethnographic approach, combining participant observation and semi-structured interviews, was conducted during a Goodbirth Network accreditation process of six midwifery centres in Haiti, Uganda, and South Africa. Convenience sampling was applied, and qualitative data was thematically analyzed using NVivo software. Care provision and health outcome data at centres that completed accreditation were also analyzed.
RESULTS
Findings suggest the accreditation process fosters a culture of co-production and continuous quality improvement. The participatory approach itself was identified as a self-reflexive tool supporting quality. Four qualitative themes emerged around accreditation: the value of accreditation, identification of enablers and barriers to accreditation, and future expectations of participants. Providing care at an accredited centre resulted in pride, increased confidence in the midwifery model of care, and health outcomes exceeded national averages. However, structural and cultural barriers varied across contexts, potentially influencing stakeholder engagement and implementation.
CONCLUSIONS
With increasing evidence that MCs provide safe, respectful, and provide evidence-based care, accreditation may serve as a mechanism to bridge quality gaps, provide enabling spaces for midwives, and support positive health outcomes. Further research is needed to explore the short- and long-term benefits of accreditation, as well as enablers and barriers to its adoption
KEY MESSAGE
A participatory approach to accreditation may facilitate MC implementation, integration, and sustainability in LMICs, contributing to quality care and enabling environments for midwives.

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MIDWIFE-LED CENTRE 2 (INCLUDING THREE-MINUTE PRESENTATION COMPETITION)

0255

Strengthening the midwifery-led birth center movement: Lessons from the American Association of Birth Centers' 40-year journey

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PURPOSE

Midwifery-led birth centers (MLBCs) began to take root in the United States in the 1970s, pioneered by midwives who saw the need for a community-based, midwifery-led model of care. The American Association of Birth Centers (AABC) was founded to support and grow this model. Today, more than 400 MLBCs operate nationwide, and this model is recognized within the U.S. healthcare system as a vital component of maternity care. In this presentation, we will explore AABC's role in establishing and promoting the MLBC model, offering insights for those seeking to build or sustain national birth center organizations.

DISCUSSION

For over 40 years, AABC has advanced MLBCs through education, policy, regulation, standards, data, and community-building. The results include licensure in over 80% of U.S. states, a national accreditation body, the AABC Perinatal Data Registry™, and increased recognition of MLBCs. Yet, progress has not come without challenges. A liability insurance crisis once shuttered half of all U.S. MLBCs. Ongoing battles for payment parity, midwifery workforce shortages, and the threat of hospital-centric regulations persist. Through these experiences, we have learned to stay grounded in our mission, build strategic alliances, collect and utilize data to demonstrate outcomes, and center the evolving needs of MLBCs and their communities. These lessons are valuable for other countries working to advance midwifery centers in their nations.

EVIDENCE WHERE RELEVANT

The U.S. Department of Health now identifies MLBCs as a core strategy to improve maternal health.

KEY MESSAGE

A national MLBC organization's ability to adapt, advocate, and remain united is essential. AABC's longevity is rooted in five key elements: national standards, education, research, collaboration, and community. These tools continue to guide our work and can support the growth of national MLBC organizations worldwide.

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0257

Innovative midwifery care delivery in Lebanon: A community-based hybrid model for equitable access

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PURPOSE

In Lebanon, maternal health care remains fragmented and inequitable, particularly for women living in remote areas, informal settlements, or displacement contexts. Geographic, financial, and social barriers prevent timely access to SRH services. There is a need for community-centered approaches that improve outcomes for women and newborns. This model aims to bridge service delivery gaps by integrating midwife-led care at primary health care centers with structured home visits. It seeks to ensure that all women receive respectful, continuous, and high-quality prenatal and postnatal care. The model also empowers midwives to act as frontline caregivers and trusted community health advocates.

DISCUSSION

By extending midwifery care beyond health facilities into the communities, this model addresses key barriers such as transportation costs, distance, and lack of trust in the system. Midwives provide early detection of complications, psychosocial support, birth preparedness, and health education—especially in underserved and crisis-affected regions. The model also promotes a life-cycle approach, connecting maternal health with newborn and child health, vaccination, nutrition, and ongoing follow-up.

EVIDENCE WHERE RELEVANT

After one year of implementation, the model yielded promising results: A total of 1430 pregnant women received antenatal care, while 15830 women and newborns were visited within seven days postpartum, and 15917 received postnatal follow-up within 60 days. Outcomes reflect improved early identification of risks, increased utilization of services, and greater community trust in the health system. The model aligns with WHO and UNFPA recommendations promoting midwife-led, community-based, and decentralized care. Moreover, it enhances the social recognition of midwives and expands their role beyond antenatal and postnatal services, positioning them as key providers of primary SRH care.

KEY MESSAGE

Community-based, midwife-led hybrid models represent an effective and scalable solution to reduce maternal and newborn health disparities. By combining facility-based services with structured home visits, this model enhances access, strengthens midwives' professional roles, and promotes equitable, person-centered care in Lebanon.

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MLBC – IMPLEMENTATION

0321

Exploring global interest in midwifery-led birth centers: A preliminary inquiry and next steps

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PURPOSE

The AABC International Committee is developing a structured international questionnaire to more systematically

assess country-specific needs, readiness, and interest in establishing midwife-led birth centers and/or national birth center organizations. The goal is to inform the development of tailored support tools, partnerships, and advocacy strategies to expand access to safe, respectful, and culturally appropriate maternity care globally. This presentation will share insights from the initial data collection and outline the design and dissemination plan for the upcoming global survey/questionnaire.
DISCUSSION
Based on data collected by AABC at the 2023 ICM in Bali, as well as one-on-one conversations with people internationally, we see growing global interest in midwifery-led birth centers and the birth center model of care. ICM conducted a case study in four countries to identify key components needed for a successful MLBC in low- to middle-income countries. AABC's international questionnaire will allow us to identify where countries stand with meeting those components for their MLBCs. Additionally, the questionnaire will inform what phase of establishment and integration of MLBCs those countries are in. This data will allow for a tailored approach to supporting the growth and expansion of MLBCs globally.
EVIDENCE WHERE RELEVANT
Survey collected in Bali indicated over 35 international respondents highly interested in an international How to Start a Birth Center curriculum. Additionally, other countries have met with AABC to learn more about establishing a national MLBC organization.
KEY MESSAGE
Every country works within different parameters for the practice of midwifery and integration of MLBCs into their healthcare systems. In order to expand the creation of and access to MLBCs globally, it is important to understand the parameters that currently exist for each country to offer a more individualized approach.
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0322

Transforming birth care: Impact and implementation of Spain's first midwifery-led unit within the national health system - A mixed-methods study

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BACKGROUND
Spain's highly medicalised maternity care system offers limited access to physiologic, midwifery-led care, despite international recommendations. In 2017, the first midwifery-led unit (MLU) integrated into the Spanish National Health System (NHS) was launched, an unprecedented opportunity to study how system design, care models, and politics shape birth outcomes and maternal experience.
OBJECTIVES
To evaluate the clinical outcomes, maternal experiences, and system-level impact of Spain's first NHS-based MLU, and to analyse health system and policy factors that shaped its implementation and temporary closure.
METHODS
Mixed-methods project: (1) retrospective cohort analysis of maternal and neonatal outcomes in an MLU versus standard care (n=1,286 women); (2) a qualitative phenomenological study of women's experiences across birth settings; and (3) cross-sectional trend analysis of all Catalonian hospital births 2018-2023 (n=223821) with interrupted-time-series analysis at the host hospital. Quantitative analysis included descriptive statistics and multivariate logistic regression.
RESULTS
MLU care produced higher spontaneous vaginal birth rates, fewer interventions, and very high maternal satisfaction. Seventy-five percent of users came from outside the catchment, revealing unmet demand. Hospital-wide caesarean sections fell from 23.5% pre-implementation to 13.5% while the MLU operated, then rebounded to 22.9% after closure; spontaneous vaginal births rose from 64.2% to 78.7% and later dropped to 69%. Safety indicators remained unchanged. Qualitative data highlighted autonomy, respectful care and trust in midwives, but exposed systemic barriers that led to temporary closure in 2022 despite positive results.
CONCLUSIONS
Embedding an MLU inside a conventional obstetric hospital can rapidly and safely shift practice toward physiologic birth, reduce costly interventions and align care with value-based principles. Enduring change, however, demands financing mechanisms, governance structures and political commitment that actively reward midwifery-led, woman-centred care.
KEY MESSAGE
Midwifery-led units can safely shift maternity care toward high-value, woman-centred practice in medicalised systems, if supported by health system reform and sustained political investment.
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0323

Obstetric violence in Brazilian freestanding birth centers pathway of care

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BACKGROUND
Freestanding Birth Centres (FBC) follow a biopsychosocial model of care, conducted by obstetric nurses and midwives, which can serve as a pathway to addressing Obstetric Violence (OV). Understanding how different types of violence interact is essential for improving respectful models of care.
OBJECTIVES

This study aims to estimate the prevalence and explore the interaction between different types of obstetric violence experienced by birthing people who chose FBC to give birth.
METHODS
Prevalence study with 1067 women who planned a birth in all 8 Brazilian FBC and answered a questionnaire on obstetric violence four months after birth. This study was approved by the Oswaldo Cruz Foundation Research Ethics Committee (CAAE 47231021.0.0000.5240; Opinion No. 5.192.349).
RESULTS
The analysis revealed correlations between different types of obstetric violence, highlighting the association of physical abuse with psychological abuse, stigma, and social discrimination. Women who reported psychological abuse also experienced neglect in care and inappropriate vaginal examinations. Neglect was likewise associated with stigma and social discrimination, which were also linked to the inappropriate performance of vaginal examinations.
CONCLUSIONS
This is the first study to investigate how different types of obstetric violence interact across FBC in Brazil. The findings suggest that multiple forms of OV often occur simultaneously, particularly in hospital environments following intrapartum transfer.
KEY MESSAGE
The overall difference between the ones birthing in FBC and the ones birthing in obstetric units after transfer demonstrate the relevance of professional training based on humanistic and biopsychosocial principles, as well as the continuous professional awareness of the impact of intrapartum transfers on OV experience.
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0411

Shaping perceptions and building strategic alignment for the integration of the midwifery cadre into public health systems in India

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PURPOSE
This abstract shares practical insights from India on how strategic communication, trust-building, perception-shaping, shared language, and alignment strategies have served as critical enablers when introducing a new intervention in the public health system.
DISCUSSION
In 2018, India took a bold step of introducing the Nurse Practitioner in Midwifery (NPM) as a separate cadre in the public health system. Since then, multiple development partners have worked to support the vision of the Government of India. While global midwifery scale-up often centres on education, regulation, and infrastructure, India's experience highlights the importance of people-centred implementation enablers such as stakeholder trust, professional identity, and system ownership to ensure that new cadres are understood, accepted, and sustained. It was recognised that information and guidelines alone were not sufficient for integration. In systems where professional boundaries and decision-making structures are deeply embedded, mechanisms were needed to shift how midwifery was perceived and positioned within the broader health system. Aligning midwifery with existing cadres through strategic enablers helped build clarity and confidence, showing their roles to be distinct yet complementary. This abstract reflects on lessons from: • Sensitisation meetings that facilitated shared understanding and system buy-in • Consistent use of standardized terminology to ensure clarity and coherence • Bootcamps and exposure visits that supported inter-professional engagement and confidence • Commemorative events that normalized and affirmed midwives' roles and presence in public health systems • Adaptive course corrections to maintain alignment and momentum
EVIDENCE WHERE RELEVANT
Based on multi-year efforts across four Indian states, this abstract draws insights from meetings, bootcamps, exposure visits, campaigns, and success stories. Qualitative insights suggest improved clarity on midwifery roles and stronger collaboration. Implementation continues, with encouraging results to be shared during the presentation.
KEY MESSAGE
Strategic communication and alignment are essential for creating environments where midwifery can be accepted, integrated, and sustained as part of public health systems.
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NEWBORN 1

0040

Enhancing parental involvement in the care of sick neonates in India, Pakistan and Tanzania: A participatory action research study

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BACKGROUND
Sub-Saharan Africa and South Asia bear a disproportionate burden of ≈ 79% of global neonatal mortality. Major causes include preterm birth, infection, intrapartum complications and congenital abnormalities. Involving parents in the care of hospitalised small and sick infants is acknowledged to improve outcomes for families, but there have been few studies to develop and evaluate models reflecting the cultural, social and health system context in low and middle-

income countries.
OBJECTIVES
To co-develop and assess the feasibility of context-specific parent-partnership interventions in India, Pakistan and Tanzania.
METHODS
A two-phase, sequential mixed-methods study in neonatal facilities in Karnataka State, India, Sindh Province, Pakistan and Mwanza Region, Tanzania, guided by participatory action research. Following synthesis of literature and qualitative data, a co-production process involving stakeholders and community engagement groups in each country was initiated to reach consensus on intervention components. The feasibility of implementation and a full-scale effectiveness evaluation is being assessed in a pre-post cohort (60 mother and baby dyads per country). Key feasibility outcomes include recruitment and retention, acceptability of the intervention and research processes for mothers, families and health workers.
RESULTS
Similar intervention components were prioritised across all countries and included communication training for health workers, parent admission information resources and valuing staff activities. Recruitment was completed on target (187 mother-baby dyads) and participant follow-up will conclude in June 2025. Findings will be available in autumn 2025.
CONCLUSIONS
This study will finalise an acceptable parental involvement intervention to improve neonatal care in India, Pakistan and Tanzania, and will inform the design of a full-scale evaluation.
KEY MESSAGE
Beyond feasibility, this study will increase understanding of key influences on the success of strategies to increase parental involvement in neonatal care in resource-limited contexts. Ethics: Approvals from LSTM, UK, KMCRI (Hubli), India, National Bioethics Committee, Pakistan, National Institute for Medical Research, Tanzania.
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0041

Risk factors of birth asphyxia at a high-volume urban maternity setting in Kenya: A case-control study

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BACKGROUND
Birth asphyxia (BA), defined as the failure of a neonate to initiate and maintain breathing after birth is the second leading cause of neonatal mortality globally, accounting for 23% of all neonatal deaths. In Kenya, BA contributes to 29% of neonatal deaths. Despite the presence of clinical guidelines to prevent and manage BA, mortality rates remain unacceptably high.
OBJECTIVES
To determine risk factors associated with BA among newborns at Pumwani Maternity Hospital.
METHODS
A matched case-control study was conducted with a total sample of 540 newborns (270 cases and 270 controls). Cases were defined as newborns with an APGAR score <7 at five minutes, while controls had scores ≥7. Data were collected using a pretested questionnaire and a structured data extraction tool. Analysis was performed using SPSS. Bivariable logistic regression was used to identify significant risk factors for BA. Ethical approvals were sought from ISERC, NACOSTI, Nairobi County and Pumwani Maternity Hospital research committee. Informed consent was obtained from participants.
RESULTS
Malpresentation (AOR = 4.13, 95% CI: 1.55–11.04), non-reassuring fetal status (AOR = 3.59, 95% CI: 1.28–10.19), prolonged labour (AOR = 5.11, 95% CI: 1.90–13.15), and primiparity (AOR = 5.59, 95% CI: 2.13–13.88) were significantly associated with birth asphyxia.
CONCLUSIONS
Malpresentation, non-reassuring fetal status, prolonged labour, and being primiparous were significant risk factors for BA. Strengthening antenatal care, timely diagnosis of labour complications, and effective intrapartum monitoring including use of the partograph are essential strategies to reduce BA and its contribution to neonatal mortality.
KEY MESSAGE
Improving intrapartum monitoring and antenatal risk identification can significantly reduce birth asphyxia and advance newborn survival.
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0042

Equity from birth: Addressing bias in neonatal assessment through midwifery leadership

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PURPOSE
The UK's National Health Service (NHS) Race and Health Observatory's (RHO) review of Neonatal Assessment (NHS RHO 2023) represents a landmark in midwifery policy influence. The review critically examined how standard neonatal assessments—e.g. Apgar score and detection of jaundice and cyanosis—fail to account for skin tone diversity, leading to diagnostic delays and inequitable care for babies from ethnic minority backgrounds.
DISCUSSION
This initiative was grounded in midwifery practice and co-produced with clinicians, educators, and community voices. It drew on national mortality data, the Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries (MBRRACE) reports, and lived experience to inform practical, evidence-based recommendations. Midwives played a central role in shaping and implementing the review's findings, ensuring that solutions were clinically relevant and culturally competent. Midwifery education is evolving, with inclusive

content now embedded in curricula and professional development. Culturally tailored resources, such as parent-facing infographics, have enhanced communication and trust between midwives and families. We aim to inspire further innovation in midwifery education and care delivery—ensuring that all newborns, regardless of ethnicity, receive safe, timely, and equitable assessment from the very start of life. The review exemplifies how midwifery leadership can drive systemic change and has already influenced national policy and practice. The National Institute of Clinical Excellence (NICE) updated its jaundice guidance to reflect skin tone considerations, and 98% of maternity services in England adopted diverse neonatal manikins to improve training.

EVIDENCE WHERE RELEVANT

1. NHS and Race and Health Observatory (2023) Review of Neonatal Assessment in Black, Asian and Minority Ethnic Newborns. https://nhsrho.org/wp-content/uploads/2023/08/RHO-Neonatal-Assessment-Report.pdf

KEY MESSAGE

Visual skin assessments alone are inadequate for diverse neonatal populations. Clinical descriptors must reflect all skin tones to avoid diagnostic bias. Inclusive guidelines, objective tools, and targeted midwifery training are urgently required. This initiative demonstrates the power of midwifery leadership in shaping equitable healthcare policy and practice.

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0043

Maternal height optimizes birth weight classification

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BACKGROUND

Birthweight is correlated with neonatal health. Healthy neonates who are small or large for gestational age (SGA or LGA) may need extra attention, for instance for assessment of hypoglycaemia after birth. To classify a neonate as SGA or LGA, it is important to take into account factors with a physiological impact on fetal growth. Apart from fetal sex, maternal height is such a factor. The current Dutch birthweight chart only accounts for newborns' sex.

OBJECTIVES

Our objective was to develop the VeCaS birthweight chart customised for both newborn sex and maternal height and evaluate the effect on birthweight classification and to compare the performance with the current Dutch birthweight chart.

METHODS

Data were extracted from records of 21350 women with healthy pregnancies, registered anonymously in the VeCaS Database in the Netherlands (2012–2020). We used Hadlock's method to construct the VeCaS-birthweight chart.

RESULTS

The VeCaS birthweight chart showed higher median birthweights for neonates born from taller mothers and lower median birthweights for shorter mothers. At a gestational age of 40 weeks, this difference could be over 400g. Using the p10 and p90 as cut-offs, 7.0% of all newborns were reclassified from SGA or LGA to adequate for gestational age or vice versa, especially among shorter or taller women. The VeCaS birthweight chart showed an even distribution of SGA and LGA prevalences across maternal height categories.

CONCLUSIONS

The VeCaS-birthweight chart optimizes birth weight classification. Our future aim is national implementation in the Netherlands. This will be prepared in 2026. Implementation will be evaluated in a national study.

KEY MESSAGE

A birth weight chart that corrects for maternal height is easy to construct and helps to correctly identify neonates that are SGA or LGA. This helps to personalize postnatal care.

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NEWBORN 2

0226

Barriers to stunting prevention among pregnant workers in industrial settings: Case study in Indonesia

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BACKGROUND

In 2020, as many as 392079 women in Karawang Regency are workers, this phenomenon creates a double threat to efforts to prevent stunting during pregnancy. These workers face occupational, structural, and systemic challenges that hinder the uptake of stunting prevention services.

OBJECTIVES

This study explores the challenges and barriers in the implementation of stunting prevention programs among pregnant workers.

METHODS

A mixed-methods design was used. Quantitative data were collected from all pregnant workers who gave birth at Citra Sari Husada Hospital, Karawang Indonesia in October-November 2024, met inclusion criteria (singleton pregnancy, no congenital anomalies), and were assessed through a checklist on iron tablet consumption, antenatal frequency and birth outcomes. Qualitative data were obtained via in-depth interviews with mothers who failed to meet iron supplementation standards and standardized antenatal care frequency.

RESULTS

Among 110 pregnant workers, 21.8% did not consume iron supplements according to the recommended standard, and 62.7% did not perform the 6 times minimum frequency of antenatal care. Moreover, 17.3% of babies were born at risk of stunting (birth weight <2500g and length <48 cm). Qualitative findings revealed key barriers including inflexible

work conditions, lack of workplace health support, weak policy integration between public health and labor sectors, and low maternal agency in workplace decision-making.
CONCLUSIONS
Pregnant workers remain underserved by current maternal health and stunting prevention policies. Structural barriers in industrial environments especially those related to time, access, and authority limit program effectiveness and threaten pregnancy outcomes.
KEY MESSAGE
Health policies must integrate with labor systems, strengthen workplace-based maternal services, and promote women's empowerment.
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0227

Perceptions of midwives and nurses in New South Wales about genomic newborn screening: A focus group study

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BACKGROUND
As one of the most successful population-based screening programs, Newborn bloodspot screening (NBS) has an uptake of 99% with 300000 babies undergoing NBS every year across Australia to ensure early diagnosis and management of serious neonatal conditions. With new genomic technologies and treatments, the Australian government is considering expansion of NBS to increase the number of conditions screened by conducting genomic NBS (gNBS). Nurses working in the neonatal intensive care unit (NICU) and midwives have a key role in NBS but little is known about their views, experience and knowledge about gNBS. The study 'Newborn Genomic Sequencing in Screening: Therapy Ready and Information for Life (TRAIL)' was funded by the Medical Research Future Fund to investigate the effectiveness and acceptability of gNBS.
OBJECTIVES
To explore the perception and potential educational needs of midwives and nurses about gNBS.
METHODS
Three focus groups were conducted with 14 midwives and 12 NICU nurses in New South Wales, Australia. Descriptive thematic analysis was used to analyse the data.
RESULTS
Participants highlighted the importance of NBS in enhancing health outcomes, discussed the relevance of genomic to their clinical practice and benefits of gNBS but raised concerns about ethical and psychological consequences for the parents and practice consequences for the clinicians including workforce readiness. Concerns were raised about potential decrease in the uptake of NBS if gNBS was implemented. Participants emphasised the need for workforce upskilling, development of accessible resources to support communication, particularly for families with varying levels of language and health literacy and information-seeking preferences, and clear care pathways for high-risk results. The study was approved by the Sydney Children's Hospitals Network Human Research Ethics Committee.
CONCLUSIONS
This study highlights the importance of developing tailored educational resources and patient communication tools as Australia moves closer to implementing gNBS.
KEY MESSAGE
Midwives have a key role in the success of gNBS.
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0228

The WOMB study: Women's experiences of monitoring baby in Australia

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BACKGROUND
Current methods of continuous intrapartum electronic fetal monitoring (CEFM) demonstrate an increase in obstetric intervention without significant neonatal benefit. While it is estimated that 50% of Australian women are monitored in the intrapartum period, little is known about their experiences and capacity to make informed choices.
OBJECTIVES
To understand Australian women's experiences of intrapartum fetal monitoring in the last 5 years.
METHODS
The WOMB Study, a national online survey was distributed between May-July 2022. Analysis included descriptive statistics and association of monitoring type with selected labour and birth outcomes. Qualitative content analysis was used to analyze open text responses.
RESULTS
We received 866 valid responses. Whilst most women received more than one form of intrapartum monitoring, wired EFM devices were most commonly used. There were significant associations between type of monitoring used and utilization of pain management techniques, and mode of birth. Handheld monitoring was significantly associated with normal vaginal birth and utilization of non-pharmacological techniques. Wired EFM was significantly associated with caesarean section and pharmacological pain management. Women preferred handheld or wireless monitoring during labour, citing greater comfort, mobility, and access to non-pharmacological pain relief. Wired monitoring was often described as restrictive and uncomfortable, with over 70% saying they wouldn't choose it again. Qualitative responses described women's desire for informed choices and clinicians' being overly focused on the CTG machine.
CONCLUSIONS
Intrapartum CEFM is common, regardless of risk factors, with wired monitoring perceived by women to have a negative

impact on labour. CEFM was associated with increased use of pharmacological pain management and caesarean section. Understanding women's experiences of monitoring will enable future implementation of technologies that optimize physiological birth and woman-centered care.
KEY MESSAGE
Monitoring fetal wellbeing is a fundamental part of labour care. Technologies that facilitate or hinder women's mobility, autonomy and sense of control, profoundly impact their labour experience.
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OBSTETRIC VIOLENCE (INCLUDING THREE-MINUTE PRESENTATION COMPETITION)

0037

Mistreatment and disrespectful care during labour and birth in Sweden

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BACKGROUND
Care provider interactions during childbirth may include mistreatment and disrespectful care, also referred to as obstetric violence. Most previous research on this topic was conducted in low- and middle-income countries, with prevalence and risk factors in the Nordic countries remaining unknown.
OBJECTIVES
This study aims to investigate the prevalence and risk factors for mistreatment and disrespectful care in Sweden.
METHODS
In the Swedish version of the Birth Experience Study, an international online survey, background and childbirth characteristics were collected, including validated instruments measuring mistreatment and disrespectful care (the Mistreatment Index [MIST] and the Measures of Respect Index [MORi]). The study sample encompasses 11611 women who gave birth in Sweden from 2019 to 2024. Survey-weighted rates of mistreatment and disrespect were calculated, and survey-weighted logistic regression analyses were conducted to estimate odds ratios (OR) and 95% confidence intervals (CI) for associations between maternal characteristics and MIST and MORi.
RESULTS
Among the 4557 primiparas in the sample, 38.1% experienced any type of mistreatment, and 9.3% experienced low respect during childbirth. Having immigrant parents was associated with mistreatment (OR 1.73, 95% CI 1.11–2.69) and low respect (OR 4.46, 95% CI 1.82–10.95), as were experiences of intimate partner or family violence (OR 2.37, 95% CI 1.59–3.53; OR 3.14, 95% CI 1.12–8.80). Analyses are ongoing, and further results will be presented at the conference.
CONCLUSIONS
The findings indicate that experiences of mistreatment and disrespectful care are prevalent also in Sweden. During childbirth, women with immigrant parents and women with experiences of intimate partner or family violence are at higher risk of such experiences.
KEY MESSAGE
This study provides novel data on an important topic for the midwifery community. The results may guide interventions to improve intrapartum care, thereby contributing to women's mental health.
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0038

A collaborative midwifery model: Learning from the South Asian maternal health conference to tackle inequity and birth trauma

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PURPOSE
South Asian women in the UK continue to experience disproportionate risks in maternity care, including a significantly higher incidence of stillbirth, maternal mortality (MBRRACEUK, 2023), and obstetric anal sphincter injuries (RCM, 2021). The 2024 UK Birth Trauma Inquiry underscored systemic failures in communication, consent, and culturally safe care, particularly for marginalised communities. In response, the Association of South Asian Midwives (ASAM), alongside other partner organisations, health professionals, charities, and women with lived experience, co-led the first South Asian Maternal Health Conference in June 2024. This abstract shares the learning from this event and its impact on tackling inequities through a collaborative, maternity-led model.
DISCUSSION
The conference was co-designed with diverse partners and stakeholders, centring the voices of South Asian mothers, clinicians, and community leaders. Over 180 attendees, ranging from midwives to policymakers, engaged in workshops, panels, and storytelling to explore trauma-informed care, pelvic health, respectful communication, and inclusive service delivery. The model prioritized co-production and cultural humility, demonstrating how community voice, education, and leadership can drive system-wide change. Key discussions highlighted how stigma, lack of continuity, and underrepresentation in managing care directly contribute to poor experiences and outcomes for South Asian women.
EVIDENCE WHERE RELEVANT
The 2024 Birth Trauma Inquiry (Parliament, 2024) emphasised how marginalised women were often "ignored, dismissed, or dehumanised. Data from MBRRACEUK continues to show that South Asian women experience 60% higher maternal mortality rate than white women. Evaluations from the conference showed improved health care professional confidence in delivering culturally safe care, strengthened cross-sector collaboration, the development of new regional training and care pathways tailored to ethnic disparities.
KEY MESSAGE

To close the equity gap in maternity care, culturally responsive, maternity-led models grounded in lived experience must be embedded into education, leadership, and commissioning. The South Asian Maternal Health Conference offers a replicable blueprint for addressing trauma, rebuilding trust, and achieving meaningful system transformation.
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0039

Experiences of disrespect and abuse at childbirth: A mixed-method study across 22 European countries

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BACKGROUND
Despite advancements in the quality of maternity care worldwide, mistreatment of women during childbirth persists. Currently, there is a gap in knowledge on the occurrence of disrespect and abuse during childbirth in the WHO European Region.
OBJECTIVES
This study explored the occurrence of disrespect and abuse during childbirth in health facilities in the European Region.
METHODS
Within the IMAgiNE EURO study, women aged 18 years and older who gave birth in healthcare facilities in the WHO European Region, were invited to complete an online validated questionnaire regarding the quality of maternity care. Data was collected between March 2020 and May 2023, covering the COVID-19 pandemic. A mixed-method analysis was conducted, including descriptive statistics for the quantitative data and thematic analysis for the qualitative data
RESULTS
Among 50617 participating women across 22 countries, 7683 (15.2%) reported experiences of abuse, ranging from 6.4% in Israel to 30.7% in Bosnia-Herzegovina. Emotional, verbal and physical abuse were reported by 10.3%, 7.3% and 2.4% respectively. Thematic analysis, including responses of 737 women, identified several shortcomings in care that women perceived as abusive and their experiences associated with the abuse. Experiences of abuse were often linked to a sequence of actions, resulting in women feeling violated or treated as object.
CONCLUSIONS
Disrespect and abuse during maternity care is common in the WHO European Region and often has systemic roots. Efforts are needed to improve communication and adherence to evidence-based practices across the full spectrum of maternity care services, ranging from standard facility procedures to breastfeeding support. A cultural paradigm shift must happen within health systems, ensuring safe and respectful maternity care for all women.
KEY MESSAGE
Disrespect and abuse during childbirth is common and policies to promote high quality care and protect maternal rights are either weak or inconsistently implemented.
Eur J Midwifery 2026;10(Supplement 1):A249

OTHER

0391

Elane's journey: A testament to midwifery, innovation, and compassion at midwives for Haiti

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PURPOSE
To describe the case study of a Haitian woman who suffered an eclamptic seizure, emergency c-section with blood donated by local midwife, and then postpartum psychosis.
DISCUSSION
Midwife Jane Drichta will detail the incredible success story: Elane's story is one of survival, resilience, and the extraordinary power of midwifery care. It is also a story of innovation, of love, and of a groundbreaking program that is changing maternal healthcare in Haiti. Elane was 38 years old, unmarried, and already a mother of five when she was referred to Kay Manman Yo, Haiti's first and only high-risk maternal waiting home. She had severe pregnancy complications and was diagnosed with pre-eclampsia. Elane's condition rapidly worsened. Her blood pressure skyrocketed to 202/100, and she suffered an eclamptic seizure, falling into a 12-hour coma. Even though an emergency C-section was her only chance, there was no blood for a transfusion. One of the Midwives for Haiti staff shared Elane's O+ blood type, allowing for the urgent surgery. As Elane emerged from anesthesia, a new crisis unfolded—postpartum psychosis. Though there was a hospital psychologist, his interventions proved ineffective. Dealing with both the neurological aftermath of her seizure and the psychological distress of postpartum psychosis, what followed was an innovative, life-saving intervention, developed through collaboration with a perinatal mental health therapist in Seattle and a neurologist in Boston. With no access to high-tech medical solutions, the team crafted a care plan using simple but effective tools—midwifery, nutrition, emotional support, and medical ingenuity. Every aspect of care was designed to address her physical and neurological recovery. This was not just a treatment plan—it was a symphony of science, culture, and care, where each piece depended on the others.
KEY MESSAGE
This was not just a treatment plan—it was a symphony of science, culture, and care, where each piece depended on the others.
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0392

Midwives' activism and empowerment in saving a woman's life: A case of community-based postpartum emergency care in Thatta, Pakistan

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PURPOSE

This case highlights the critical role of midwives in delivering life-saving emergency care in rural Pakistan, where poverty, illiteracy and a deeply rooted patriarchal system contribute to high maternal mortality. In areas like Keti Bandar, District Thatta, giving birth at home without skilled care is normalized by cultural beliefs, not economic necessity. This is not a rare incident such high-risk cases occur in nearly 25% of emergency maternal admissions annually. A woman, after delivering at home with a traditional birth attendant, arrived at Al-Farabi Hospital bleeding heavily. Midwives Mumtaz Ramzan and Madhoori Ramson, guided by their clinical judgment and instinct, immediately identified signs of critical anemia (Hb 3.8 g/dL), pallor, and early unconsciousness. They advocated strongly for urgent hospital admission and blood transfusion, knowing it was the only way to save her life. However, her husband and relatives (under the influence of patriarchal thinking) refused. Their decision was not driven by poverty, but by the belief that hospitalization after birth was unnecessary.

DISCUSSION

The midwives' instincts did not allow them to rest. That night, risking personal safety, they took an ambulance and two guards to search for the woman in a remote, dark, and dangerous area. They found her lying unconscious near a wood fire while her family was preparing dinner. The midwives' fierce advocacy and deep commitment convinced the family to return with them for urgent care. She was transferred safely and received life-saving treatment.

EVIDENCE WHERE RELEVANT

This case reflects a recurring challenge in remote Pakistan, where midwives must navigate both clinical emergencies and cultural resistance.

KEY MESSAGE

Empowered midwives, led by instinct and activism are often the only hope for survival. Their lifesaving role must be recognized, protected and expanded.

Eur J Midwifery 2026;10(Supplement 1):A251

0393

Midwifery-led open days improving access, equity and connection in maternity care through innovation, community engagement, and collaboration

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PURPOSE

The Maternity Service Open Days introduced an innovative, consumer-focused approach to increasing accessibility to health information and services — a groundbreaking first for NSW. Responsive to the rapid population growth and rich cultural diversity of South Western Sydney, this midwifery-led initiative was designed to improve access to sexual, reproductive, maternal, newborn and infant health care by fostering early engagement, health literacy and equity, particularly for women from culturally and linguistically diverse backgrounds, Aboriginal families, and those experiencing complex social and economic challenges.

DISCUSSION

The Maternity Open Days were conducted at our five maternity hospitals over four months, providing an immersive experience in maternity care, featuring hospital tours, education, and interactive sessions with midwives, doctors, allied health and community organisations. There was no budget allocated for this, which meant a creative, community centred and ethical fundraising approach was employed. The Open Days were designed with consumer co-leadership, the initiative supports informed decision-making, reduces fear, and strengthens midwife-woman relationships. Midwives and midwifery students shared how the program "reinvigorated their purpose," enabling them to connect with families and to practice in a way that reflects the heart of midwifery—continuity, compassion, and community.

EVIDENCE WHERE RELEVANT

Evidence: More than 1400 women informed program design through surveys and focus groups. Evaluation shows improved confidence in navigating care, and overwhelmingly positive feedback from consumers and clinicians alike. The model has been adopted across five hospitals and is now being shared all around Australia and adopted in other health districts, demonstrating low-cost scalability and high impact.

KEY MESSAGE

Maternity Service Open Days are an example of sustainable midwifery innovation aligned with SDG 3 (Good health and wellbeing), SDG 5 (Gender equality), and SDG 10 (Reduced inequalities). They exemplify how midwives are central to transforming SRMNAH outcomes through equity-driven, culturally responsive, and community-embedded practices.

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PHYSIOLOGICAL – LABOUR PROGRESS (INCLUDING THREE-MINUTE PRESENTATION COMPETITION)

0085

A new model for individual cervical dilation labor curves: A registry-based cohort study

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BACKGROUND
The definition of normal labor progression influences all birthing women because it defines thresholds for interventions. Contemporary models highlight the diversity of normal progression but suffer from endpoint definition issues and exclusion bias. It is unclear whether a precise definition of the onset of active labor, based on cervical dilation, is necessary. A dynamic, individualized model describing cervical dilation curves is needed.
OBJECTIVES
To develop a model that describes individual cervical dilation curves during the active first stage of labor.
METHODS
A population-based cohort study was conducted at a large hospital in Norway, including 62583 women with live singleton deliveries (≥22 weeks), in breech or vertex positions. Cervical dilation data were extracted from the partographs. The cervical dilation measures were used to develop a new model for individual labor curves. The model has three main components: (1) a modified Gompertz curve, (2) an individual, random parameter describing the location of the time scale, and (3) an individual, random parameter describing labor progression speed.
RESULTS
The primary difference between individuals was the speed of labor progression, not the pattern, regardless of parity. The model predicts both future and past labor progression during the active first stage of labor, based on one or more cervical dilation measurements. The model does not require a specific dilation that defines labor onset, but calculates a parameter that describes location of the time scale. The model produced a sigmoid pattern that aligns with seminal research but contrasts with most contemporary labor curves.
CONCLUSIONS
Labor progression, defined as cervical dilation over time, follows a consistent sigmoid pattern across individuals and parities. This study introduces an individualized, dynamic model for labor progression, offering a refined understanding of cervical dilation during labor.
KEY MESSAGE
Labor curves defined by cervical dilation over time follow a sigmoid pattern, irrespective of parity. Individual labor progression can be modeled.
Eur J Midwifery 2026;10(Supplement 1):A253

0086

Midwives' perspectives on the occiput posterior fetal position during labour and birth: Findings from a focus group interview study.

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BACKGROUND
A fetus in the occiput posterior position can affect both the progression of labour and the woman's overall birth experience. Despite this, maternity care lacks standardized guidelines for identifying fetal position and managing births with a fetus in the occiput posterior position to reduce potential complications.
OBJECTIVES
To explore midwives' perspectives on labour and birth when an occiput posterior position of the fetus is identified during the birthing process.
METHODS
This qualitative study was based on focus group interviews conducted between May and December 2022. A total of 26 midwives participated in six focus groups, each consisting of three to six participants. Data were analyzed using reflexive thematic analysis.
RESULTS
Three themes were constructed: "Putting the Clinical Puzzle Together," "Navigating an Uncertain Birth Process," and "Travelling Together." Midwives described how they pieced together clinical signs to assess fetal position, although it was often difficult to determine through external palpation—highlighting a need for improved assessment techniques. They managed the unpredictability of OP births using a combination of maternal positioning and targeted interventions, yet no single strategy consistently led to fetal rotation. The midwives aimed to support women throughout the experience of an OP birth by providing reassurance, clear communication, and supportive care to help preserve the women's confidence and understanding.
CONCLUSIONS
The study highlights the uncertainty surrounding fetal position assessment, the provision of optimal support during OP births, and the timing and manner of informing women about the OP position. These concerns are evident throughout the study.
KEY MESSAGE
Confirming fetal position can enhance understanding of the birth process.
Eur J Midwifery 2026;10(Supplement 1):A254

0410

Integrative approaches, modern evidence: The effect of moxibustion frequency on labor outcomes in a midwife-led setting

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BACKGROUND
Moxibustion, a traditional Chinese medicine technique, is gaining interest as an integrative, non-invasive method to support physiological labor. Its use aligns with global health priorities in the Sustainable Development Goals (SDG 3), which emphasize improved maternal health and respectful, evidence-based maternity care. In line with WHO's intrapartum care model promoting a positive childbirth experience, moxibustion may serve as a low-cost intervention to enhance labor outcomes. However, evidence on its use during labor—particularly its effect on uterine activity and second-stage duration—remains limited, especially in midwife-led settings.
OBJECTIVES
To examine the association between moxibustion frequency during labor and the duration of the second stage of labor, and to describe observed changes in uterine contractions.
METHODS
An observational study was conducted with 25 laboring women in a midwife-led clinic in Indonesia. Data included demographic characteristics, moxibustion frequency (during pregnancy and labor), uterine contraction patterns (frequency and duration) before and after moxibustion, and the duration of the second stage of labor. Descriptive and bivariate analyses were conducted using SPSS 25. Ethical approval was obtained.
RESULTS
Most participants were under 20 years old (96%), had secondary education (80%), and were unemployed (84%). Moxibustion was given during pregnancy (96%) and labor (92%). After moxibustion, all participants experienced increased contraction frequency (>3/10 minutes), and 96% had contractions lasting >40 seconds. A significant positive correlation was found between moxibustion frequency during labor and second-stage duration (ρ=0.406, p=0.044), possibly reflecting use in slower-progressing labors.
CONCLUSIONS
Moxibustion was associated with improved uterine activity and used as supportive care in labor management. It may serve as an integrative tool in midwife-led practice to promote physiological birth.
KEY MESSAGE
Integrative practices like moxibustion can strengthen midwives' capacity to provide woman-centered care in resource-limited settings.

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PHYSIOLOGICAL – MIDWIFE INTERVENTIONS (INCLUDING THREE-MINUTE PRESENTATION COMPETITION)

O190

Improving birth outcomes through midwife-led quality improvement: Mechanisms and impact of a co-created intervention study in Uganda

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BACKGROUND
Despite global recognition of evidence-based midwifery practices, implementation gaps undermine care quality during labour and birth. In Uganda, key practices such as using varied birth positions (dynamic birth positions), continuous intrapartum support, and perineal protection, are underused which negatively affects maternal and newborn health.
OBJECTIVES
To assess how a co-created, midwife-led quality improvement (QI) intervention increased and sustained the use of evidence-based midwifery practices and improved birth outcomes in a public hospital in Kampala, Uganda.
METHODS
The Midwize intervention was co-created with midwives, other hospital staff, policy-makers, educators, the midwife association, women, and birth companions. Seven trained midwives ("Midwize Ambassadors") led implementation over seven months, supported by mentorship and peer learning through structured QI cycles. Data were collected from 703 women before, during, and at 3 and 6 months (2023), and again at 2 years (2025) post-intervention using structured observations and questionnaires.
RESULTS
The midwife-led quality improvement intervention significantly increased use of key practices—dynamic birth positions (0% to 79%), intrapartum support (0% to 62%), and perineal protection (62% to 92%)—with gains sustained at six months and two years. Maternal perineal injuries decreased, and newborn Apgar scores improved. Success stemmed from co-creation, a train-the-trainer model, midwife role models leading change, peer mentoring, engaging women and birth companions, regular staff and policy updates, all within a structured QI approach promoting continuous learning.
CONCLUSIONS
Midwife-led, co-created quality improvement interventions can effectively embed evidence-based practices into maternity care, resulting in better outcomes for women and newborns. This approach strengthens core midwifery competencies and supports more responsive and respectful health services.
KEY MESSAGE
Midwife-led quality improvement interventions are a scalable strategy to strengthen evidence-based care, enhance professional leadership, and improve maternal and newborn health across diverse settings.

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O191

Dynamic birth positions: Lessons from a quality improvement project in Kenya

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PURPOSE

This was a quality improvement project implemented through Midwize, a Karolinska Institutet supported project. Midwize is a midwife-led, evidence-based quality improvement initiative focused on reducing preventable maternal and neonatal complications through simple, yet impactful, interventions. The purpose of the project was to introduce dynamic birth positions in a level four facility in Mombasa, Kenya.

DISCUSSION

Evidence indicates that the use of dynamic birth positions during labour and birth allows women to have flexibility and control over their labour and birth process. While the traditional supine positions have been associated with increased risk of episiotomies, instrumental births, and caesarean sections, dynamic birth positions have been found to be beneficial to both the mother and the baby. With the dynamic positions, the duration of labour is shortened since gravity promotes descent of the presenting part.

EVIDENCE WHERE RELEVANT

Forty women attending antenatal clinic (ANC) were recruited into the project. The nurses, midwives, and obstetricians were sensitized on dynamic birth positions, as were the women and their partners as they came for ANC. Data was collected at baseline to assess existing practices, at midterm to evaluate practice uptake, and at the endline to assess the impact of the intervention. At baseline, all women gave birth while lying on their backs. At midline, nine mothers adopted a lateral position, and some used a birthing stool. At the end line, which was five months after the inception of the project, the use of dynamic birth positions was at 62.5%, which was a significant uptake.

KEY MESSAGE

Dynamic birth positions are adaptable even in resource-limited settings, and they are linked to good health outcomes. The health care providers need to support women and their partners in adopting the dynamic positions during birth.

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PLACE OF BIRTH – HOMEBIRTH (INCLUDING THREE-MINUTE PRESENTATION COMPETITION)

0278

Homebirth outcomes and postnatal experiences in Canterbury, New Zealand: A mixed methods study

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BACKGROUND

With rising global interest in humanised, continuity-based models of care, homebirth offers a unique lens through which to examine the impact of midwifery-led care on maternal and neonatal outcomes. In New Zealand planned homebirth is a well-integrated and supported option. The HOPE study offered a unique opportunity to explore outcomes and postnatal experiences among women who birthed at home with a known midwife.

OBJECTIVES

To evaluate the impact of midwifery continuity of care on maternal and neonatal outcomes, breastfeeding, and postnatal experiences following planned homebirths in New Zealand.

METHODS

A mixed methods design was used. Quantitative data from 90 homebirths were analysed descriptively. Qualitative data were collected via focus groups and thematically analysed using a critical realist lens. Ethics approval was provided by the Otago Polytechnic Research Ethics Committee (OPREC 80). No conflicts of interest are declared.

RESULTS

Continuity of midwifery care was highly valued and was a key factor in building maternal confidence and trust. There was a high rate of physiological birth, and low rates of postpartum haemorrhage >1000 mls (3%) and 3rd degree perineal tearing (1%). Babies born at home experienced a mean of 127 minutes of skin-to-skin after birth. 42% of babies did not lose weight in the first week, and the rate of exclusive breastfeeding at discharge from midwifery care (typically 6 weeks postbirth) was 95%. The midwifery continuity relationship fostered empowerment for mothers and trust in normal physiological birth and breastfeeding.

CONCLUSIONS

Midwifery continuity of care for homebirth supports positive outcomes and experiences in relation to birth, breastfeeding, and neonatal weight change.

KEY MESSAGE

Midwifery continuity of care facilitates positive homebirth, postnatal, and breastfeeding outcomes and experiences, and healthy mothers and babies can thrive instinctively outside of institutional care settings. Support for midwifery-led models of care is vital in improving maternity outcomes and experiences globally.

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0279

Outcomes associated with planned place of birth among midwife and physician attended low-risk pregnancies in Ontario, Canada (2012-2021): A population-based propensity score weighted cohort study

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BACKGROUND
Client characteristics and provider and contextual factors that influence home birth outcomes may vary over time, so it is important to update research about home birth outcomes.
OBJECTIVES
We compared the risk of (1) neonatal morbidity and mortality, and (2) maternal outcomes and birth interventions, between planned home birth with a midwife, planned hospital birth with a midwife, and planned hospital birth with a physician.
METHODS
Using prospectively collected provincial perinatal registry data linked to other administrative health data, we conducted a population-based retrospective cohort study of Ontario residents with a low-risk pregnancy who gave birth between April 1, 2012, and March 31, 2021. The primary outcome was a composite binary outcome of severe neonatal morbidity or mortality (SNMM). We used propensity score overlap weighting to minimize the impact of selection bias and modified Poisson regression to conduct multivariate analyses. Ethical approval was obtained.
RESULTS
The cohort included 280487 births, of which 9583 were planned homebirths. For nulliparas, compared to physician-attended hospital birth, the relative risk of SNMM was 0.88 (95% CI: 0.72-1.07) for planned home births, and 0.91 (95% CI: 0.82-1.01) for planned hospital births with a midwife. For parous people with no previous cesarean birth, compared to physician-attended hospital birth, the relative risk of SNMM was 0.62 (95% CI: 0.49-0.79) for planned home births, and 0.78 (95% CI: 0.68-0.90) for planned hospital births with a midwife. For parous people with a prior cesarean birth, compared to physician-attended hospital birth, the relative risk of SNMM was 1.37 (95% CI: 0.79-2.59) for planned home births, and 0.94 (95% CI: 0.65-1.35) for planned hospital births with a midwife. Maternal outcomes will also be shared.
CONCLUSIONS
Planned home birth continues to be a safe option for low-risk pregnancies in Ontario, Canada.
KEY MESSAGE
Our updated home birth clinical outcome and intervention findings can inform policy and clinical decision-making.
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0280

Work together, train together: Collaboratively supporting safe homebirth

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PURPOSE
Most homebirths are safe and empowering experiences for women and families. Occasionally emergencies arise and the ambulance service is called to assist. Midwives and ambulance crews must work together in "flash" teams to provide safe and compassionate care to the woman/birthing person and family. We developed a joint training programme which we co-designed and collaboratively delivered to ambulance clinicians and midwives from 18 NHS Trusts in the UK. The intended and unintended consequences were overwhelmingly positive.
DISCUSSION
Ambulance clinicians are highly skilled professionals with expertise in resuscitation, seizure management and other critical presentations. Midwives are highly skilled professionals in providing care to women and families throughout pregnancy and birth. When these professionals work together in extremis, it is essential that they have an understanding of their different scopes of practice and collectively resolve emergency situations. By ensuring ambulance services and midwifery services are collaborating to provide safe care, homebirth becomes a safer and more empowering option for women/birthing people and their families.
EVIDENCE WHERE RELEVANT
100% of attending ambulance clinicians reported feeling significantly more confident in their role at maternity calls following the training. 100% midwives said that they had improved their knowledge of the scope of practice of different ambulance clinicians. Midwives and ambulance clinicians reported feeling much better prepared and more confident in working together to resolve obstetric emergencies. Midwives said this made them feel more confident when counselling women regarding homebirth. When attended by hospital midwives, the training gave them an appreciation of the role of the community midwife.
KEY MESSAGE
Ambulance clinicians are not always seen as key system partners in the provision of safe and empowering maternity care. However they have a key role in supporting safe homebirth services. The joint training programme that we created, refined and implemented had huge benefits to all members of the multidisciplinary team.
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PLACE OF BIRTH – HOSPITAL (INCLUDING THREE-MINUTE PRESENTATION COMPETITION)

0230

Normal Birth Unit: A midwifery unit pilot projet in Portugal

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PURPOSE
To share the project "Normal Birth Unit" the first midwifery unit in Portugal and to receive contributions of improvement from experts.
DISCUSSION
The Normal Delivery Unit (NDU) is characterized as an innovative pilot project in Portugal in maternal-fetal health care, aimed at a target group of healthy women with low-

risk pregnancies. This care model is based on the work of nurse midwives, who perform their functions autonomously, ensuring personalized and quality care to this group of pregnant women. Portugal, in the Lisbon and the Tagus Valley region, due to the lack of obstetricians that prevents us from ensuring emergency shifts, the health authorities have been closing Obstetrics emergencies in a planned manner under the Birth in Safety program. This situation has led to a decrease in access for users with low-risk pregnancies, a decrease in the number of births performed and an increase in births with multiple clinical interventions and generates feelings of insecurity among the pregnant population about where and how to access care for childbirth. As the culture of the nurse midwives team, is based on promoting physiological birth, only justifying intervention to the strict extent that the maternal or fetal condition requires it, focusing care on the user and seeking to provide positive birth experiences, the nurse midwives team proposes the development of a pilot project in the NHS, through the creation of a NDU, adjacent to the Delivery Unit. We would like to share our project, it's mission, vision, guiding values and principles, and strategic and operational objectives; and receive contributs to improvement.

EVIDENCE WHERE RELEVANT

The project was presented to Administration, Executive Direction of NHS and Health Minister and received a very positive feedback and interest.

KEY MESSAGE

An important aspect of implementing evidence-based care during maternity is to expand the provision of midwives-led care spaces and increase women's access to them (WHO, 2016).

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0231

Shifting the culture of birth: Promoting physiologic birth across risk levels in a high-risk hospital setting

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PURPOSE

Hospitals specializing in high-risk pregnancy care often default to an overly medicalized model, even for those with low-risk pregnancies. This abstract describes how one hospital used a quality improvement (QI) framework to implement midwifery-aligned, evidence-based practices that support physiologic birth for all birthing people—regardless of medical complexity.

DISCUSSION

Evidence from the midwifery model of care demonstrates improved outcomes when physiologic processes are supported in labor and birth. However, translating these practices into high-acuity hospital environments requires cultural and structural change. This initiative focused on shifting birth culture through practical, low-cost strategies rooted in existing resources and clinical evidence. The hospital leveraged support from its state perinatal quality collaborative and initiated a QI project grounded in stakeholder engagement and interdisciplinary collaboration. Key steps included: Securing leadership and provider buy-in across obstetrics, midwifery, nursing, and pediatrics identifying practice gaps and aligning goals with existing perinatal initiatives implementing practice changes that support physiologic birth, including: Immediate skin-to-skin contact following vaginal birth, family-centered cesarean birth practices, physiologic (delayed) cord clamping, intermittent auscultation for low-risk labors, expanded use of non-pharmacologic comfort and coping tools.

EVIDENCE WHERE RELEVANT

Early implementation demonstrated increased interdisciplinary collaboration, stronger alignment with evidence-based care, and greater support for physiologic birth practices among staff. These changes required minimal new resources and were sustained through shared ownership and regular QI cycle reviews.

KEY MESSAGE

Physiologic birth practices are feasible and impactful in high-risk hospital settings. With intentional QI strategies, interdisciplinary teamwork, and alignment with midwifery care principles, hospitals can transform labor and delivery unit culture to better support all birthing people across the risk spectrum.

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PLACE OF BIRTH – RURAL

0356

Beyond the birth: Co-training students and professionals to tackle maternal health at the roots through interprofessional shared-learning spaces

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PURPOSE

The high rates of morbidity and mortality for women and children in rural communities elevates rural maternity care as a significant global health issue. While interventions and policies have attempted to improve health outcomes, we continue to see ongoing disparities in these communities. The identified drivers of poor health outcomes for women and children in rural settings including social and economic factors as well as limited access to healthcare, long travel distances to facilities, and provider shortages. Our project aims at addressing these factors in New Mexico by creating a series of on-line, interprofessional, shared-learning sessions for students and working professionals through the Health Sciences Interprofessional Education Office.

DISCUSSION

This project began in 2023 and is a collaboration between the University of New Mexico's Nurse-Midwifery Program, College of Population Health and Nutrition Program. We will discuss the first three events in the series and plans for ongoing interdisciplinary learning utilizing interactive

co-learning spaces. These educational events bring together students and professionals from multiple disciplines to explore statewide interventions and actions for solutions to maternal and newborn health disparities, emphasizing rural health care. The Interprofessional Education model is a successful framework for fostering shared, active learning spaces for students and maternal health professionals from community and clinical care settings to integrate new skills and knowledge into practice. And together, we generate potential solutions to improve health outcomes for rural families.
EVIDENCE WHERE RELEVANT
The three learning sessions brought together students and professionals from medicine, nursing, physician assistant, nutrition, population health, pharmacy, dental hygiene, and community maternal health (n=60+30). We will share key findings, takeaways, and competencies shared by participants. Some include the importance of midwifery, telehealth, and collaborating with community partners.
KEY MESSAGE
Implementing multidisciplinary education and dialogue can deepen understanding to build actionable solutions towards addressing maternal and child health challenges in rural communities.
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0357

Indigenous peoples' responses to evacuation for birth in Ontario: Conceptualizing risk through an indigenous midwifery-led approach

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PURPOSE
Pregnant indigenous peoples living in remote, rural, and northern Indigenous communities in Canada are subjected to evacuation birth policies, whereby they are evacuated out of their community to large, urban hospitals to give birth. Evacuation for birth is assumed to decrease biomedical risk because people are birthing in hospitals. In Canadian health systems, evaluating and mitigating biomedical risk has become a standard in health decision-making but this framework disregards Indigenous ontologies and epistemologies that guide Indigenous people in their evaluation of health risk. Objectives: Describe how pregnant Indigenous people in Ontario conceptualise health and risk.
DISCUSSION
Risks associated with evacuation for birth were conceptualised by participants in a wholistic manner based on principles of self-determination. Participants identified multiple risks that shaped their overall assessment of health risk when facing evacuation for birth including the risk of being separated from kin, confronting a lack of health services, and experiencing discrimination. As participants spoke, they reimagined perinatal care to mitigate health risks, which requires bringing birth back to Indigenous communities through Indigenous midwifery. We outline actions to limit the practice of evacuation for birth, support the return of birth to Indigenous communities, and expand understandings of risk within policy and clinical practice.
EVIDENCE WHERE RELEVANT
We collected data through semi-structured interviews with 43 participants who have been evacuated for birth or are kin of an evacuee who live in Ontario, Canada.
KEY MESSAGE
We call upon health systems to view risks associated with pregnancy wholistically, and address risks by including Indigenous midwives in healthcare planning.
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0358

Midwives critical in providing maternity care to rural women locally in Australia

Linda Jones

BACKGROUND
In recent years there has seen significant closure of small maternity units particularly in rural regions of Australia. Those small maternity units that do continue to care for childbearing women may only provide antenatal and postnatal care with women giving birth in a larger maternity unit often some distance away. There are some small maternity units that continue to provide complete care to childbearing women which is the focus of this research. The issue here is that these small rural maternity units tend to only cater for women who are having a low-risk pregnancy. When the women are deemed 'high risk' they will need to transfer to a larger maternity unit for their ongoing antenatal care and childbirth. These larger maternity units are often some distance away requiring women to travel for each antenatal care visit and for birth. Little is known about the women's experience of this.
OBJECTIVES
Aim: This research aimed to explore women's experience of having to transfer their care to a larger maternity unit due to being deemed at risk due to being deemed at risk.
METHODS
A qualitative descriptive phenomenology approach was used in this research to interview 20 women either via zoom or face to face. Thematic analysis was used to develop codes and themes through an inductive process.
RESULTS
The themes that emerged from the data included: don't realise how hard it is, forces you to make choices, throws whole relationship, you're an individual not a rule. This paper will present the findings from these interviews.
CONCLUSIONS
Key message: Ultimately the findings contribute valuable data that will help inform practice, health service and health policy development. Recommendation includes the need to develop a model of care that facilitates women to stay local for their maternity care.
KEY MESSAGE
There are no conflicts of interest.
Eur J Midwifery 2026;10(Supplement 1):A265

0359

Co-creating rural maternity solutions in Australia: A national framework for continuity, cultural safety, and community-led care

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PURPOSE

To present the development and impact of the Second Edition National Consensus Framework for Rural Maternity Services, co-created by a coalition of key national maternity stakeholders and Government to address the urgent need for equitable, culturally safe, and sustainable maternity care in rural and remote Australia.

DISCUSSION

This framework responds to the ongoing closure of rural maternity services and the resulting health inequities faced by rural and remote communities. It was developed through a collaborative process involving midwives, doctors, policy makers, Aboriginal and Torres Strait Islander health leaders, and consumer representatives. The framework reflects a shared commitment to respectful maternity care, continuity of care, and culturally responsive, place-based service design. It challenges reductionist models of care and instead promotes holistic, community-led approaches that value local knowledge, cultural safety, and multidisciplinary collaboration. The co-creation process itself exemplifies a model of inclusive leadership and shared vision, offering a replicable approach for other regions globally.

EVIDENCE WHERE RELEVANT

The framework is grounded in national and international evidence, including WHO recommendations on respectful maternity care and midwifery continuity of care. It references over 40 sources and integrates findings from the 2023 Australian National Rural Maternity Forum and stakeholder consultations. Evidence supports that midwifery continuity of care improves outcomes for women and babies and enhances workforce retention.

KEY MESSAGE

Achieving "One Million More Midwives" requires not only increasing workforce numbers but also creating environments where midwives can thrive. Collaborative, culturally safe, and community-led frameworks are essential to restoring and sustaining rural maternity services. Midwives are central to this transformation, and their leadership in co-designing care models is vital.

Eur J Midwifery 2026;10(Supplement 1):A266

POLICY – PROFESSIONALISM

0360

Supporting personalised care for all women

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PURPOSE

At the Nursing and Midwifery Council (NMC)we were getting a lot of inquiries from senior midwives about two areas of concern. Firstly, what a midwife should do when a woman requests care which does not align with local guidance or declines care from a midwife, indicating they wish to freebirth. Secondly, that care in labour and birth was potentially being given by people who are not registered with us and could be in breech of Article 45 which specifies the Protected Function of the Midwife in the UK. We formed a group of a range of key stakeholders The issues were complex and it took time to work through the issues as well as considering the language used; crucially, we were committed to women's fundamental birthrights. Three subject Task and finish groups met on two occasions to discuss a line of enquiry in relation to principles for women, midwives and the Trusts/Health Boards. We discussed the issues from the perspectives of women, midwives and NHS Trusts/Health Boards.

DISCUSSION

A collaboratively-developed principles document endorsed by national stakeholders which has been circulated to all Trusts and Health Boards. A review of NMC processes when a concern is made about a unregulated person so that appropriate and proportionate action is taken.

EVIDENCE WHERE RELEVANT

The number of inquiries received.

KEY MESSAGE

Midwives need support from a range of stakeholders where they are facing tensions between a woman's right to make autonomous decisions and the support they receive to provide midwifery care. Within a complex maternity landscape, this work demonstrates the importance of working together to problem-solve tricky issues where a number of stakeholders are involved but are all facing the same issue. Next steps: A communication campaign with Doula UK to highlight the roles of the midwife and a doula in providing personalised care.

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0361

Co-developing a national strategy for Respectful Maternity Care (RMC): The RESPECT project in Cyprus

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BACKGROUND

Disrespect in childbirth undermines women's rights, with implications for maternal outcomes and system trust. While Cyprus has the highest caesarean section (C/S) rate in the EU, raising questions about informed choices, a recent C/S reduction National Strategy does not address deeper systemic and cultural drivers of care.

OBJECTIVES

This academia-led project co-developed a National Strategy

for Respectful Maternity Care (RMC) through a participatory process with a diverse set of stakeholders.
METHODS
Using a participatory action research approach, the RESPECT project engaged 35 stakeholders, including professional associations, government departments, regulatory bodies, and civil society. Stakeholders mapped the determinants of RMC using socio-ecological and COM-B behavioural models, identifying barriers and opportunities across multiple levels. Actionable recommendations and resources were co-created in a series of structured workshops.
RESULTS
The mapping revealed systemic gaps and complex interdependencies. Key issues emerging were: the absence of national guidelines, quality assurance systems, in-service training, and the pervasive impact of fear of litigation on defensive medical practices. Recommendations were grouped under four pillars: clinical practice, professional development, public awareness, and research and data monitoring. Actions implemented include: a checklist for clinics adapted from the WHO quality standards, shared decision-making training curriculum for providers, empowerment workshops and e-course on RMC rights, an RMC lexicon linking concepts to recommendations, and the research-informed video "When standard practice is not Practicing Standards", among others.
CONCLUSIONS
The participatory and inclusive approach built trust with stakeholders, fostering a shared understanding and ownership of quality improvement efforts in maternity care in Cyprus. While certain terminology (e.g. "obstetric violence") triggered backlash, the process was successful in developing context-specific strategies and tangible resources for the promotion of Respectful Maternity Care.
KEY MESSAGE
This project demonstrates the value of inclusive policy co-creation that integrates women's lived experiences and system constraints, offering a replicable model for aligning maternity care with human rights and quality standards.
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0362

Midwifery in Europe: Barriers and enablers to implementing ICM standards

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BACKGROUND
The International Confederation of Midwives (ICM) promotes global uptake of its standards, including the International Definition of the Midwife (ICM 2023) and the Philosophy of Midwifery Care (ICM 2023). In Europe—a region stretching from Portugal to Tajikistan comprising of 44 countries and with over six billion births annually (Database Earth).
OBJECTIVES
To assess how midwives and midwifery associations in Europe engage with ICM's core documents and to identify key facilitators and barriers to their implementation - especially concerning alignment with ICM's definition and philosophy.
METHODS
A cross-sectional online survey was conducted from December 2025-January 2026 by the ICM Europe Regional Professional Committee. A total of 95 midwives and association representatives from 19 in countries responded. Both quantitative and qualitative data were collected and thematically analysed.
RESULTS
82% percent of respondents were affiliated with national midwifery associations. While 70% reported facilitators such as professional commitment, training access, and supportive leadership, 60% identified barriers including economic constraints, limited access to documents including language barriers, and lack of policy support. Respondents from seven countries unanimously reported full alignment with the ICM definition and philosophy. In several cases, national frameworks were narrower, more medically oriented, or inconsistent with the ICM's model, limiting implementation potential.
CONCLUSIONS
While European midwives firmly commit to ICM's vision, persistent structural and systemic barriers hinder implementation. Misalignment between national definitions and ICM standards undermines midwifery autonomy, independence and continuity of care. Addressing these issues calls for targeted advocacy, structural support, and integration and cultural considerations of ICM frameworks into national policies and educational systems.
KEY MESSAGE
To strengthen midwifery in Europe, alignment with ICM's definition, scope, and philosophy must be prioritized through tailored implementation strategies and reinforced association capacity.
Eur J Midwifery 2026;10(Supplement 1):A269

POLICY - STRATEGY (INCLUDING THREE-MINUTE PRESENTATION COMPETITION)

0199

Advancing equitable and person-centred perinatal care: Implementing Wales's perinatal engagement framework

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PURPOSE

To share Wales's strategic approach to development of the perinatal engagement framework led by Welsh Government. The framework embeds equity, inclusion and person-centred care across maternity and neonatal services by amplifying service user voices, particularly from minoritised groups, informing service design, delivery and continuous quality improvement.

DISCUSSION

Co-produced with stakeholders, communities and clinicians, the framework responds to evidence of disparities in perinatal outcomes and experiences, particularly among women from the global majority. It supports Welsh Government priorities including the anti-racist Wales action plan and quality statement for maternity and neonatal services and algins with international midwifery standards promoting rights-based respectful maternity care. Key commitments include targeted engagement, building community trust, culturally safe communication and service redesign based on lived experience. Cultural workforce development and data informed actions are central to delivering system wide change. By fostering collaboration and amplifying service user voices, the framework drives sustainable equity improvements.

EVIDENCE WHERE RELEVANT

Global research highlights how systemic racism, disrespect and culturally unsafe care worsen outcomes and experiences for women from minoritised groups. The World Health Organisation and international midwifery bodies stress the importance of listening to women and embedding rights-based care. UK inquires show Black, Asian and minority ethnic women face poorer maternal and neonatal outcomes and are often unheard. Maternity and Neonatal Voice Partnerships lack diverse representation, limiting equitable service design. In Wales, national policies prioritise equitable, inclusive care, with workforce plans focusing on diversity and capability. Local engagement confirms persistent barriers, including communication failures, cultural insensitivity and mistrust in services.

KEY MESSAGE

The perinatal engagement framework offers a replicable model for embedding equity, inclusion and women's voices in maternity and neonatal services. Centring on lived experience, it empowers midwives and neonatal nurses to lead systemic change, delivering on national policy and advancing midwifery values of social justice in perinatal care.

Eur J Midwifery 2026;10(Supplement 1):A270

O200

Policy to practice: Does Australia's national maternity strategy meet the maternity care needs of Australian women?

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BACKGROUND

High-quality, evidence-based maternity policy is vital because if well-implemented, it can influence health across the lifespan. Australia's National Maternity Strategy (2019) is based on 12 principles of woman-centred care, and underpinned by four core values: safety, respect, choice and access. Little is known about how the Strategy impacts Australian maternity-care.

OBJECTIVES

To determine if the Strategy meets the intended goal to provide woman-centred care safely and respectfully via access to appropriate services of choice.

METHODS

An explanatory sequential two-phased mixed-methods design was used. Phase one was a national online quantitative survey, with six open-text questions providing qualitative data, analysed via content analysis. In phase two, 50 women from across Australia were interviewed about their maternity-care experiences; these were analysed using reflexive thematic analysis.

RESULTS

The data from 1750 survey participants and 50 interviews were analysed. The findings from both research phases indicate that although the values and principles of the Strategy align with those of women in Australia, care is not always received in accordance with them. Women desire holistic, safe care with equal emphasis on emotional/psychological safety as much as physical safety. The need for respectful maternity care was considered paramount. Women wanted autonomy to make informed decisions about their maternity-care that were respected by care providers. They desired accessible care in their preferred location. Women from Australia's priority populations were less likely to experience care that aligned with the Strategy. Continuity of care models were most strongly associated with receiving aligned maternity care.

CONCLUSIONS

Despite a shared responsibility by Australian governments to implement the Strategy, a greater commitment is required nationally if the Strategy is to move from an unrealised policy to universally transformative care across Australian maternity services.

KEY MESSAGE

Moving from policy to practice that impacts the health of future generations requires coordinated implementation between governments, health systems and individual maternity-care providers.

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O201

Reframing the future: What behavioral economics can teach us about funding, valuing, and sustaining one million more midwives

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PURPOSE
Despite decades of global evidence that midwifery improves outcomes and reduces costs, governments continue to undervalue and underfund midwives. This presentation uses a behavioral economics lens to examine why international midwifery remains politically and financially sidelined and offers strategies to reframe its value.
DISCUSSION
Behavioral economics explains systemic inertia around midwifery investment through cognitive and institutional biases. For example, "status quo bias" favors physician-centered models, and "loss aversion" deters shifting power and budgets. Framing deeply matters: midwifery framed as "alternative" rather than essential weakens its policy standing. Fragmented professional identity and low visibility worsen disparities and create an "effort-reward imbalance," a driver of burnout. Reimbursement may be delayed or absent, while midwives face limited scope and exclusion from decision-making. These dynamics reinforce "social identity bias," casting midwives as peripheral rather than central.
EVIDENCE WHERE RELEVANT
Reports from The Lancet Midwifery Series (2014), WHO (2016, 2021), UNFPA (2014, 2021), and ICM (2021, 2023) show that investing in midwives can lower maternal and newborn deaths, improve patient satisfaction, and reduce costs. This presentation applies behavioral concepts including "prospect theory," "loss aversion," and "present bias," drawing on research by Kahneman, Thaler, OECD (2017), and World Bank (2015) to show how behavioral patterns stall investment even when evidence is strong.
KEY MESSAGE
Data alone won't create one million more midwives. Decision-makers must also be influenced emotionally and behaviorally. Policymakers may avoid investing in midwives not because of lack of data, but because midwifery is not the "default" in care models. By applying behavioral insights, we can reframe midwifery as essential and design advocacy aligned with real decision-making. This research offers a framework that advocates can use to shift narratives, influence policy and funding, and grow the midwifery workforce.

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0202

Assessing the midwifery education in Nepal with reference to global midwifery education standards and essential competencies

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BACKGROUND
Persistently high maternal and neonatal mortality rates in Nepal underscore challenges in care quality, despite the 2016 establishment of formal midwifery education programs. Concerns regarding the alignment of these programs with international standards prompted the current study.
OBJECTIVES
This study assesses Nepal's pre-service midwifery education against International Confederation of Midwives (ICM) global standards and midwifery essential competencies to identify areas for improvement.
METHODS
A mixed-methods study was conducted, including a desk review of national standards and curricula against ICM education standards (2021) and competencies (2024), 15 stakeholder interviews, 3 focus group discussions (Jan–Jun 2025), and site visits to 4 hospitals and 1 midwifery school. Quantitative data were mapped using a 4-point alignment scale; qualitative data were thematically analyzed.
RESULTS
The Nepal Nursing Council (NNC) standards for the Bachelor of Midwifery Sciences (BMS) program covered 72% of ICM education standards, while PCL Midwifery NNC standards and the CTEVT PCL Midwifery curriculum covered 67% and 52%, respectively. Regarding ICM essential competencies, the BMS curriculum met 89%, PCL Midwifery 76%, and PCL Nursing 43%. Qualitative data corroborated these findings and identified critical gaps, including a notable disparity between theory and practice, deficiencies in faculty and resources, inadequate clinical supervision, and the lack of a defined legal identity or clear career pathway for midwives.
CONCLUSIONS
Despite discernible progress, midwifery education in Nepal remains inadequately aligned with current global standards. The development of a proficient midwifery workforce, essential for improving public health outcomes, necessitates strategic and systemic reforms. Addressing these deficits through mandated curricular updates, investment in educational infrastructure, and the establishment of legal autonomy for the profession is therefore critical to enhancing care quality and reducing mortality.
KEY MESSAGE
Midwifery education in Nepal is inadequately aligned with international standards, limiting workforce competency. Gaps in curriculum, training, and recognition persist, requiring urgent reforms to improve maternal and newborn health outcomes.

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POSTPARTUM – MISCELLANEOUS

0406

Developing midwifery students' skills to support families during complementary feeding through experiential training and community listening

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BACKGROUND
Complementary feeding is a crucial developmental phase that shapes long-term health and dietary habits. Promoting knowledge of food seasonality, reducing food waste, and supporting informed parental choices are essential to establishing sustainable, health-promoting practices. In an environment saturated with conflicting, often non-professional information, families seek accurate and personalized guidance. Responsive feeding—based on recognising a child's hunger and satiety cues—is endorsed by health authorities as an effective approach. Midwives play a key educational role in guiding families throughout the perinatal period with relational and scientific competencies.
OBJECTIVES
To strengthen midwifery students' ability to support families during complementary feeding through a structured, practice-based educational intervention.
METHODS
The project includes theoretical lessons, experiential labs, an intensive residential training, and field engagement. A listening phase with families will be conducted through online focus groups to tailor educational content. Preliminary findings are based on a similar educational project (PEACC), with a different thematic focus, conducted with 23 second- and third-year midwifery students from Vita-Salute San Raffaele University. Participation was voluntary and required completion of preparatory training, consultation of educational resources, and full attendance at a residential training held from 24 to 27 October 2024. A focus group explored students' experiences and perceptions.
RESULTS
Qualitative analysis identified four themes: the midwife's role in nutrition education, students' perception of their training, sustainability in food choices, and the value of family engagement. Students reported greater awareness of food systems and recognised the midwife's potential in nutrition education.
CONCLUSIONS
Experiential learning enhances students' competencies in supporting families during complementary feeding with a sustainable, informed approach.
KEY MESSAGE
Integrated, practice-based training empowers midwifery students to promote healthy, sustainable feeding practices and provide effective family support.

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0407

Partners' experience of childbirth in Iceland 6-12 weeks postpartum and their perception of midwifery support. A descriptive cross-sectional study

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BACKGROUND
The birth experience can have both short- and long-term effects on a partner's psychosocial well-being. Partner birth satisfaction and experience are influenced by various factors, emphasizing the importance of assessing their needs and providing appropriate support throughout the perinatal period. Midwives play a crucial role by offering presence, effective communication, and giving appropriate information, which can positively impact partner birth satisfaction and experience.
OBJECTIVES
To examine the birth experience of partners 6–12 weeks postpartum and their perception of the support provided by midwives.
METHODS
Data were collected in Iceland in 2022 as part of an international cross-sectional study. The sample included 116 partners. Key variables included whether the partner had children before, how traumatic they perceived the birth, birth satisfaction, and emotional support during pregnancy. Background factors such as age, gender, education, household income, and mode of birth were considered. Statistical analyses included linear regression and chi-square tests to identify significant associations.
RESULTS
Among participants, 94.9% reported higher birth satisfaction, and 94.8% were satisfied with the midwifery care received during labor. However, only 55.2% were satisfied with the emotional support provided by midwives during pregnancy. Partners who had previous children were significantly more likely to perceive childbirth as easier compared to partners having their first child. Additionally, partners who experienced the birth as more traumatic were more likely to report lower birth satisfaction.
CONCLUSIONS
Partners of birthing women in Iceland generally report high satisfaction and with midwifery care during labor but lower satisfaction with prenatal emotional support. Strong emotions are involved in childbirth, and findings suggest that midwifery services should be more tailored to meet the individual needs of partners throughout the perinatal period.
KEY MESSAGE
Partners report high satisfaction with labor care but less support during pregnancy, highlighting the need for more tailored emotional support throughout the perinatal period.

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0408

Online training for maternal and early postpartum exercise instructors during COVID-19: Graduate survey on continued implementation and social impact

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PURPOSE
Japan faces declining birth rates and labor shortages, with increasing dual-income households making postpartum recovery and return-to-work support crucial social issues. The COVID-19 pandemic exacerbated exercise deficiency among pregnant women, making it more challenging to achieve WHO-recommended 150 minutes of moderate-intensity aerobic activity per week for pregnant and postpartum women (WHO, 2020). This study evaluates the practical continuation and social impact of an online maternal exercise instructor training program through a graduate survey, examining implementation after transitioning to online format during the pandemic.
DISCUSSION
Since 2017, our NPO has trained 445 maternal healthcare trainers (1352 total completions). After introducing online formats in 2020, we continued instructor development through pregnancy, postpartum, and menopause exercise programs. All programs were designed in 10-minute segments to enhance feasibility of achieving WHO-recommended exercise duration. A web-based survey of 43 graduates assessed training modalities, program utilization, and implementation rates. 67% experienced online training, with 33% completing programs after the pandemic onset.
EVIDENCE WHERE RELEVANT
Graduate utilization rates were 72% for pregnancy programs, 67% for delivery preparation programs, and 72% for postpartum programs in their actual instruction practice. Online training experience reached 67% of respondents, demonstrating continued instructor development during COVID-19. Free-text responses revealed strong demands for continuing education, online material utilization preferences, and professional development motivation. 67% of graduates had 3+ years of experience, confirming long-term practice continuation.
KEY MESSAGE
Transitioning to online instructor training during COVID-19 enabled continued maternal exercise instruction despite social distancing requirements. Approximately 70% of graduates put the programs to practical use, and many expressed a desire to continue their learning or use on-demand teaching materials. The 10-minute program design serves as a practical approach enabling busy pregnant and postpartum women to achieve WHO guidelines recommending. This initiative provides a model for supporting both women's health and career continuity, suggesting potential applicability to other countries facing similar challenges.
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0409

Reviving the fourth trimester: Ayurvedic science in contemporary postnatal midwifery

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PURPOSE
Ayurveda, one of the world's oldest healing systems, offers a comprehensive framework for maternal health that prioritises physical, emotional, and energetic well-being. Despite growing global interest, its integration into maternity care remains limited. This abstract examines the significance of Ayurvedic postpartum practices in contemporary midwifery, focusing on how these methods help restore maternal balance and promote long-term healing.
DISCUSSION
This presentation draws on classical Ayurvedic texts, clinical observations from midwife-led birth centres in India, and qualitative feedback from mothers (n = 300) who received Ayurvedic postpartum care. Practices examined include oil massage (abhyanga), yoni dhopanam (vaginal steaming), medicated baths (vethu kuli), dietary therapies (ahara), and herbal medicines such as Shatavari.resultsKey benefits observed include a Reduction in postpartum fatigue and anxiety enhanced lactation and digestion, Decrease in pelvic pain, backache, and insomnia, and improved emotional regulation and mother-infant bonding. Feedback also indicated greater maternal satisfaction with continuity of care when Ayurveda was integrated into postnatal midwifery visits
EVIDENCE WHERE RELEVANT
Ayurveda offers a systematic, individualised approach to postpartum care, grounded in classical texts like the Charaka Samhita and Ashtanga Hridaya. Modern research increasingly validates these techniques, which can improve uterine involution, reduce anxiety, and enhance lactation. By considering principles of dosha, agni, and ojas, practitioners can tailor care to each mother's constitution, blending traditional wisdom with evidence-informed healing.
KEY MESSAGE
Integrating Ayurveda into postpartum midwifery care addresses the physical, emotional, and energetic needs of mothers. Ayurvedic practices, including herbal baths, massage, warming diets, and vaginal therapies, support tissue repair, hormonal balance, lactation, and emotional well-being. Postpartum care can sometimes be overlooked, and Ayurveda offers a structured framework that encourages rest and recovery. These individualised, non-invasive methods align with the woman-centred model of midwifery, allowing caregivers to provide holistic and culturally-informed care that respects tradition while aiming to improve maternal outcomes and long-term wellness.
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POSTPARTUM – PERINEAL

0368

Left-Handedness in midwifery teaching and practice - Development of suture learning materials for left-handed midwives

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PURPOSE
Around ten to twelve percent of midwives and student midwives are predominantly left-handed. This percentage is also reflected in the general population. This biological variability is known as laterality and is due to hemispheric specialisation of the brain. In many societies, right-

handedness is still the norm. Even if left-handed children are no longer consistently retrained to use their right hand, they are still at the mercy of the constraints of the material right-handed world. Left-handed midwives face unique challenges in their training and practice. In clinical practice, the equipment is almost exclusively designed for right-handed employees and often does not even allow flexible switching to the left hand.
DISCUSSION
The surgical curriculum has no specific salutation or recognition of left-handers and the contributions and challenges they represent. The development of adapted learning materials for left-hand dominant students midwives could close a significant gap in training. Developing resources for left-handed students and colleagues could address this inequity in midwifery education. Left-handed instruments are a solution to these technical challenges. The industry already provides instruments for left-handers. Left-handers benefit from mentors with the same hand preference when learning practical skills. Certain practical skills can also be photographed, filmed with left-handers for left-handers.
EVIDENCE WHERE RELEVANT
Eva Aalbæk Dimon and Karina Klavsen, midwives at university hospitals in Aarhus and Esbjerg in Denmark have filmed and prepared educational films for the suturing of birth injuries with left-handers. Since the summer of 2024, special left-handed videos have been available for basic surgical techniques and selected birth injuries. The initial feedback from colleagues around the world is inspiring. We can't leave anyone behind just because they are left-handed!
KEY MESSAGE
Training and daily work can be made easier for left-handed midwives with adapted teaching materials and instruments for left-handed people. With the right teaching support, left-handed students can develop into excellent midwives.
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O369

Role of midwifery competencies for teaching suturing, and assessment and care of birth-related tissue trauma

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PURPOSE
Practicing birth equity means that midwives in every birth setting must ensure that optimal wound assessment, approximation, and healing is available to each birthing person. In this presentation we'll explore how competency-based techniques and practices can restore anatomy to its full function and beauty while building skill and confidence in the midwife. For learners, competencies can be used to acquire knowledge and skills, assess progress, and formulate or update their personalized learning plan. For educators and preceptors, competencies provide an objective guide for teaching and evaluation of learner progress.
DISCUSSION
The competency framework presents the skills for suturing, assessment and care of birth-related tissue trauma as a continuum. These competencies provide step-by-step guides for each specific skill set. Foundational competencies include instrument handling, suture/needle selection, types of stitches, and formation of surgical knots. Birth-related competencies include knowledge of anatomy, post-birth assessment and diagnosis of tissue trauma, wound approximation, and assessment of healing.
EVIDENCE WHERE RELEVANT
As a midwife and RN surgical assistant who has been teaching suturing to practicing midwives since 1994, I have heard from many midwives that they do not feel confident when performing suturing, assessment, and repair of common birth-related vulvovaginal and perineal lacerations. The literature supports having structured educational and experiential programs for clinicians learning this skill set. My goal in developing these competencies is to provide a framework for teaching that can be used by educators and learners alike, so learning can occur along a continuum, with practice, over time.
KEY MESSAGE
This presentation will describe the role and elements of the clinical competencies for birth-related wound assessment and approximation. The focus is on demonstrating how clinical competencies for suturing, assessment, and repair can enhance the teaching and acquisition of the complex skills needed assessment and repair of birth-related lacerations.
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O370

Experience, impact and expectations: A multi-centric longitudinal study of postpartum perineal pain

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BACKGROUND
Perineal pain (PP) is a prevalent issue whose proper assessment is essential to improving postpartum health outcomes. Validated tools are lacking for assessment of perineal sensation as a unique phenomenon with a range of experiences.
OBJECTIVES
This study takes a culturally sensitive and linguistic approach to analyze data from Canadian and French sites to examine connections between maternal and birth characteristics and the intensity, description, impact, and management of PP over three postpartum months.
METHODS
A longitudinal descriptive mixed methods study was conducted including prospective cross-sectional data obtained from participants recruited within two days postpartum. Background data was collected in a structured questionnaire at recruitment. Data on pain intensity, nature, normality, relief, impact on daily life, and perineal function were collected via identical structured questionnaires at the time of recruitment (Q1), at 2 weeks (Q2), and at 3 months postpartum (Q3).
RESULTS

The first part of the study took place in Canada between September 2024 and January 2025, and identified that higher pain ratings were associated with induction of labour, multiparity, and instrumental delivery. Pain was not the most frequently used word to express sensation; more prevalent were discomfort, burning, and swollenness. High impact of PP on daily life seemed associated with lower self-reported perineal function. Data collection is currently taking place in France and will be analysed in late 2025. The presentation will focus on the comparison between both samples.
CONCLUSIONS
Perineal pain was confirmed to be a prevalent postpartum concern with lasting impact on daily functioning. The diverse language describing perineal sensations was important to understanding perineal pain incidence and experience. This provides a foundation for improving PP assessment and future research about expectations, impact, and perception of PP.
KEY MESSAGE
Midwives may use findings about diverse linguistic descriptions and impact of perineal sensations to better understand, assess, and treat PP postpartum.
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0371

Perineal lacerations and healing: The benefits for women of a midwife-led postnatal screening programme in hospitals and at home

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PURPOSE
Although 60-80% of women giving birth vaginally experience perineal suturing, most of them do not receive proper post-operative wound care. Some North- and Middel-European countries offer regular visits for support and counselling including short- and long-term follow-up of perineal healing. We would like to give you an insight into the experiences and clinical outcomes of these screening programmes. Our experiences cover healing of 1st – 2nd – 3rd and 4th degree lacerations in approx. 40000 vaginal births. In less than 1% we offer early secondary repair due to misalignment of wound, under diagnostics or wound dehiscence.
DISCUSSION
This presentation will highlight different clinical cases of healing and show photos from assessments. 99% of the birthing population have a good perineal healing outcome by clinical assessment at 2-3 days postpartum. This screening program gives us the opportunity to detect complications early, requiring our attention and potentially also early intervention. For example, if suture breakdown is observed, we can offer early secondary repair, preferably within the first week postpartum. We have contributed to the production of a dedicated online chapter about wound healing and early secondary repair targeting midwives and obstetricians.
EVIDENCE WHERE RELEVANT
Yoon JH, et al.
Article from ScienceDirect. Int Urogynecol J. 2017. Available at: https://www.sciencedirect.com/science/article/abs/pii/S1877575617302641. Accessed June 9, 2026.
Kindberg S, Seehafer P, et al.
Early secondary repair. GynZone Online Learning. Accessed June 9, 2026. https://my.gynzone.com/courses/133-early-secondary-repair
KEY MESSAGE
We as midwives can ensure the quality of our own clinical work and safeguard the woman's health. This offer for all women promotes equality in healthcare and has proven to be a significant quality improvement initiative.
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PREGNANCY – ACCESS

0240

Socioeconomic determinants influencing antenatal care access and health promotion initiatives in Kenya

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BACKGROUND
Maternal healthcare is a critical public health issue worldwide. Access to and use of antenatal care (ANC) services is essential for maternal and neonatal health outcomes. Despite World Health roll out on recommended antenatal visits, various sociocultural and economic factors significantly hinder access, especially in resource-constrained settings.
OBJECTIVES
This study aimed to explore the sociocultural and economic factors influencing ANC access and attendance in Kilifi County, Kenya.
METHODS
A qualitative descriptive approach was used to explore the experiences and perceptions of pregnant women and healthcare providers regarding ANC access and attendance. Data were collected through in-depth interviews with pregnant women and midwives. Thematic analysis was conducted to identify recurring patterns related to cultural, gender, and economic barriers affecting ANC access and attendance.
RESULTS
The study identified cultural norms, family and community influence, male involvement, financial constraints, pregnancy health promotion, and sources of ANC information as key factors affecting ANC access. Patriarchal decision-making and cultural preferences for traditional birth attendants discouraged facility-based care, while financial dependency and transportation costs further limited attendance. Male family members often controlled healthcare decisions, leading to delays in seeking ANC. Despite midwives promoting early clinic visits and pregnancy risk awareness, entrenched sociocultural beliefs and economic barriers continued to hinder effective health promotion and ANC utilization.
CONCLUSIONS
Sociocultural norms, financial constraints, and male-dominated decision-making hinder ANC access. Addressing these barriers requires comprehensive interventions, including community engagement, male involvement, and

economic support. Culturally sensitive health promotion that respects community beliefs while emphasizing modern healthcare benefits is essential for improving ANC utilization and maternal health outcomes.
KEY MESSAGE
Addressing sociocultural and economic barriers is crucial for improving ANC access. Community engagement, male involvement, financial support, and culturally sensitive health promotion can enhance maternal health outcomes and align with Sustainable Development Goal 3 on good health and well-being.
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0241

"We truly feel limited": Health care providers' perspectives on factors influencing ANC adherence in Rwanda: A qualitative study

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BACKGROUND
Antenatal care (ANC) is essential for improving maternal and neonatal health outcomes, yet adherence to ANC services remains a challenge in many low-income settings, including Rwanda. Understanding healthcare providers' (HCPS) perspectives on factors influencing ANC adherence is crucial for developing targeted interventions to enhance service utilisation and maternal health outcomes.
OBJECTIVES
To understand healthcare providers' (HCPS) perspectives on factors influencing ANC adherence.
METHODS
This study employed a qualitative descriptive design to explore the perspectives of HCPS on ANC adherence in Rwanda. Fifteen in-depth, semi-structured interviews were conducted in Kinyarwanda. The interviews were transcribed verbatim and then translated into English. ATLAS.ti 7software was used to organize the data, which was then thematically analysed.
RESULTS
The perspectives of HCPs were summarised into four themes. Participants mentioned drivers of women's engagement with ANC services, such as community education, structural motivators, availability of diagnostic infrastructure like ultrasound, and HCP training and mentorship. The hindrances to women's ANC adherence noted by participants included cultural beliefs and community misconceptions, stigma and secrecy surrounding unintended pregnancies, cost-related delays in ANC seeking, and gender dynamics and relationships. HCPs also highlighted challenges in delivering effective ANC services, such as staffing shortages and limitations in infrastructure and equipment. Suggested improvements included community engagement and support, increased staffing and resources, and the digitalization of records to improve ANC adherence.
CONCLUSIONS
HCPs play a critical role in shaping ANC adherence through service delivery and patient education. Their consistent engagement and ability to build trust with pregnant women make them key influencers in promoting timely and sustained ANC attendance
KEY MESSAGE
Addressing systemic challenges, strengthening community-based support, and enhancing policy implementation are essential strategies for improving ANC adherence in Rwanda. These findings provide valuable insights for policymakers and healthcare stakeholders to develop targeted interventions aimed at increasing ANC uptake and improving maternal and neonatal health outcomes.
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0242

Rural Swedish women's perspectives on midwifery continuity of care and geographic access to labour wards – A qualitative study

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BACKGROUND
Limited access to labour wards remains a pressing issue for women in rural Sweden, due to the ongoing closure of these units. This raises concerns about the availability, safety, and equity of maternal healthcare. While midwifery continuity of care (MCoC) is linked to positive outcomes, it is rarely implemented in rural areas. Most research focuses on the experiences of urban women, highlighting the need for studies that reflect rural perspectives.
OBJECTIVES
This study aimed to investigate Swedish women's preferences for MCoC and to explore their perceptions and lived experiences of geographic distance from labour wards.
METHODS
This qualitative study used inductive qualitative content analysis. Semi-structured interviews were conducted with 17 women from various regions in Sweden, all of whom lived at least 60 minutes from the labour ward.
RESULTS
Preliminary findings illuminate how women in rural Sweden navigate structural limitations within the maternity care system and express a clear demand for more woman-centred care alternatives. While MCoC was appreciated for enhancing trust, autonomy, and individualised support, participants also reported substantial service gaps. Geographic distance influenced both access to and expectations of care, leading some women to pursue alternative support. These actions reflected both a critique of standard care and a commitment to maintaining control over their childbirth experiences.
CONCLUSIONS
The preliminary findings underscore the necessity for more adaptable and responsive maternity care models tailored to the specific needs of rural women, which are currently not being sufficiently met. Enhancing access to MCoC and supporting women's autonomy are key to ensuring equitable, woman-centred care, regardless of geographic location.

KEY MESSAGE
Women in rural areas of Sweden often experience unmet maternity care needs. Offering a MCoC model may be a safe, individualised alternative, especially beneficial for those residing far from a labour ward.
Eur J Midwifery 2026;10(Supplement 1):A284

0243

Perceptions and experiences of pregnancy and perinatal care among women facing economic disadvantage – A phenomenological study conducted in two Norwegian municipalities

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BACKGROUND
Vulnerability factors such as low income, limited education and young age are associated with low socioeconomic status, which predicts health disparities. Low-status groups often experience poorer health compared to higher-status counterparts. While research has connected this to higher risk of reduced perinatal health, its specificity in pregnant women remain underexplored.
OBJECTIVES
We aim to describe the essences of the experiences of pregnancy when facing economic disadvantage, a main constituent of low socioeconomic status.
METHODS
The study was conducted through ten semi structured in depth- interviews taking place October to December 2024 (duration of 32-52 minutes). The narratives were analyzed by Giorgi's descriptive phenomenological method throughout January to June 2025.
RESULTS
Pregnancy amidst economic hardship emerged as a constant balancing act, with financial insecurity permeating all aspects of life. The general meaning structure was divided into four interrelated constituents: Balancing complex life histories and lived vulnerabilities; a spectrum of lived vulnerabilities manifested in clusters collectively imposed a cumulative burden. Balancing financial hardship and strained situations; economic hardship emerged prominently to varying extents and constricted already tight situations. Balancing responsibility, expectations and needs; to juggle complexities while balancing a strong appearance with need for support. Balancing relationship and trust in health care interactions; encounters with midwives were experienced either as stress buffers, or as stressors.
CONCLUSIONS
The women described that empathetic listening, curiosity about their unique experiences and embracing the whole person with the strength to also handle the sometimes-unbearable built trust. Tailoring professional expertise to the individual woman felt affirming, and attuning to each individual's needs enabled the women to open for broader understanding and consideration of alternatives.
KEY MESSAGE
Description of the essences of the phenomenon of being pregnant when facing economic disadvantage can increase understanding and contribute to a more targeted and tailored prenatal care for the population and provide positive effects for their families.
Eur J Midwifery 2026;10(Supplement 1):A285

PREGNANCY - ANTENATAL

0332

Maintaining midwifery care and supporting healthy outcomes for individuals living in large bodies: The latest evidence on obesity in pregnancy and birth

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PURPOSE
This session will identify the weight-related research that many clinicians use for recommending that individuals living in large bodies (those with body mass index measurements >30) leave their communities for birth (birth evacuation) or be transferred from midwifery care to obstetrical management. Research from the last decade will be summarized to demonstrate that more than 50% of individuals living in large bodies have uncomplicated pregnancy and birth outcomes and that body mass index alone is a poor predictor of health and pregnancy outcomes.
DISCUSSION
National guidelines that include recommendations for place of birth based on body mass index or weight will be compared and critiqued. The research literature is moving away from definitions of obesity based on body mass index alone and urge holistic assessments of health during antepartum and intrapartum periods. Furthermore, evidence-based, holistic assessment of health will enable more individuals to remain in midwifery care which increases vaginal birth rates and lowers societal costs associated with high rates of caesarean birth.
EVIDENCE WHERE RELEVANT
Research studies demonstrating healthy outcomes for individuals with obesity and new international statements that urge holistic health assessment and a move away from body mass index as a health indicator will be summarized. The concept of metabolically healthy obesity and the 2025 LANCET Commission non-clinical and clinical obesity labels will be summarized using case studies and research studies.
KEY MESSAGE
Evidence-based strategies and international research about obesity in pregnancy can be applied to assist Individuals living in large bodies to remain in midwifery care and to remain in their communities for birth, thereby increasing their chances of uncomplicated vaginal births.
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0333

"Being Born at HGO": A project for health literacy and empowerment in obstetric nursing care

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PURPOSE
To share the experience of the project "Being Born at HGO," conducted autonomously and exclusively by Midwives at the Local Health Unit of Almada and Seixal.
DISCUSSION
The project "Being Born at HGO," which aims to promote literacy in the field of obstetrics—specifically related to pregnancy, childbirth, and postpartum care—arose from the need to foster a commitment from the Maternity Ward of Hospital Garcia de Orta towards the population of pregnant service users. The relevance of this project, initiated in 2024, is based on the expressed interest of the population who requested information regarding the care provided at Hospital Garcia de Orta's maternity ward. Consequently, informational sessions were planned and disseminated throughout the Local Health Unit of Almada and Seixal for interested individuals. The pertinence of the topics is evaluated, and suggestions are accepted to ensure the information provided meets the needs of the users. The acquisition and understanding of this information are essential for conscious and informed decision-making, significantly contributing to the population's sense of empowerment, which ideally translates into positive satisfaction outcomes with healthcare services.
EVIDENCE WHERE RELEVANT
Data was collected through satisfaction questionnaires administered after the sessions. Out of 93 completed surveys, the overall satisfaction rate was 4.82 on a modified Likert scale from 0 to 5. On the same scale, respondents rated 4.83 in terms of recommending the session to other couples. Overall, the content was considered clear and useful, with appropriate session duration and pacing.
KEY MESSAGE
Midwives play a crucial role in presenting the care provided at Hospital Garcia de Orta's maternity ward, strengthening the relationship between healthcare professionals and users—particularly pregnant women and couples—increasing health literacy and enabling informed decision-making.
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0334

Evaluation of the online asthma in pregnancy toolkit

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BACKGROUND
Asthma is the most common chronic disease in pregnancy. Midwives have a role in educating women about asthma but lack knowledge and confidence to do so. The Asthma in Pregnancy Toolkit was developed by over 50 clinicians and scientists from Australia, UK, Denmark and USA and launched globally in December 2022 to provide information and raise awareness of the importance of good asthma management in pregnancy among all health professionals and women with asthma.
OBJECTIVES
To evaluate the use and effectiveness of the Asthma in Pregnancy Toolkit.
METHODS
The Toolkit was evaluated using Google Analytics and an online user survey. Health professional workshops were conducted in the Australian Capital Territory (ACT) with a pre- and post-workshop survey distributed to participants and results collated.
RESULTS
To June 2025 the Toolkit has had 112K page views, 48K unique users and 66K website visits; users are from 163 countries. The Toolkit user survey completed by 30 people showed that 89% agreed/strongly agreed that their knowledge improved after using the Toolkit, 87.5% agreed/strongly agreed their confidence improved and 94% were likely to use the Toolkit in their clinic. The ACT pre-workshop survey was completed by 64 health professionals. Current knowledge was rated very poor/poor/average by 87%, but 78% rated good/very good post workshop; 76% were not at all/somewhat confident with asthma management in pregnancy pre-workshop but 77% were confident/very confident afterwards. All participants rated workshop quality as good/very good and were likely/very likely to recommend the Toolkit to women with asthma and use it in practice.
CONCLUSIONS
This preliminary evaluation suggests the Toolkit is meeting the needs of health professionals involved in pregnancy care. Ongoing evaluation and revision of the toolkit will ensure this.
KEY MESSAGE
The Asthma in Pregnancy Toolkit is an excellent resource for improving knowledge and confidence among health professionals relating to management of asthma in pregnancy.
Eur J Midwifery 2026;10(Supplement 1):A288

PREGNANCY - COMPLICATIONS

0248

More than woman-centred care: Best practice principles for weight-inclusive maternity care

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BACKGROUND
Approximately 50% of childbearing women in Australia have larger bodies and are vulnerable to weight stigma in maternity care. Larger-bodied women also experience higher rates of adverse perinatal outcomes, prompting efforts to improve those outcomes. Policies, guidelines, and individual clinician practices are key contributors to weight stigma. As the primary care providers for women during the pregnancy, birth and postnatal period, midwives have a profound opportunity to shift women's experience of care.
OBJECTIVES
To generate national consensus on best practice principles for weight-inclusive maternity care.
METHODS
Mixed methods including: (1) Photovoice study with larger-bodied women, (2) interviews with weight-inclusive maternity care providers and (3) a modified Delphi process to generate consensus on best practice principles.
RESULTS
65 women shared 261 images, demonstrating that they experience maternity care as weight-centric and stigmatising, characterised by environments and care practices that exclude them and erode their confidence. Interviews with 24 maternity care providers mapped the reflective learning and concrete actions that can lead to a weight-inclusive approach. From these data, 71 candidate best practice principles were developed. The Delphi process (n=253 round one; n=126 round two) was used to shortlist, refine and rank candidate best practice principles, culminating in a National Consensus Workshop where 57 stakeholders from across Australia, including endorsed representatives of midwifery, consumer and medical societies, achieved consensus on 5 overarching principles: Acknowledge, Educate, Resource, Partner and Care.
CONCLUSIONS
National consensus on best practice principles for weight-inclusive maternity care is possible.
KEY MESSAGE
Efforts to improve the perinatal outcomes and experiences of larger-bodied women must address weight stigma in maternity care. Midwives have a key role to play.

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0249

Pelvic girdle pain in pregnancy and two years postpartum: Links to emotional health, physical well-being, and trust in healthcare – A longitudinal observational cohort study

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BACKGROUND
Pelvic Girdle Pain (PGP) affects up to 50% of women during pregnancy. While many recover postpartum, approximately 7–8.5% continue to experience PGP two years after childbirth. However, the long-term predictors of PGP two years postpartum remain unclear.
OBJECTIVES
To investigate factors associated with PGP in late pregnancy and two years postpartum, with a focus on physical health, emotional responses, and trust in healthcare.
METHODS
Data were drawn from the Swedish Pregnancy Panel and the Swedish Pregnancy Register. Multinomial logistic regression was used to examine predictors of PGP at both time points.
RESULTS
Of 1229 respondents, 34.0% (n=418) reported PGP at week 36 but not two years postpartum, 32.2% (n=396) reported PGP at both time points, and 11.9% (n=146) reported no PGP at week 36 but PGP at two years postpartum. Predictors for PGP at week 36 included reduced physical activity (OR=0.81, CI: 0.73–0.90), poorer sleep quality (OR=0.69, CI: 0.62–0.77), younger age (OR=0.89, CI: 0.84–0.94), multiparity (OR=0.40, CI: 0.25–0.63), and higher birthweight (OR=1.53, CI: 1.06–2.19). Postpartum, 19% reported quite/very severe PGP. Predictors included PGP during pregnancy (OR=1.39, CI: 1.06–1.82), ongoing worry (OR=1.25, CI: 1.09–1.42), poorer physical health (OR=0.70, CI: 0.54–0.91), and lower trust in healthcare (OR=0.70, CI: 0.55–0.90).
CONCLUSIONS
Postpartum PGP was more common than previously reported and linked to both physical and psychosocial factors. These findings highlight the importance of addressing both physical and emotional dimensions in the management of PGP. Notably, trust in healthcare emerged as a key predictor of long-term outcomes, emphasising the need for healthcare systems to foster strong patient-provider relationships and provide woman-centred care.
KEY MESSAGE
Healthcare providers—especially midwives— should support multiparous women with quite/severe PGP in accessing early postpartum care.

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0250

Probiotic interventions to reduce antenatal GBS colonization and improve perinatal outcomes: Findings of three clinical trials

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BACKGROUND
Antepartum Group B (GBS) colonization poses significant risks to pregnant people and newborns world-wide. Midwives suggested oral probiotics as a primary prevention strategy.
OBJECTIVES
The objectives, settings, samples, methods and findings of 3 midwifery-led clinical trials of oral antenatal probiotic interventions to reduce antenatal GBS colonization in healthy pregnant adults with be presented including challenges, limitations, and plans for future research. The 3 studies included; (I) An open-label quasi-experiment, (II) A double-blind, randomized placebo controlled trial, (III) An open-label randomized trial.

METHODS
Study methods included; (I) In an open-label quasi-experiment, 10 participants took a daily capsule of Florajen 3, and 10 served as controls. (II) In an NIH funded, phase two randomized controlled trial (RCT), 83 participants were randomized to Florajen 3 or placebo capsule beginning at 28-weeks gestation, with GBS colonization determined at 36 weeks in both groups. (III) In an open-label randomized trial, Florajen Digestion once-daily was administered to 68 GBS positive participants at 37-38 weeks gestation. The primary outcome was intrapartum GBS colonization.
RESULTS
No adverse events occurred. Major findings included; (I) In the open-label quasi-experiment the probiotic and study measures were well-tolerated, signaling that a larger trial was feasible, (II) In the RCT, 83 participants completed the study to 36 weeks gestation. GBS colonization in the control group was 20.4% compared to 15.4% in probiotic group participants (-5%; p=0.73), (III) In the open-label randomized trial, 46 intrapartum cultures collected and processed. After an average of 14 days of the intervention, 7 of 25 (28%) in the probiotic group were GBS negative at the time of birth compared to 3 of 21 (14.3%) to controls (OR, 2.33; 95% CI, 0.52-10.48).
CONCLUSIONS
Probiotic interventions reduced antenatal GBS colonization 5-14% in 2 of 3 clinical trials.
KEY MESSAGE
More research is needed to shift the paradigm to recommend oral antepartum probiotics to prevent GBS colonization.
Eur J Midwifery 2026;10(Supplement 1):A291

PREGNANCY – PREPARATION

O292

Effectiveness of a mindfulness-based intervention for fear of childbirth among women planned for normal delivery: A pilot randomised controlled trial

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BACKGROUND
Fear of childbirth (FOC) is common among pregnant women. Mindfulness-based interventions have demonstrated effectiveness in managing emotional disorders, but its evidence on FOC is limited.
OBJECTIVES
To evaluate the feasibility, acceptability and preliminary effects of a mindfulness-based intervention on FOC, pain catastrophising and mindfulness level among pregnant women planned for normal delivery.
METHODS
This pilot randomised controlled trial (RCT) was registered on ClinicalTrials.gov (ChiCTR2500097034). Women with 24+1 to 29+6 weeks of gestation planning vaginal deliveries were recruited and randomly assigned to either an intervention group, receiving an online mindfulness-based intervention with 8 weekly 40-minute sessions, or a control group, receiving usual care. Outcomes were measured at baseline (T0) and immediate post-intervention (T1), and semi-structured interviews were conducted at one-week post-intervention to test the acceptability. Independent t-test and Hedge's g were used to analyse the intervention effects and effect sizes.
RESULTS
A total of 24 participants were recruited. The recruitment, attrition, and intervention completion rate were 20.0%, 12.5%, and 75.0%, respectively. The intervention group showed greater FOC reduction (measured by Wijma Delivery Expectancy/ Experience Questionnaire version A) and mindfulness level increase (measured by non-judging subscale of the Five Facet Mindfulness Questionnaire, FFMQ) than the control group (Hedge's g=-1.13, 95%CI: -2.06, -0.19; Hedge's g=1.00, 95%CI: 0.08, 1.92, respectively). No significant changes were found in other FFMQ subscales or pain catastrophising. Based on qualitative results, 9/10 participants perceived the benefits of the intervention, and 7/10 participants expressed the willingness to continue practising.
CONCLUSIONS
Mindfulness-based intervention is feasible, acceptable, and shows potential to reduce FOC and enhance mindfulness level. Further larger-scale RCT with longer follow-up is needed to confirm the effect of the intervention on the outcomes.
KEY MESSAGE
Mindfulness-based intervention is perceived as feasible and acceptable by pregnant women planned for normal delivery, with potential to reduce their FOC and promote mindfulness level.
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O293

Can Zen meditation involving expectant mothers, families, and midwives restore the essence of natural childbirth?

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PURPOSE
This presentation shares insights from seven years of "Maternity Zazen," a Zen meditation program designed for pregnant women and led by Buddhist monks at Kenchoji, a renowned Zen temple in Japan. The aim is to highlight how Zen practices, known for calming the mind and enhancing self-awareness, positively influence childbirth.
DISCUSSION
Childbirth, inherently physiological and natural, is often accompanied by anxiety heightened by contemporary societal pressures and overwhelming information. Mindfulness-based interventions, effective in reducing stress and managing pain, are increasingly used in maternal care (Marchand, 2012; Duncan et al., 2017). Mindfulness originates from Zen Buddhism, emphasizing present-moment awareness,

acceptance, and self-compassion. "Maternity Zazen" employs authentic Zen meditation, potentially offering enhanced benefits due to its profound cultural and spiritual context. We received ethical approval from the Tokushukai Group Joint Ethics Committee (TGE02642-024) to conduct survey for "Materity Zazen" program. Surveys from 266 participants (145 women and family members, 121 medical staff) indicated high satisfaction (98%) and perceived benefits of childbirth preparation (70%). Zen meditation during pregnancy fosters greater self-awareness and self-efficacy, aligned with Suzuki's philosophy in "Zen Mind, Beginner's Mind" (1970). Ongoing evaluations suggest additional positive effects on postpartum mental health, including reduced stress and lower postpartum depression risk.

EVIDENCE WHERE RELEVANT

Survey outcomes from seven years of implementation serve as preliminary evidence, reflecting significant participant satisfaction and perceived effectiveness. Further rigorous research is necessary to validate clinical outcomes.

KEY MESSAGE

Zen philosophy, emphasizing acceptance of natural processes, aligns inherently with childbirth. Integrating traditional Zen practices into maternity care provides a culturally sensitive and holistic approach relevant to international midwifery practices, empowering women by fostering mental clarity, self-confidence, and resilience during pregnancy, childbirth, and postpartum.

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0414

Implementation of midwife-led continuity of care model in Ethiopia

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BACKGROUND

The midwife-led continuity of care (MLCC) model, widely adopted in high-income countries, provides continuous care to women throughout pregnancy, childbirth, and the early postnatal period from a known midwife or small team. While MLCC is associated with improved maternal and neonatal outcomes and higher satisfaction in high-resource settings, its effectiveness in low- and middle-income countries remains underexplored.

OBJECTIVES

This study aimed to evaluate the impact of the MLCC model on maternal and neonatal outcomes, service utilization, and maternal satisfaction in North Shoa Zone, Amhara Region, Ethiopia.

METHODS

Between August 2019 and September 2020, a quasi-experimental study was conducted in four primary hospitals involving 1178 low-risk pregnant women. Participants were assigned to either the MLCC group or the standard Shared Model of Care (SMC), with 589 women in each group. MLCC participants received care from a consistent midwife or a backup, from antenatal care through labor, birth, and postnatal care. Midwives (4–8 per facility) were trained on the model's philosophy and assigned to 37–38 women each. The SMC group received fragmented care from multiple providers. Qualitative interviews with providers supported understanding of the implementation process.

RESULTS

MLCC significantly improved maternal and neonatal outcomes. Spontaneous vaginal births increased, while preterm births dropped by 61%, vacuum-assisted deliveries by 58%, and episiotomies by 74%. Early initiation of breastfeeding improved, and low Apgar scores at 5 minutes decreased by 59%. NICU admissions fell by 50%. Maternal satisfaction increased by 87%, and MLCC women were more likely to complete four or more ANC visits and three or more PNC visits. Notably, 97% of women in MLCC were attended by the same midwife during birth.

CONCLUSIONS

MLCC demonstrates promising results in improving outcomes and satisfaction in low-resource settings. Scale-up and feasibility assessments are recommended for broader implementation in Ethiopia.

KEY MESSAGE

midwifery model of care, continuity of care, maternal and neonatal outcomes, Ethiopia maternal mortality

Eur J Midwifery 2026;10(Supplement 1):A294

PREGNANCY LOSS

0306

Holding space after loss: Co-Produced antenatal group

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PURPOSE

Pregnancy following perinatal loss is associated with significant psychological distress, including anxiety, depression, and fear of recurrence. Despite the known emotional burden, maternity services often lack dedicated pathways addressing these needs.

DISCUSSION

Women and birthing people with a history of pregnancy loss often disengage from routine antenatal education, perceiving these spaces as emotionally unsafe due to exposure to content focused on uncomplicated pregnancies. Recognising this gap, a co-production approach was adopted, involving bereaved parents, midwives, psychologists, expert by experience coordinators and voluntary sector organisations, to design peer-led support groups specifically tailored to their experiences. The groups provided a psychologically safe environment for emotional sharing, alongside adapted antenatal education content sensitive to the unique anxieties of pregnancy after loss. Facilitated jointly by trained peer supporters with lived experience, senior psychologists and specialist senior midwife, these sessions supported trust-building, enhanced emotional continuity, and encouraged gradual re-engagement with birth preparation and parenting. An additional component was trauma informed journaling, enabling participants to reflect on their emotions, document their pregnancy journey, and engage in therapeutic writing practices known to support mental well-being in grief and

trauma contexts.
EVIDENCE WHERE RELEVANT
Qualitative feedback from participants highlighted reduced isolation, validation of complex emotions, and increased confidence in navigating their pregnancy journeys. Participants reported feeling better prepared for clinical appointments and more engaged with their care plans. Peer support can aid in addressing emotional needs often overlooked in routine care.
KEY MESSAGE
Co-Produced Pregnancy After Loss Peer Support Groups offer a compassionate, effective model to address the emotional and educational needs of bereaved parents during subsequent pregnancies. By integrating peer-led emotional support, adapted antenatal education, and reflective journaling, this approach enhances emotional recovery, promotes re-engagement with birth and parenting preparation, and allows a safe space for juggling fear with joy.
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O307

Invisible loss: Exploring the experiences and support needs of women and partners after early pregnancy loss to improve midwifery care in Flanders

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BACKGROUND
Early pregnancy loss (before 13 weeks gestation) is common but often unrecognized due to absent registration in Flanders. Affected women and their partners frequently experience feelings of isolation, grief and insufficient emotional and practical support. Current healthcare provision does not always meet their needs, highlighting a gap in midwifery and perinatal care. In recent years, more individuals have started to openly share their experiences with early pregnancy loss, contributing to growing societal and professional awareness of this often-silenced issue. This increased visibility underscores the importance of developing responsive and inclusive care practices.
OBJECTIVES
To explore the experiences and support needs of women and partners after early pregnancy loss and to develop evidence-based recommendations to enhance midwifery care and emotional support in Flanders.
METHODS
A mixed-methods study combining literature review, surveys, and in-depth interviews with women and partners who experienced early pregnancy loss. Data collection runs from 2024–2026. Qualitative data is analysed thematically; survey results are examined using descriptive and comparative statistics. The study is funded by project-based scientific research provided by the government.
RESULTS
Preliminary findings indicate women and partners desire recognition of their loss, compassionate communication, and tailored follow-up care. Although full data collection is ongoing, we anticipate presenting early findings and emerging themes at the congress.
CONCLUSIONS
This study aims to improve care around early pregnancy loss based on the results anticipated by the time of the conference.
KEY MESSAGE
Addressing early pregnancy loss with sensitive, evidence-based care is crucial for supporting women and their partners' emotional well-being and strengthening midwifery practices in Flanders.
Eur J Midwifery 2026;10(Supplement 1):A296

O309

'It's just pure gold': Women's and midwives' perspectives of midwifery continuity of care supporting pregnancies after perinatal loss

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BACKGROUND
Pregnancy after loss is a traumatic and challenging experience for bereaved parents. Women are frequently booked into fragmented, medicalised care pathways and parents report these do not address their emotional needs. Minimal published research exists about the role of midwifery continuity of care (MCoC) supporting the psychosocial needs of bereaved parents in a subsequent pregnancy.
OBJECTIVES
To explore; 1) published research of MCoC models providing care in pregnancies after loss; 2) experiences of Australian women choosing MCoC in pregnancy after loss; and 3) Australian midwives' perceptions of women's psychosocial needs in pregnancy after loss.
METHODS
This PhD study comprised three studies: 1) qualitative, meta-aggregative scoping review, 2) longitudinal interview-based study with four women receiving MCoC in pregnancy after loss, and 3) survey of midwives' perceptions of caring for bereaved parents in subsequent pregnancies. Qualitative interviews were analysed using Smith's Interpretative Phenomenological Analysis (IPA), and survey data analysed using content analysis. Ethical approval: WCHN Human Research Ethics Committee (HRE00249).
RESULTS
This study is in progress; finalised results available at the conference. Findings from the scoping review showed little published evidence (n=4 studies). While most midwives have cared for mothers in a pregnancy after loss, systemic and organisational factors can hinder adequate psychosocial care. The experiences of bereaved women in a pregnancy after loss indicate that MCoC utilises several trauma-informed care principles to support psychosocial wellbeing.
CONCLUSIONS
Bereaved mothers value the emotional safety MCoC provides in a subsequent pregnancy, however there is minimal data about utilising this model of care for pregnancy after loss. Understanding midwives' challenges in providing

psychosocial care to bereaved parents stands to improve care satisfaction and wellbeing.
KEY MESSAGE
Bereaved parents want a sense of control and safety in a pregnancy after loss. How MCoC models can support the psychosocial needs of bereaved parents in a pregnancy after loss needs greater attention.
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PROFESSIONAL DEVELOPMENT – IDENTITY (INCLUDING THREE-MINUTE PRESENTATION COMPETITION)

0063

The art of midwifery: Seeing and doing the "invisible" skills to revolutionize midwifery-led care

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PURPOSE
Through a presentation of fictionalized vignettes, photographs, and recorded sound from my anthropological research in Ontario, Canada, I will provide a rich demonstration and analysis of four key "non-clinical" midwifery skills: deep listening, presence, flexibility, and "yes" mentality. How do Ontario midwives use and teach these skills (and sometimes struggle to do so) in the face of increasing clinical scope of practice? The audience will not only feel affirmation of their own "invisible" skillsets but will be inspired to ensure such skills are at the fore of midwifery leadership and recognized as unique and essential expertise. Together we will imagine a midwifery-led women's healthcare future where the clinical and non-clinical are seen as inextricable from each other, equally valued educationally, professionally, and institutionally.
DISCUSSION
It's easy to see the exemplary clinical skills of midwives: monitoring maternal and infant health, catching babies, suturing, managing medications, assisting with surgeries – skills measured by technical accuracy and tangible outcomes. It's easy to see how these skills can be scaled and operationalized to support clinical midwifery leadership and to fill gaps in healthcare systems. It follows that it's easy to see how such skills are prioritized in midwifery education and professional development. What is easy to see, is easy to showcase and value, individually, professionally, and systemically. But midwives are equally skilled at deep listening, active and intentional presence, emotional-regulation, empathy, flexibility, resourcefulness, and having a "yes" mentality: skills that are felt more than seen – an "invisible" skillset.
EVIDENCE WHERE RELEVANT
My ongoing doctoral research (interviews, discourse analysis, participant observation) works to really see the invisible skillset of midwives, to see how such skills are enacted, maintained, and taught.
KEY MESSAGE
To see the invisible midwifery skillset is the first step towards showcasing, valuing, and leading with skills that have the potential to revolutionize birthing care education, practice, and institutions.
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0064

Centering midwives through oral history: From the frontline of maternal health transformation in Bangladesh

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PURPOSE
This project documents the experiences of student and professional midwives trained by the HOPE Foundation for Women and Children of Bangladesh. Among the first formally certified midwives in the country's history, they are leading efforts to reverse maternal and newborn mortality trends in one of the world's most densely populated countries.
DISCUSSION
Through oral history interviews with 14 student and practicing midwives across HOPE's midwifery institute, regional hospital, field hospital, and birthing centers, this project captures stories of personal history, clinical work, professional challenges, and goals for self and society. Midwives described barriers such as the loss of university partnerships and NGO funding, obstacles to furthering education, and the underestimation of their clinical scope. Students and midwives also shared how they expand access to care and take pride in their vocation. A central narrative from the midwifery coordinator and 2018 graduate, now an ICM Midwife Leader's Executive Sponsorship recipient, illustrates the potential of midwives to scale their impact—educating patients, guiding colleagues, and building trust across sectors.
EVIDENCE WHERE RELEVANT
Interviews were conducted and transcribed using Smithsonian oral history guidelines. The Wellesley College IRB confirms that oral histories do not constitute human subjects research. Participants' reflections emphasize the value of listening to midwives as experts in both care delivery and health system navigation.
KEY MESSAGE
Midwives in Bangladesh are creating professional and public health transformations. Their voices offer globally relevant insight into building equitable, community-based maternal care—affirming midwifery as both a clinical and social force in global health. Oral history projects can connect midwives with each other and their communities, locally and globally. Professional development - identity (including three-minute presentation competition)
Eur J Midwifery 2026;10(Supplement 1):A299

0065

Strengthening midwifery practice through evidence: The Clinical Practice Guideline program at the Association of Ontario Midwives

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PURPOSE

To share insights from the Clinical Practice Guideline (CPG) program at the Association of Ontario Midwives, which supports midwives in delivering high-quality, evidence-informed, and equitable care while upholding midwifery values in Ontario.

DISCUSSION

The AOM's CPG program has been developing, updating, and disseminating clinical practice guidelines (and associated knowledge translation tools) that address priority topics in Ontario midwifery care since 1999. This session is designed to share key learnings to support midwifery organizations in prioritizing the development of evidence-informed resources to support midwifery at a local, national and international level. Key areas of focus will include: -Consulting with midwifery experts and stakeholder groups to ensure midwifery voices are at the centre and clinical guidance needs are being met -Collaborating with clients to ensure resources are applicable -Building capacity to ensure resources are methodologically rigorous -Centering health equity to ensure resources do not reproduce harm -Interfacing with inter-professional guidelines to communicate midwifery standards of care In sharing learnings from the AOM's experience with CPG development, the presenter(s) hope to encourage midwifery organizations to develop evidence-informed midwifery specific tools to support midwives at a local and international level.

EVIDENCE WHERE RELEVANT

The AOM CPG program follows GRADE (Grading of Recommendations Assessment, Development and Evaluation) methodology to assess evidence quality and strength of recommendations.

KEY MESSAGE

Development of high-quality, methodologically rigorous, midwifery specific resources empowers midwives, supporting clinical excellence, equity, and informed decision-making in midwifery care.

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O066

Professional identity formation of newly qualified midwives during their orientation in free-standing birth centres

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BACKGROUND

Previous studies have shown that midwives working in free-standing birth centres require a distinct set of skills compared to those employed in hospitals. When midwives begin working in free-standing birth centres directly after gaining state certification, they are typically required to complete an orientation period.

OBJECTIVES

This study aimed to explore the lived experience of newly qualified midwives when they begin their professional practice in free-standing birth centres.

METHODS

This research employed a hermeneutic phenomenological approach. The study focused on the lived experience of newly qualified midwives during their orientation period in free-standing birth centres, with particular attention to skill acquisition. Data collection methods included focus groups, open-ended interviews, and voice messaging. Fifteen newly qualified midwives were interviewed three times in their first 9 to 12 months of practice. In addition, thirteen focus group interviews were conducted with experienced birth centre teams who support newly qualified midwives during their orientation. Newly qualified midwives left 123 voice messages.

RESULTS

Two key themes will be presented. The first, Stepping into the role, captures how midwives described key moments during births when they experienced being embedded in the world of midwifery, thus recognising themselves as capable, practicing midwives. The second theme, "It hit me like a wave" – Integrating emotion into professional identity highlights how emotional intensity—whether awe, distress, or urgency—played a central role in how midwives processed and internalised new knowledge, shaping their emerging professional identity.

CONCLUSIONS

This study offers new insights into how newly qualified midwives begin to internalise professional identity through emotionally charged and reflective experiences in free-standing birth centres. Understanding these moments can inform supportive approaches to orientation and enhance professional learning.

KEY MESSAGE

An orientation period is beneficial for newly qualified midwives entering practice in free-standing birth centres. It supports the acquisition of essential skills and fosters the development of professional confidence and identity.

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PROFESSIONAL DEVELOPMENT – NETWORKS (INCLUDING THREE-MINUTE PRESENTATION COMPETITION)

O108

Midwife of the north, a place to collaborate, share, and grow during midwifery education within the Nordic and Baltic Region

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PURPOSE
The Nordic Midwifery Network is a network of higher education. It has 15 partners, of which 12 are educational institutions and 3 are public hospitals from the Nordic and Baltic countries. The network aims to strengthen Nordic-Baltic cooperation in midwifery education by sharing and developing evidence-based knowledge and practice within the profession. The network contributes to the development of midwives as an independent profession and as researchers by offering exchanges, curriculum development activities and research projects for midwifery students and teachers.
DISCUSSION
The network, funded by the Nordic Council of Ministries, Nordplus, has grown and developed over 30 years, from a Scandinavia education collaboration to including the Baltic countries and the hospitals at the Nordic independent islands. It has had several intensive courses, with many participants. Today mobility and several research projects involve midwife students and teachers. The key factor is cooperation within the network, enabling mobility and project activity. Collaboratively creating innovative projects with a structured process allowing all partners to join when it suits them and their students is central.
EVIDENCE WHERE RELEVANT
Previous projects were the fathers' project 2014-16 which resulted in an academic publication. The Normal Birth 2019-23 project results were presented at NJF 2022, Helsinki and NLNB 2022, Aarhus. A presentation of the research collaboration was given on EMA education 2023, Athens. The project resulted in 13 Bachelor Thesis, 7 Master Thesis, and will have two academic articles. The Healthy Birth project 2023- currently includes 12 theses and preliminary results were presented at NJF 2025, and the project has planned academic publications.
KEY MESSAGE
Collaboration within the Nordic and Baltic regions strengthens the midwifery profession, education and promotes development of midwives as researchers. Including midwife students in research projects strengthens the young midwives in their professional identity and the awareness of evidence-based midwifery as well as the teacher's development as educators.
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O109

Investing in the international research network for compassionate midwifery: Advancing maternal and newborn health through research and collaboration

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PURPOSE
Despite progress in maternal healthcare, disparities persist, revealing gaps technology cannot bridge. This presentation introduces the International Research Network for Compassionate Midwifery (IRNCM), demonstrating that raising awareness in its research, providing support for developing researchers, and engaging with bodies such as IRNCM when developing global maternal health policy is vital to enhance care quality, reduce inequities, and inform evidence-based midwifery practices.
DISCUSSION
IRNCM serves as a global hub for midwifery research, offering studies, discussion papers, and collaborative forums. Its Working Group advises on policy and innovative methodologies, ensuring research shapes practice. Compassionate midwifery improves health outcomes, tailors care to diverse needs, informs policy with actionable insights, and drives global collaboration. Organisations such as the IRNCM can, and should, be at the forefront of reforming maternal health services, placing evidence-based research into the lived experiences of midwives and those accessing healthcare services at the heart of effective, safe, and high-quality care.
EVIDENCE WHERE RELEVANT
IRNCM committee member's research links compassionate midwifery to fewer complications, lower maternal dissatisfaction, and improved trust in providers. Studies demonstrate cost-effective interventions with measurable impacts, countering views that prioritize immediate care over research or question compassion's objectivity.
KEY MESSAGE
Increased awareness of the value of research into compassion, such as that argued by the IRNCM, will amplify its impact, ensuring compassionate, evidence-based midwifery care enables every mother to thrive, aligning with global goals for maternal and newborn health.
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O110

Organizing for equity: Building collaborative communities

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PURPOSE
In the current sociopolitical environment, reproductive justice and health equity research are deeply under attack, limiting funds and resources. The US research community faces significant challenges in promoting perinatal health equity. There is a tremendous need to build and scaffold communities that will enable us to advance research despite a constrained financial and sociopolitical environment. Our aim is to accelerate collaborations, write together on manuscripts, and generate research partnerships in an environment of collective care and mutuality.

DISCUSSION
We created an equity-centered space for researchers to gather during a 2 day research, writing, and re-imagining symposium, designed with principles of radical hospitality. We created event activities with lateral power-sharing and group communication. We invited diverse researchers who were reproductive justice experts from across our university and early to mid career perinatal health researchers and practitioners from across the country, prioritizing those from politically conservative states with whom we hoped to grow, strengthen, and deepen relationships. We organized according to perinatal health interest areas to develop affinity teams that spent two days in conversation and writing. We dedicated our time together building relationships, trust, and a vision for future collaborations in an environment of collective care and mutuality.
EVIDENCE WHERE RELEVANT
Researchers who participated felt energized and supported in their research, and shared that they had never been in a similar academic space. We are launching a perinatal Special Issue of Health Equity journal to leverage our collective voices calling for a more just and equitable future. We are still learning how to sustain a virtual community in perinatal health research and reproductive justice, moving forward as the threats persist.
KEY MESSAGE
Despite tremendous threats and challenges to advancing perinatal health equity, through intentional and radical hospitality, perinatal health researchers can create an environment of collective care and mutuality and advance perinatal health equity research.
Eur J Midwifery 2026;10(Supplement 1):A304

PROFESSIONAL DEVELOPMENT – TRAINING (INCLUDING THREE-MINUTE PRESENTATION COMPETITION)

0138

Improving midwives' confidence and competence with home birth: How a national policy and educational programme can support choice in place of birth

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PURPOSE
This project explores the development and implementation of a co-produced and co-facilitated birth in the community workshop aimed at enhancing midwives' competencies in supporting home births, with a focus on informed choice and continuity of care. Grounded in the principles of The Best Start: Five-Year Forward Plan for Maternity and Neonatal Care in Scotland (2017), this initiative responds to the policy's emphasis on person-centred, relationship-based care and equitable access to birth choices.
DISCUSSION
Through collaborative design involving midwives, educators, and leadership teams, the programme of education fosters experiential learning in real-world home birth scenarios. It integrates simulation-based training, reflective practice, and peer-led facilitation to build confidence and clinical decision-making skills in community settings. The co-production model ensures that the needs of the midwives are listened to and educated for thus the requests of women and their families are central to shaping the learning environment, aligning with Best Start's commitment to shared decision-making and respectful care.
EVIDENCE WHERE RELEVANT
Evaluations indicate that there is improved midwifery confidence in managing physiological birth outside of hospital settings, enhanced understanding of risk assessment in the home environment, and strengthened relationships between midwives and the leadership team and hospital staff that support them. The co-facilitated approach also promotes professional resilience and peer support, contributing to workforce sustainability.
KEY MESSAGE
This initiative demonstrates the value of embedding co-production in professional development to support the strategic goals of Best Start, particularly in expanding access to safe, supported home birth options. It offers a replicable model for other regions seeking to enhance community-based maternity care through inclusive, practice-oriented education.
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0139

Bridging the gap: Ultrasound training for midwives

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BACKGROUND
Reducing maternal and neonatal mortality has been identified as a global priority, and the use of ultrasound in pregnancy is recognized as an intervention to address Sustainable Development Goal 3. Disparities exist within and between countries, and in low and middle-income countries, patients are not offered routine obstetric ultrasounds due to a shortage of resources and trained medical professionals.
OBJECTIVES
To explore the possible constraints and opportunities for ultrasound training of midwives.
METHODS
A qualitative approach with an exploratory, descriptive research design employing semi-structured interviews was used. The study population were midwives employed in Community Healthcare Clinics (CHC) in Gauteng, South Africa. Convenience sampling was used, thus selecting participants who were willing to share their stories and, in turn, contribute to the midwifery profession. A total of 10 interviews were conducted. Data was analyzed thematically.
RESULTS
Three dominant themes emerged: 1. Value of ultrasound in and for midwifery. 2. Limitations and constraints. 3. Solutions and benefits of ultrasound for midwives. The first theme demonstrated the important use of ultrasound in pregnancy, and participants highlighted the value of offering this service

at a CHC level for expectant mothers. The second theme highlighted the limitations and constraints for midwives performing ultrasounds. Participants expressed the need for midwives to be skilled in ultrasound, an indispensable part of antenatal care. The third theme emphasized the value of midwives performing ultrasound and provided possible solutions and benefits for including this integral component in routine midwifery practice.
CONCLUSIONS
Participants acknowledged the advantages of introducing ultrasound for midwives, benefiting not only the patients but also the midwifery profession.
KEY MESSAGE
Task shifting this valuable service to midwives, in keeping with trends globally, will reduce the number of referrals to professionals who are already struggling to meet the demands of the healthcare system and will enhance the care provided to all pregnant patients.
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O140

Scaling up midwife-led evidence-based practices in sub-Saharan Africa: Five years of the MIDWIZE Leadership Program in Ethiopia, Kenya, and Uganda

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BACKGROUND
The MIDWIZE Leadership Program—a collaborative initiative funded by the Swedish Institute—seeks to strengthen maternal and newborn health through midwife-led quality improvement (QI). The program includes leadership training, quality improvement skills and a practical project. Central to the practical project are four evidence-based practices: dynamic birthing positions, presence of birth companions, immediate skin-to-skin care, and perineal protection. Operating since 2020 across Ethiopia, Kenya, and Uganda, MIDWIZE uses a train-the-trainer model: trained "MIDWIZE ambassadors" from earlier cohorts cascade skills and knowledge to their peers and facilities
OBJECTIVES
To evaluate the effectiveness of scaling four evidence-based midwifery practices—dynamic birth positions, birth companions, immediate skin-to-skin care, and perineal protection—across public health facilities in Kenya, Ethiopia, and Uganda, and to identify context-specific barriers to their sustained adoption.
METHODS
Over five years, the program engaged health leaders in structured capacity-building—remote and on-site trainings, mentoring, and QI coaching. Participation has exceeded 100 leaders across the countries. Ambassadors used peer-led workshops and social media groups to foster continued facility-level implementation pre- and post-intervention observational audits tracked practice uptake.
RESULTS
In Kenya and Ethiopia, implementation fidelity was high: all four evidence-based practices showed statistically significant improvements, alongside supportive institutional policy changes. Preliminary results indicate enhanced respectful care outcomes and reduced perineal trauma. However, in Uganda two practices declined: birth companion presence and skin-to-skin contact lasting longer than five minutes. Facility size, high staff turnover, and rotation emerged as likely systemic barriers to sustainability.
CONCLUSIONS
MIDWIZE effectively scaled evidence-based midwifery practices in Kenya and Ethiopia through a sustainable ambassador-led QI approach. Uganda's mixed results underscore the need for context-specific strategies. Tailored interventions should address institutional infrastructure and workforce stability to sustain key practices.
KEY MESSAGE
These findings confirm the value of midwife-led QI models, while also illustrating the complexity of institutionalizing respectful, evidence-based maternity care in varying health system contexts.
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QUALITY IMPROVEMENT

O398

Transforming maternity outcomes in low-resource settings: Sierra Leone's collaborative quality improvement experience

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PURPOSE
Koidu Government Hospital (KGH) in Sierra Leone faces persistently high maternal and neonatal mortality due to systemic challenges, including limited staffing, inadequate training, and low community engagement. In 2021, the hospital recorded 27 maternal and 28 neonatal deaths, followed by 23 maternal and 25 neonatal deaths in 2022, highlighting the urgent need for transformative action.
DISCUSSION
In 2023, KGH launched a midwifery-led quality improvement (QI) initiative to strengthen Emergency Obstetric and Newborn Care (EmONC) services and increase community participation. Key interventions included: • Quarterly hands-on EmONC training workshops for 36 maternity staff • Six community forums that reached over 1200 individuals

to promote recognition of pregnancy danger signs and encourage facility-based deliveries • Five focus group discussions with pregnant women, adolescent girls, male partners, and traditional birth attendants to adapt services to cultural needs • Implementation of evidence-based care pathways • Continuous monitoring of indicators and proactive stakeholder collaboration to ensure sustainability.
EVIDENCE WHERE RELEVANT
Within one year, maternal deaths at KGH decreased by 59% (from 23 to 11), and neonatal deaths by 12% (from 25 to 22). The proportion of EmONC-trained maternity staff increased from 52% to 90%, while active community engagement rose from 27 to 80 members. Health workers reported improved confidence and skills, and communities demonstrated greater involvement in maternal health decisions.
KEY MESSAGE
Engaging health workers and communities through a participatory, systems-based approach is crucial for achieving sustainable improvements. We can drive meaningful and lasting change by combining clinical capacity building with community mobilization, bolstered by mentorship, regular feedback, and multi-sector collaboration. Continuous evaluation is vital for adapting, refining, and scaling successful interventions.
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0399

Developing maternity and neonatal national policy fit for the future: What good looks like

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PURPOSE
The purpose of the presentation is to describe the development of a new national Quality Statement for maternity and neonatal services setting out 'what good looks like'. It will describe other key measures to ensure a total quality management system is in place to support quality delivery and aid continuous improvement, delivering the best care to women, birthing people and families.
DISCUSSION
The Quality Statement along with the perinatal engagement framework are intended to continue the ambition to drive forward the previous 'Maternity Care in Wales – A Five-Year Vision for the Future' key principles: family centred, safe and effective, continuity of carer, skilled multi-professional teams and a sustainable quality service. It supports improvements in each unit, focusing on high quality care delivering optimal outcomes for women, babies and their families and reducing inequalities experienced by individuals from ethnic minority and other marginalised groups. To enable triangulation and assurance of data outcomes, the Quality statement included a perinatal engagement framework to ensure all voices are heard. Supporting actions include a Strategic perinatal workforce plan and digital maternity records to be in every health board by March 2026.
EVIDENCE WHERE RELEVANT
A national safety support programme has been implemented following extensive work and recommendations to identify what needs improving and to scale up best practice. 'Improving Together for Wales', the Discovery report highlighted persistent inequalities in the quality of services, in addition to the outcomes and experiences of women, babies and their families. This is also evidenced in many reviews of maternity services and national MBRRACE data.
KEY MESSAGE
Policy design of services is not just one document but a whole system setting out what good looks like, providing resources and information on how to achieve it and having mechanisms to monitor and evaluate both outcome and experience data.
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0400

Improving postnatal care measurement and data-informed action with midwives in Samoa

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PURPOSE
This project aims to strengthen data-informed decision-making in Samoa's national sexual and reproductive health (SRH) program and clinical services by enhancing midwives' and program managers' engagement with the health management information system (HMIS) and capacity for routine data collection, feedback provision, and data use. It is a component of a UNFPA Pacific Sub-regional Office and Australian government initiative implemented across nine Pacific Island countries.
DISCUSSION
Access to quality postnatal care for women and newborns is an essential yet often under-prioritised element of the maternal and newborn health continuum. Most maternal and newborn deaths occur in the first week after birth, with nearly half within the first 24 hours, which underscores global recommendations for care at critical intervals. However, many countries in the Pacific and around the world face challenges in monitoring coverage and quality of postnatal care. In Samoa, collaboration with midwives to review and standardise SRH data collection tools and indicators revealed gaps in postnatal care reporting, particularly after early hospital discharge (often within hours of birth). This highlighted a lack of routine postnatal care provision for mothers and newborns post-discharge and for those born outside of facilities. We will present and discuss the revised approach to postnatal care measurement in Samoa and our learning from piloting, roll-out, and improved data analysis. We will also share how this work has catalysed national dialogue on improving service delivery and follow-up for families in the postnatal period.
EVIDENCE WHERE RELEVANT
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KEY MESSAGE

Midwives are central to routine health information systems. Strengthening midwives' engagement and capacity in HMIS activities enhances health system performance and the responsiveness of midwifery care to data-identified needs. Additionally, improving routine indicators for postnatal care presents a critical opportunity to improve evidence-based care provision in Samoa and globally, and this project will advance efforts in maternal and newborn health measurement, service improvement and health outcomes.

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REGULATION - FRAMEWORK

0266

Policy and regulatory barriers and enablers affecting midwives' scope of practice: Findings from a global study

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BACKGROUND

Midwives are crucial for improving maternal and newborn health (MNH), yet policy and regulatory barriers often limit their practice. This study conducted by Burnet Institute, ICM, and UNFPA in 2024, examines these barriers and identifies enablers to optimize midwifery practice globally.

OBJECTIVES

To identify policy and regulatory frameworks hindering or supporting midwives' full scope of practice and to provide evidence-based recommendations for policy reform.

METHODS

This mixed-methods study included desk reviews of national scope of practice policies from 25 countries across all WHO regions, focus group discussions with 48 midwives from 33 countries, and an online survey with 568 midwives from 87 countries. Data, collected in 5 languages, were analyzed to identify key barriers, enablers, and regional variations influencing midwifery practice.

RESULTS

Key barriers include outdated regulations and definitions of midwifery in national policies, leading to a lack of clarity in midwives' scope of practice, especially in emergency care. Unclear distinctions between nursing and midwifery, and discrepancies between policy and practice further compound the issue. For example, despite national policies authorizing midwives to perform emergency obstetric and newborn procedures, midwives were frequently restricted from providing this care in practice. In many rural and humanitarian settings, midwives often provided emergency care without legal backing. Enablers include aligned national policies with global standards, clear regulatory frameworks, extended roles, supportive workplaces, education/training reforms, and leadership/mentorship programs.

CONCLUSIONS

Addressing policy gaps and leveraging enablers are essential to empower midwives and improve maternal and newborn health outcomes. Recommendations include aligning national policies with ICM essential competencies for midwifery practice, aligning education with ICM global standards for midwifery education' and implementation of the Professional Framework for Midwifery, strengthening midwives understanding of regulation, and ensuring midwifery representation in regulatory bodies.

KEY MESSAGE

Strengthening policy and regulatory frameworks to support midwives' full scope of practice is crucial for achieving equitable, high-quality MNH care worldwide.

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0267

Towards a distinct ethical identity: Co-developing midwifery ethics for professional advancement

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BACKGROUND

Midwives may have theoretical knowledge of ethics, but applying ethical care in practice may be challenging, due to the abstract nature of ethical codes, the complexities of maternity care systems, and the nuanced ethical concerns encountered in everyday midwifery practice. Despite these challenges, a co-created empirically driven midwifery ethics have yet to be achieved, indicating a significant gap in the literature and midwifery governance.

OBJECTIVES

To explore midwives experiences of ethical practice, and synthesize characteristics of midwifery ethics to a set of statements for practice and governance.

METHODS

A two round Delphi method was employed, and survey data was collected from June to November 2024 via Redcap about midwives' experiences of ethics. Descriptive thematic analysis was applied to the data. In round Two, participants ranked and commented on statements about midwifery ethics that were derived from the qualitative data collected in round One.

RESULTS

Fifty participants from over 20 countries participated in the study. Sixty percent of participants worked in public hospitals, 6% in private hospitals and the remaining 34% worked in midwifery models of care. Descriptive analysis produced four domains and fourteen characteristics that describe a unique ethics specific to midwifery practice. The four domains are: Midwifery ethics are founded in midwifery philosophy: Midwifery ethics as 'relational care'. Midwifery ethics are embodied (lived or intrinsic) and Midwifery ethics requires advocacy.

CONCLUSIONS
These domains and characteristics of midwifery ethics provide insights into midwives' unique ethical practices and represent foundational knowledge to inform the practical application of midwifery ethics. Empirical evidence for a distinct midwifery ethics is fundamental to advancing the midwifery profession.
KEY MESSAGE
This study extends the existing understandings of midwifery ethics and presents a unique, applied and co-created midwifery ethics for practice.
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O268

Bridging national and international midwifery regulations: A thematic analysis of Italian key documents, desk review, normative mapping, and policy analysis

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BACKGROUND
The Italian regulatory framework for midwifery care is highly fragmented and underrepresented in international literature, despite its significant influence on the scope and autonomy of midwifery practice.
OBJECTIVES
This study aimed to identify and map national and regional regulatory documents shaping midwifery care in Italy, and to compare three core national documents—the Code of Ethics, the Professional Profile, and the Educational Curricula—with the 2021 Professional Framework for Midwifery developed by the International Confederation of Midwives (ICM).
METHODS
A two-phase study design was used. In Phase I, a deductive thematic analysis was conducted to assess the degree of alignment between the ICM framework and the selected Italian documents. Phase II consisted of a structured desk review that identified 141 regulatory documents issued at national and regional levels, which were then analyzed according to their scope, origin, and relevance to midwifery care.
RESULTS
The analysis revealed partial thematic convergence with the ICM framework, alongside substantial gaps concerning professional competencies, midwifery autonomy, midwifery-led models of care, and the institutional role of professional associations. The regulatory landscape appeared inconsistent across regions and lacked specificity in policies supporting midwifery-led care, particularly in sexual and reproductive health. Furthermore, linguistic ambiguity in how "midwifery" is framed in Italian legal texts reduces the profession's visibility and distinctiveness.
CONCLUSIONS
The study highlights the need for a clearer, more coherent regulatory system aligned with international standards. A further stage of analysis is currently underway using the Walt and Gilson (1994) policy analysis triangle to explore the content, actors, processes, and context shaping midwifery regulation. Findings from this ongoing phase will be presented at the Congress.
KEY MESSAGE
A consistent regulatory framework aligned with ICM standards is essential to strengthen midwifery in Italy and improve care outcomes.
Eur J Midwifery 2026;10(Supplement 1):A313

O269

2025 integration of midwives into Mexico's universal health system: A giant step for reproductive justice policy, midwifery and human rights under President Claudia Sheinbaum's leadership

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PURPOSE
This presentation examines political and social processes that led to the March 4, 2025 federal approval of the landmark Mexican Official Standard NOM-020-SSA-2025, For health establishments and the recognition of midwifery in comprehensive maternal and neonatal care. Mexico's universal health strategy now includes traditional and professional midwives for the first time. The regulation mandates access to midwifery care through a gender-sensitive, culturally-appropriate approach and lays the foundation for a national network of midwife-led public birthing centers. We highlight the implications of this advancement for women and families, along with key recent reforms: 2024 General Health Law updates that allow traditional midwives to register births and formally include "professional midwifery" in Article 79, and 2024 constitutional reforms to Article 2 that strengthen indigenous peoples' right to self-determination by recognizing traditional midwives knowledge and practices.
DISCUSSION
We trace the evolution of midwifery politics in Mexico, focusing on how NOM-020's approval—under President Claudia Sheinbaum, the country's first female president—advances reproductive justice. The regulation sets evidence-based standards for maternal and neonatal care with midwives at both primary and secondary levels.
EVIDENCE WHERE RELEVANT
An interdisciplinary, interinstitutional working group developed NOM-020 over 2024 and early 2025 using diverse health metrics and reproductive indicators. We will present this data, alongside testimonies from federal health leaders, NGOs, and other key actors—some who supported and others who opposed the reform. Experiences of midwifery integration in other universal health systems will also be examined.
KEY MESSAGE
These reforms mark a turning point in family health, reflecting Mexico's commitment to a pluralistic system that honors traditional and biomedical practices—and adheres to

the evidence that family presence during childbirth benefits the birthing person, the baby, and the family. Implementation of NOM-020-SSA-2025 and WHO's target of six midwives per 1000 live births requires strategic planning, trust-building, financing, cross-sector coordination, monitoring and evaluation.

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REGULATION - IMPLEMENTATION 1

0162

Midwifery regulation and education in Hawaii, USA

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BACKGROUND

The educational preparation of Certified Nurse-Midwives (CNMs), Certified Midwives (CMs), and Certified Professional Midwives (CPMs) achieves the International Confederation of Midwives essential competencies for midwifery practice in the United States of America. CNMs are licensed as advance practice registered nurses though the State of Hawaii Board of Nursing. Until recently no licensing pathway existed for midwives who were not CNMs. In 2019, Hawaii passed legislation for licensing of CPMs and CMs. In 2025, an updated bill continues to support regulation and licensing of CPMs and CMs.

PURPOSE

To present challenges and issues regarding midwifery regulation and education in Hawaii.

DISCUSSION

The Hawaii midwifery bill to regulate and license CMs and CPMs was heavily debated at public legislative sessions. Passionate and emotional testimony in support and against regulation and licensing of midwifery was submitted by a divided community. Supporters voiced maternal and newborn safety concerns, standards of care, insurance coverage, hospital access in homebirth transfers, continuing education, peer review, and reporting birth outcomes. Opponents were concerned with restriction of cultural practitioners, criminalizing unlicensed birth attendants, limiting autonomy, scarcity of birth attendants in remote areas, and lack of access to midwifery education in the State.

EVIDENCE WHERE RELEVANT

The ICM's global goal of accessible midwifery care for all childbearing women faces barriers in Hawaii. Some women may lose access to birth attendants if practitioners cannot meet educational and licensing standards or are prohibited from practice. This problem is exacerbated by lack of local midwifery education programs to bridge these compliance gaps.

KEY MESSAGE

The health and well-being of mothers and babies hinges on ensuring global standards of midwifery care. Achieving this critically depends on creating accessible and affordable education for all midwifery pathways and fostering strong collaboration among midwives locally and worldwide. Unified commitment to education and midwifery will ensure midwifery care is globally recognized and valued.

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0163

Empowering independent midwifery governance under Indonesia's new health law

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PURPOSE

Following the enactment of Indonesia's latest health law, which recognizes collegia as independent regulators, the Indonesian College of Midwifery (ICoM), supported by the Ministry of Health, the Indonesian Health Council, and both domestic and international development partners, implemented a multisector initiative to strengthen midwifery governance, competency standards, and professional development.

DISCUSSION

With strong support from government, civil society, and development partners, ICoM initiated a comprehensive pre and in-service program: 1.Updating/ Development of scope of work through development of competency standards aligned with the 2024 ICM competencies. 2. Development of a Curriculum guidance for midwifery education aligned with the new competency standards 3. A unified framework on competency, curriculum, and regulation to guide implementation and roll out 4. Roll-out of Recognition of Prior Learning (RPL) pathways for practicing midwives 5. Establishment of Continuous Professional Development (CPD) guidelines 6. Creation of Faculty Development Program (FDP) to enhance educator capacity ICoM delivered these initiatives through workshops and stakeholder forums, endorsed by the Minister of Health and senior officials, demonstrating solid political and technical commitment.

EVIDENCE WHERE RELEVANT

1. Ministerial regulations officially recognize ICoM's independent regulatory authority under the new health law. 2. Draft competency standards, now nearly complete, will guide future curriculum and regulatory frameworks. 3. The national curriculum framework has been disseminated and endorsed by policymakers and institutions. 4. The RPL curriculum is finalized, and technical training delivered to eligible institutions. 5. CPD and FDP guidelines are being developed to support educator capacity and competency upkeep. 6. Over 80% of midwifery education providers have committed to implementing ICoM-endorsed standards across pre-and in-service programs.

KEY MESSAGE

Indonesia's ICoM-led model demonstrates that a legally empowered and independent regulatory body supported by integrated pre-service and in-service education systems, multisectoral collaboration, and digital infrastructure can significantly improve midwifery governance, education, and practice quality. It offers a blueprint for strengthening

autonomy and maternal health globally. Regulation - implementation 1

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O164

Regulatory challenges and private sector growth in Afghanistan's midwifery workforce (2001–2024): A historical and feminist perspective

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PURPOSE

To examine how regulatory gaps and the growth of private sector midwifery education have shaped the midwifery workforce in Afghanistan (2001–2024), and to explore the implications for maternal and newborn healthcare quality and professional standards.

DISCUSSION

Since 2001, Afghanistan's midwifery profession has expanded significantly through public direct entry competency-based midwifery Diploma and one Degree programs 1-2. In response to high market demand, private sector institutions also grew rapidly, making midwifery the largest female professional workforce in the country 1-3. However, regulatory oversight has not kept pace with this expansion. The Afghanistan Midwifery and Nursing Council (AMNC), which received its formal decree in 20184, faced major technical and financial constraints, further exacerbated by international sanctions and restrictions on women's participation in leadership and governance. As a result, AMNC remains an underdeveloped regulatory body, limiting its ability to ensure quality education and monitor professional practice. This regulatory gap has contributed to widespread variation in educational quality, including adequate clinical practice and graduate competence, especially in the private sector. Thousands of midwives with inconsistent competency levels now fill workforce gaps, raising concerns about maternal and newborn health care quality and safety. A lack of reliable national data further hampers workforce planning and quality assurance.

EVIDENCE WHERE RELEVANT

Feminist Marxist theory shows how control over women's labor and knowledge, including in health professions (like midwifery) maintains structural power imbalances and limits professional autonomy. In fragile contexts like Afghanistan, strengthening midwifery regulation is essential: global evidence demonstrates that high-quality midwifery care can significantly reduce maternal and newborn mortality.

KEY MESSAGE

Strengthening midwifery regulation and education in fragile settings is essential to building a competent workforce to meet global SRMNAH needs. Without strong regulation, fragmented private education undermines care quality and public trust. Addressing these gaps is critical to achieving "One Million More Midwives," and advancing SDG 3 and SDG 5.

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O165

Regulatory transformation of midwifery in Indonesia: Strengthening professional development through Health Law No. 17 of 2023

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PURPOSE

This abstract presents Indonesia's recent regulatory reform in midwifery as part of the enactment of Health Law No. 17 of 2023. The law establishes a legal and institutional foundation to improve midwifery quality and autonomy through integrated governance across education, registration, licensing, and continuous professional development. The reform position midwives as essential, accountable providers within the national health system.

DISCUSSION

The new law replaces fragmented regulations with a unified framework that formally recognizes midwifery as a distinct profession. It mandates competency-based education, structured internships, standardized licensing (STR), and continuing professional development (CPD), overseen by the Midwifery Collegium and the newly established Human Resources for Health (HRH) Council. These provisions create a structured professional pathway—from education to workforce entry and career progression. A key innovation is the introduction of lifetime registration and streamlined licensing, eliminating endorsement requirements from professional organizations. These changes are supported by SATUSEHAT SDMK, a national digital platform that integrates registration, workforce data, and educational records. Midwives also gain access to Plataran Sehat, the Ministry of Health's e-learning platform, to fulfill CPD requirements and strengthen clinical competencies.

EVIDENCE WHERE RELEVANT

As of March 2024, more than 1.45 million health workers—including midwives—have transitioned to lifetime registration. A national user survey reported that 87% perceived the new system as more efficient, and 79% received their registration within 7–14 days. These changes reflect improved regulatory access, especially for providers in remote areas, and enhanced coordination between education, regulation, and service delivery.

KEY MESSAGE

Indonesia's health law reform enables midwives to grow as trusted, competent professionals—through clearer

standards, digital innovation, and system-wide support across their career lifecycle.

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RESPECTFUL MATERNITY CARE 1

O207

Women's experiences, current practices and sustainable strategies to improve respectful maternity care in Rwanda: An appreciative inquiry approach

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BACKGROUND
Childbirth is a profound human experience that requires respect and dignity. Previous research on Respectful Maternity Care (RMC) in Rwanda and beyond has predominantly focused on negative childbirth experiences and the undesirable behaviors of midwives toward mothers. This study addresses a critical gap by exploring the positive aspects of maternity care, highlighting respectful practices and strategies that can be sustained and strengthened.
OBJECTIVES
To assess women's experiences during health facility childbirth To explore midwives perspectives and practice on RMC To develop strategies for sustaining RMC in Eastern province hospitals of Rwanda.
METHODS
We used Appreciative Inquiry (AI) to explore positive aspects of intrapartum care. The study was conducted in five hospitals using AI's five-stage framework. A convergent parallel mixed-methods approach was used. The quantitative phase included a cross-sectional survey of 610 postpartum women, analyzed using descriptive statistics, chi-square tests, and logistic regression. The qualitative phase involved 20 in-depth interviews and 20 focus group discussions with 95 midwives. Strategies were developed based on findings and validated by national and international experts.
RESULTS
Only 5.9% have received all RMC items. High RMC was associated with marital status, occupation, and mode of delivery, with caesarean section linked to a higher likelihood of receiving RMC. Women emphasized they need compassionate treatment, effective communication, and mother-centred care, while midwives highlighted to improve professionalism, teamwork, and infrastructure improvements. Five strategies emerged: enhancing women-centred care, strengthening community trust, ensuring professional ethics, promoting supportive leadership, and improving facility environments. Validation scores for these strategies ranged from 85.6% to 91.25%, with an overall score of 89.75%.
CONCLUSIONS
It is needed to improve and sustain the reported positive experiences and practices. We recommended the Ministry of Health integrate the developed strategies into national healthcare policies to ensure sustainable RMC.
KEY MESSAGE
Rwanda has made notable strides in improving RMC, but efforts to reach the highest standards continue.

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O208

Cross-country comparison of respectful maternity care: Insights from Cyprus and Croatia using the Person-Centered Maternity Care (PCMC) tool

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BACKGROUND
The Respectful Maternity Care (RMC) framework has shifted attention from overt mistreatment to more subtle but widespread violations of rights-based, person-centered maternity care.
OBJECTIVES
To compare how women's childbirth experiences in Cyprus and Croatia align with RMC principles, using standardized measures of person-centred care.
METHODS
As part of the EU/CERV-funded RESPECT project, an online survey was conducted with women who had given birth in the last five years in Cyprus and Croatia. The battery of tools included the 35-item Person-Centered Maternity Care (PCMC) questionnaire, which assesses deviation from quality standards on a 0–100% scale. Written responses to an open-ended survey question were also deductively content-analysed using the RMC framework.
RESULTS
The median PCMC score was 81 (IQR 61–92) in Cyprus (n=516, 49% C-section) and 53 (IQR 35–75) in Croatia (n=855, 30% C-section). PCMC scores >90% were recorded by 29.8% of respondents in Cyprus, while 17.1% scored below 50%. Suboptimal care was more widespread in Croatia, with only 9.0% scoring above 90%. Average subscale scores followed a similar pattern in both countries: Dignity and Respect scored higher (82% Cyprus; 68% Croatia), followed by Responsive and Supportive Care (73% vs 51%), and lowest in Communication and Autonomy (70% vs 48%). Despite country-specific differences, item-level analysis revealed shared and common deficiencies including lack of emotional support, poor communication, and inconsistent consent processes before procedures. Mistreatment and discrimination were less frequently reported but remain concerning. Qualitative data reinforced the quantitative trends, providing a nuanced understanding of problematic areas.
CONCLUSIONS
Despite different prevalence levels, both countries showed similarly ranked shortcomings, particularly in autonomy and communication. Standardized PCMC tools enabled cross-country comparison and underscored the urgent need for systemic reform.
KEY MESSAGE
Persistent gaps in person-centered care, especially around

communication and autonomy, call for structural change and regular monitoring using validated RMC tools.
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O209

Respectful maternity care from the lens of women and health care providers in Pakistan: An exploratory study

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BACKGROUND
Disrespect and abuse during childbirth are prevalent in many low- and middle-income countries, including Pakistan, undermining women's rights, safety, and mental well-being. Respectful Maternity Care (RMC) is essential for ensuring dignified, person-centered maternity services, yet its implementation and understanding among women and providers in Pakistan remain limited.
OBJECTIVES
This study explored perceptions and experiences of RMC among postnatal women and HealthCare Providers (HCPs) to identify key barriers and opportunities for improving respectful maternity care in Pakistani healthcare facilities.
METHODS
A qualitative descriptive study was conducted across three health facilities in Pakistan: a secondary care hospital, a tertiary care hospital, and a midwifery-led facility. Data were collected through 23 in-depth interviews with postnatal women (n=11) and healthcare providers including, midwives and doctors (n=12), using semi-structured interview guides. All interviews were transcribed, translated, and analyzed using Creswell's thematic analysis framework. Ethical approval was obtained from the Aga Khan University ethical review committee; written informed consent was secured.
RESULTS
Three themes emerged: (1) Experiences of care during childbirth, (2) Knowledge and attitudes regarding RMC, and (3) Barriers and recommendations to promote RMC. While some women reported compassionate and supportive care especially in midwifery-led facilities, many experienced verbal abuse, lack of privacy, non-consensual procedures, and discrimination. Both women and providers demonstrated limited understanding of RMC, and many normalized disrespectful practices. System-level barriers included poor infrastructure, inadequate staffing, and lack of policies. Individual-level barriers involved lack of awareness and training.
CONCLUSIONS
Despite global emphasis on respectful care, gaps in RMC delivery remain substantial in Pakistan. Strengthening education, infrastructure, and policy, while empowering women and supporting providers, is essential to advance RMC and improve childbirth experiences.
KEY MESSAGE
Effective implementation of RMC in Pakistan requires a multi-level approach involving healthcare system reform, community education, and provider capacity building.

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O210

Association between filing a complaint for suboptimal care during childbirth and disrespectful care

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BACKGROUND
In Sweden, an increase in filed claims due to suspected suboptimal care has been observed. Risk factors for having a compensated claim include women with co-morbidities, post-term pregnancies, or a previous cesarean birth.
OBJECTIVES
To investigate the association between disrespectful care during childbirth and filing a complaint for suboptimal care.
METHODS
The Swedish version of the Birth Experience Study (BESt-IC) is a survey including data from women who gave birth in Sweden between 2019 and 2024, and covering background and childbirth characteristics, birth experience, obstetric violence, and validated measures of mistreatment and disrespectful care (MIST and MORi). Multivariable logistic regression was performed to estimate odds ratios (ORs) and 95% CIs for the association between filing a complaint and experiences of mistreatment or disrespectful care, adjusting for relevant confounders.
RESULTS
A total of 18148 women participated and of these, 7.0% reported that they had filed a complaint. Furthermore, 1730 women stated that they had refrained from filing a complaint since it felt too psychologically distressing. Filing a complaint was associated with a negative birth experience (OR 4.70, 95% CI 4.17–5.29), experiencing obstetric violence (OR 6.73, 95% CI 5.89–7.70), low respect (OR 14.88, 95% CI 9.50–23.31), and mistreatment (OR 4.96, 95% CI 4.38–5.61). Analyses are ongoing and further results will be presented at the conference.
CONCLUSIONS
The preliminary findings indicate an association between several aspects of disrespectful care, and the filing of a complaint for experiencing suboptimal care.
KEY MESSAGE
This study provides new insights into suboptimal care during childbirth, an important topic for women, their infants, the family, and for society. The findings may help inform interventions to improve care during complicated births and following adverse events.

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RESPECTFUL MATERNITY CARE 2

O184

Help-seeking following interpersonal and childbirth-related trauma: A grounded theory study

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BACKGROUND
The prevalence of childbirth-related trauma is a growing concern nationally and internationally (Ayers et al., 2024; Horsch et al., 2024). Women with a history of interpersonal trauma (IPT) e.g., witnessing or experiencing previous physical, emotional or sexual abuse are vulnerable to retraumatisation through childbirth (Kolk et al., 2021; Mackinnon et al., 2018; Martini et al., 2022). In Irish maternity services, women are not routinely screened for IPT despite national and international recommendations (Benton et al., 2024; Higgins, 2021; Teil et al., 2025).
OBJECTIVES
To explore the help-seeking behaviours of women with a history of IPT who experienced childbirth as traumatic, and to generate a theory which explains how these women resolve their main concern.
METHODS
Qualitative in-depth study using Classic Grounded Theory. Participants were purposively sampled. Interviews were conducted between 2022/2024 at two separate time points, 3 and 6 months postpartum. The substantive theory was developed through constant comparative analysis, theoretical coding and memo-writing.
RESULTS
Thirty-nine interviews were completed in total (19 participants completed both interviews, 1 participant completed 1 interview). The core category identified was "holding fear", conceptualising the process of navigating pregnancy, childbirth and parenting with hypervigilance. Participants adopted help-seeking coping behaviours on a continuum from helpful to unhelpful. Internal and external factors influenced a shift in coping behaviours such as relational support systems, maternity care systems and peer support systems.
CONCLUSIONS
Women with a history of IPT are vulnerable to retraumatisation through childbirth. Maternity care systems need to implement trauma-informed care approaches to identify women at risk, reduce the incidence of traumatic birth and to universally improve maternity care provision for women.
KEY MESSAGE
Perinatal women with previous histories of trauma present with (often) hidden vulnerabilities, maternity services must recognise and respond appropriately to women's help-seeking needs.

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0376

Mistreatment during perinatal services in a high resource country: Drivers of disparities

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BACKGROUND
Historically oppressed and marginalized populations are more likely to experience barriers and mistreatment during health care interactions. Qualitative studies find that Indigenous and racialized individuals, people with disabilities, sexual and gender minorities, and those with lower socioeconomic status are at risk for adverse perinatal outcomes. While studies in other countries have examined these issues, there is limited research on the lived experience of perinatal services and drivers of disparities in Canada.
OBJECTIVES
We used a community participatory action research approach to explore factors associated with mistreatment and disrespect during pregnancy in Canada and examined the characteristics of these experiences across different sociodemographic groups.
METHODS
We analyzed data from the Research Examining Stories of Pregnancy and Childbirth in Canada Today (RESPCCT) study, a national cross-sectional survey. We used validated person-centred measures to examine human rights violations such as verbal abuse, discrimination, denial of autonomy, coercion, and being dismissed by healthcare providers. Respondents used the Mistreatment and Disrespect Index (MIST-15), and Day-to-Day Discrimination Index to detail their experiences. Chi-square tests and multivariable logistic regression models were used to explore associations between mistreatment and demographic, socioeconomic, and clinical factors.
RESULTS
Of all participants who completed the items (n 3853/6096) nearly half (47.5%) reported high levels of some type of mistreatment. Sociodemographic factors, including racial/ethnic identity, disability status, minority sexual identity, and socioeconomic background, were significantly associated with increased reports of mistreatment. Individuals who underwent cesarean or assisted vaginal births were also more likely to report negative experiences. However, midwife-led care and shared identity with a healthcare provider were associated with lower odds of mistreatment.
CONCLUSIONS
These findings contribute to the growing understanding of drivers of disparities and opportunities for quality improvement and accountability.
KEY MESSAGE
People with lived experiences of care are the "experts" who are best positioned to inform patient-oriented, community-responsive perinatal services.

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0377

Did respectful maternity care improve after the end of the COVID-19 pandemic? Preliminary results from the IMAGINE study over 5 years in 21 countries

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BACKGROUND
Multi-country studies documenting Respectful Maternity Care (RMC) are lacking.
OBJECTIVES
To compare answers relevant to RMC from mothers giving birth during versus after the pandemic (after 5 May 2023).
METHODS
Women 18 years-of-age who gave birth in healthcare facilities between March 2020 and April 2025 answered a validated questionnaire including 15 RMC measures. Univariate and multivariate analyses were conducted
RESULTS
136755 women accessed the questionnaire, 129393 (94.6%) provided consent, 92970 (67.4%) were analysed from 21 countries(N=71030 pandemic period, N=21419 post-pandemic period). Only two indicators had a relevant improvement in the post pandemic period: the number of women not allowed to have a companion of choice and inadequate partner visiting hours significantly decreased (60.3% vs 30.4%, 74.9% vs 52.0%, p<0.001 for both indicators). The remaining other 13 indicators did not show clinically relevant changes. Still, in the post-pandemic period, only 10.6% women experienced all the 15 RMC measures reflecting positive practices, with major differences across countries (from 3.8% in Croatia to 21.9% in Sweden). Moreover, in the post pandemic period 14.6% reported feeling abused (7.5% in Germany to 19.3% in Croatia), 23.3% were not treated with dignity (12.9 in Belgium to 39.5% Croatia) and 21.4% lacked privacy (15.5% in Slovenia to 65.9% in Bosnia Herzegovina). Lack of involvement in choices (12.3% in Austria to 53.2% Greece) and ineffective communication (20.1% Portugal to 48.8% to Croatia) were gaps common to all countries.
CONCLUSIONS
No country was free from gaps in RMC, with major inequities across countries. Urgent action is needed at international and country level from multiple stakeholders to align maternal care to existing international treaties and regulatory frameworks relevant to human rights.
KEY MESSAGE
COVID-19 was frequently "an excuse" for the lack of RMC, while this large multicountry study clearly shows that major gaps clearly remain after the end of the pandemic.
Eur J Midwifery 2026;10(Supplement 1):A325

SPANISH - LABOUR AND BIRTH

0166

Women's experiences with vertical birth assistance at the Atacama Regional Hospital, Chile

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BACKGROUND
Vertical birth is performed at an angle between 90° and 135° relative to the horizontal plane of the woman's spine. The birth experience constitutes a unit of analysis that considers the interactions between the pregnant woman and her environment, integrating knowledge, perceptions, and the emotional component.
OBJECTIVES
To explore the experiences of women who underwent vertical birth in a regional public hospital.
METHODS
A qualitative, descriptive study was conducted with seven women who experienced a vertical birth. Data saturation was achieved, and information was collected through in-depth interviews. Content analysis followed Berelson's methodology.
RESULTS
Participants reported that support from the midwife, the presence of a significant other, a supportive environment, and being informed about the vertical birth process positively influenced their experience. Women described the delivery as more comfortable, faster, and less painful. They expressed a range of emotions, including fear, anxiety, happiness, and tranquility, with love for the newborn emerging as the most prominent feeling, although not directly linked to the birth position. Environmental factors such as background music, reduced lighting, and the design of the vertical birth bed were also positively valued.
CONCLUSIONS
the participants viewed the vertical birth experience positively. The option to choose vertical birth, supported by midwives and access to information, may contribute to greater empowerment of women in selecting their preferred birthing position.
KEY MESSAGE
Ethical aspects: Study approved by the Ethics Committee and conducted with informed consent. Keywords: vertical birth, experience, perception, feelings, emotions.
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0167

Resultados Maternos y Neonatales con el uso de la inmersión en el agua durante el trabajo de parto en Hospitales Españoles

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BACKGROUND
El uso de la immersion en el agua durante el trabajo de parto necesita un apoyo continuo de la matrona, incrementa la satisfacción y vivencia del parto.
OBJECTIVES
Resultados neonatales y maternos de mujeres que utilizaron la inmersión en el agua durante el trabajo de parto.
METHODS
Estudio retrospectivo, descriptivo de cohortes. Evaluó los resultados maternos y neonatales entre los años 2022 y 2025 de 329 mujeres que utilizaron la inmersión en agua durante el parto en cinco hospitales españoles con diferentes niveles asistenciales. Los datos, anónimos y éticamente aprobados, se recopilaron de estudio de creación un cuestionario de experiencia de parto en agua. Criterios de inclusión.
RESULTS
Edad de las participantes entre 31 y 40 años (67.8%), europeas (83.3%), estudios universitarios (68.9%) y empleadas (84.0%). La edad gestacional entre 40 y 41.6 semanas (71.2%). Embarazos fueron planificados (81.7%) y asistieron a clases preparto (77.6%). Para el 64.4% de las mujeres, este fue su primer parto en agua. El 75.2% de los embarazos fueron de bajo riesg. El inicio del parto fue espontáneo en el 92.75%. Partos vaginales eutócicos (90.2%), vacuum (3.81%) y cesáreas (emergencia 2.22%, recurso 1.9%).La posición en cuadrupedia fue la más utilizada (23.4%). Uso en dilatación y expulsivo en el 53.3% de los casos. Los desgarros tipo I y II fueron los más comunes (32.9% y 30.6%), con episiotomía en el 6.45%. El 90.7% de las madres no tuvieron complicaciones y el 92.6% de los neonatos tampoco. La admisión en UCI neonatal fue mínima (1.28%), así como el distrés respiratorio (1.60%) y la reanimación neonatal (3.22%). El contacto piel con piel (95.75%) y la lactancia materna exclusiva (96.3%).
CONCLUSIONS
Este estudio sugiere que el parto en agua no aumenta las complicaciones maternas ni neonatales en hospitales españoles, mostrando resultados favorables de seguridad y bajas tasas de intervención.
KEY MESSAGE
Waterbirth, Spain, birth Spanish - labour and birth
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O168

Midwives and their perception of cesarean section rate in Uruguay

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BACKGROUND
Cesarean section is one of the most complex procedures in the end of pregnancy. Its excessive and sustained use over time has generated concern worldwide, which has led to studies and recommendations for its regulation. In Uruguay, this situation is also relevant, with a cesarean section rate of 48%.
OBJECTIVES
to analyze the psychosocial, organizational and health factors involved in the high incidence of cesarean section in Uruguay from the perspective of midwives.
METHODS
qualitative study of flexible cross-sectional design with a descriptive and analytical scope, with an intentional sample of 11 midwives in the city of Montevideo. The technique used was the semi-structured interview. The study was approved by the Ethics Committee of the School of Psychology.
RESULTS
The findings show the multicausality of the phenomenon, articulated at three levels: health management, health professionals and users. Midwives acknowledge progress, such as their presence in all maternity wards and the implementation of childbirth preparation classes. However, a discourse persists which, although critical, maintains medicalizing logics and the perception of greater safety in interventions. In addition, there is a tendency to hold obstetrician-gynecologists and women responsible. Thus, the collective of midwives is placed outside the problem and does not visualize in their professional practice any element that could contribute with improving this situation.
CONCLUSIONS
Birth is still seen as a pathological event. It is necessary to incorporate in a profound way the conception of birth as a physiological process, where midwives can position themselves as key actors in the change of paradigm (from the technocratic model to a humanistic model). To this end, it will be necessary to review both academic training and professional practice, as well as advocacy in the field of public policy, for a truly autonomous professional practice of midwives.
KEY MESSAGE
cesarean section, midwives, motives, reduction measures
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O169

FENOE - National Federation of Midwives and Obstetric Professionals of Ecuador: Their role in the interdisciplinary sexual and reproductive health network "Contigo en Red"

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PURPOSE
Strengthen the comprehensive response and referral pathways within an interdisciplinary network of Sexual and Reproductive Health (SRH) services, with a rights-based approach, ensuring timely and high-quality care through effective coordination, management, and communication.

DISCUSSION
FENOE is a professional organization that defends both SRH rights and the professional rights of midwives in Ecuador. Its work focuses on four key areas: strengthening leadership and professional competencies, improving community-based access to SRH information and rights-based counselling, national and international advocacy for SRH rights, and the provision of quality, culturally relevant care. FENOE is a member of the Latin American Federation of Obstetricians, the International Confederation of Midwives (ICM), and has delegates in the CLACAI Midwives Network. Since 2014, with external funding, FENOE has trained SRH leaders and built a national network to ensure confidential, rights-based, high-quality SRH care across several provinces. This network primarily serves women, adolescents, and migrants, contributing to the empowerment of their SRH rights. In 2023, a joint initiative with health professionals and organizations such as CODESER, SURKUNA, CEMOPLAF, and Las Comadres led to the formal creation of Contigo en Red, a mixed network of public and private SRH professionals providing coordinated, timely care.
EVIDENCE WHERE RELEVANT
Mapping of rights-supportive health professionals revealed significant gaps in SRH service access, particularly for women, adolescents, and migrants. Contigo en Red now facilitates referrals and access to SRH services such as counselling, ultrasound, safe abortion, family planning, and obstetric care. Midwives play a key role due to their competencies and ability to build trust, contributing to improved access and timely care.
KEY MESSAGE
Midwives in Ecuador play a crucial role within SRH care networks by facilitating counselling and comprehensive SRH services, including access to safe abortion. Their close relationship with social organizations, women, adolescents, and migrants enables life-saving promotion and prevention actions.
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SPANISH – OTHER (INCLUDING THREE-MINUTE PRESENTATION COMPETITION)

0283

Midwives' leadership in intimate partner violence research: Training, trajectories, and strengthening health and intersectoral responses in Chile and Latin America

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PURPOSE
Intimate partner violence represents a serious public health challenge, with profound repercussions on women's health. This work presents four studies, mainly led by midwives in Chile since 2015, aimed at generating applicable evidence, strengthening professional training, and improving the health system's response to this issue.
DISCUSSION
Midwives play a strategic role in the early detection, comprehensive care, and support of women affected by IPV. The continuity of this research line has enabled not only the assessment of the problem's magnitude but also the development of concrete tools for clinical practice. It has also informed recommendations to strengthen care protocols, reduce access barriers, enhance professional training, and improve coordination with the National Service for Women and Gender Equity (SernamEG).
EVIDENCE WHERE RELEVANT
Previous studies showed that midwives and midwifery students lacked adequate competencies to care for women survivors of IPV. A sequential mixed-methods approach was employed. First, the Woman Abuse Screening Tool (WAST) was culturally adapted and validated with Chilean and migrant users in primary care (n=44), yielding excellent psychometric results (100% sensitivity, 96% specificity). The second study analyzed the prevalence of intimate partner violence among pregnant women (n=1020) and postpartum women (n=763) in four Latin American countries, identifying prevalence rates of 15.5% and 29.6%, respectively. The third study, a qualitative undergraduate thesis project, explored facilitators and barriers in the care of women at women's centers. Lastly, the fourth study, using a cross-sectional design with n=167 health professionals—mostly midwives—analyzed beliefs and attitudes toward women survivors of violence. Active student participation enriched each stage of the research process.
KEY MESSAGE
Midwives, as producers of situated knowledge, play a key role in the health and intersectoral response to IPV, integrating research, professional training, and evidence-based clinical practice.
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0284

Adolescent voices in prenatal care: Perceptions of professional treatment in primary health care in Uruguay

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BACKGROUND
Pregnant adolescents often face tensions rooted in power and control discourses, intersecting with notions of health, autonomy, and rights. Adolescence is a key stage of identity construction shaped by daily experiences and meaningful relationships (Branje, 2022). In this context, prenatal care can become either a space for support or a site of obstetric violence. The latter is increasingly recognized as a form of gender-based violence that violates sexual and reproductive rights (Uruguay, 2017; IACHR, 2019).
OBJECTIVES
To explore the experiences of pregnant adolescents regarding

professional treatment during prenatal consultations in the First Level of Care (PNA) of Uruguay's National Integrated Health System.
METHODS
This exploratory qualitative study involved semi-structured interviews with 12 adolescents aged 15 to 19, in their second to fourth postpartum month. All participants provided informed consent. They received care from midwives, gynecologists, family doctors, and other health professionals working in PNA teams. Thematic analysis was conducted using an inductive approach.
RESULTS
The findings show ambivalent experiences. While the adolescents recognized the importance of professional support, they also reported episodes of misinformation, infantilization, and disrespect, revealing institutional obstetric violence. They highlighted the need for clear, empathetic communication, respectful gynecological examinations, and greater sensitivity among healthcare providers. Adult-centered practices and the lack of adolescent-specific prenatal services emerged as significant barriers to access and care continuity.
CONCLUSIONS
These results underscore the urgency of promoting respectful obstetric care centered on adolescent users, with tailored training for health professionals and the incorporation of prenatal consultations into adolescent-friendly services.
KEY MESSAGE
Listening to pregnant adolescents helps reveal relational barriers in prenatal care and encourages transformation toward more humanized and respectful practices within the First Level of Care.
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O285

From bonding to transformation: Implementing an early attachment support model led by midwives in Uruguay

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PURPOSE
To present the implementation and expansion of the Thula Sana model in Uruguay, led by midwives, as a primary prevention strategy against violence starting in early childhood.
DISCUSSION
The Thula Sana model is based on home or virtual visits from 35 weeks of gestation through the first six months of life, promoting secure attachment through sensitive interactions and respectful caregiving. Midwives lead the intervention in close connection with families, addressing topics such as crying and soothing, breastfeeding, safe sleep, and early stimulation. Since 2024, the model has been redesigned to expand its reach through three key pillars: community engagement (training local agents and educators), integration into public policies (as in the "1000 Days of Equality" program in the department of Canelones), and the development of academic knowledge in partnership with Universidad de la Republica. This territorial, intersectoral, and relationship-centered approach transforms the role of midwifery by integrating health, rights, and community action.
EVIDENCE WHERE RELEVANT
Between 2019 and 2023, 91 families across various regions of Uruguay were accompanied by midwife-led teams. The program demonstrated high levels of satisfaction and strong adherence among participants. It proved feasible, accepted, and potentially scalable. Integration with public policy frameworks has supported its ongoing institutionalization.
KEY MESSAGE
Midwives play a key role in promoting healthy early bonding and preventing violence through sensitive, community-based, and transformative care models grounded in rights and reproductive justice.
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O286

Redefining nutritional assessment in adolescent pregnant women: A WHO-Based standard proposal to enhance prenatal monitoring and minimize perinatal risks

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BACKGROUND
In Chile, the main nutritional issue among adolescent pregnant women (PA) is excess malnutrition (EM), with a prevalence of 24% obesity, 28.85% overweight, and 5.46% underweight in 2023. Currently, nutritional status (NS) is assessed using body mass index (BMI) cut-off points developed for adult women (AW), which may not be appropriate for adolescents.
OBJECTIVES
To propose and evaluate a specific standard for assessing NS in PA using WHO BMI cut-off points for adolescents (WHO-A).
METHODS
A retrospective cohort study was conducted with 753 PA who initiated prenatal care before 15 weeks of gestation between 2013 and 2020 in Santiago, Chile. Data were extracted from clinical records, including sociodemographic, obstetric, anthropometric, and perinatal variables. Descriptive statistics were used, and comparisons between WHO-A and AW standards were made using the chi-square test ($p<0.05$). Associations with adverse perinatal outcomes were assessed through a negative binomial regression model. Ethical approval was obtained from the institutional review board.
RESULTS
The mean age was 17.7 years (SD=1.4); 72.4% had 8–12 years of education, 57.4% were without a partner, 95% were primiparous, and 69% had vaginal delivery. Among newborns, 6.4% had low birth weight (LBW), and 5.4% presented macrosomia. WHO-A allowed differentiation between pregestational undernutrition and underweight (0.53% and 2.26%, respectively), while AW only identified 3.2% as underweight. WHO-A showed a lower prevalence of normal NS (47.4% vs 52.1%) and a higher prevalence of overweight

(32.5% vs 30%), obesity (17.3% vs 14.7%), and EM (49.8% vs 44.8%). WHO-A had stronger associations with small-for-gestational-age (SGA) and LBW, though differences were not statistically significant compared to AW.
CONCLUSIONS
Using AW standards overestimates normal NS and underestimates EM in PA, risking excessive weight gain and obesity; WHO-A standards are recommended for this population.
KEY MESSAGE
Using AW standards overestimates normal NS and underestimates EM in PA, risking excessive weight gain and obesity; WHO-A standards are recommended.
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SPANISH – POLICY (INCLUDING THREE-MINUTE PRESENTATION COMPETITION)

0055

Evaluating to transform: Midterm progress and challenges of the "Global Midwifery Strategy 2018-2030" in Latin America and the Caribbean

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BACKGROUND
The Global Midwifery Strategy 2018–2030, led by the United Nations Population Fund (UNFPA), has guided the strengthening of midwifery in Latin America and the Caribbean (LAC), promoting its integration into sexual, reproductive, maternal, and newborn health systems. Five years into its implementation, a regional midterm evaluation was conducted to assess progress and challenges across its six pillars: education, regulation, workforce, associations, enabling environments, and professional recognition.
OBJECTIVES
The objective was to assess the progress of the Strategy between 2018 and 2023, identifying areas for improvement toward 2030.
METHODS
In 2024, an ex-durante (mid-implementation), mixed-methods evaluation was carried out. With no conflicts of interest, the methodology included a document review of 65 strategic sources, surveys with 43 key stakeholders across 14 countries (analyzed using descriptive statistics), 12 semi-structured interviews, and a participatory workshop with 38 decision-makers (all inductively coded). Ethical principles of confidentiality and informed consent were applied.
RESULTS
Quantitative results show progress in education (91%), professional associations (73%), and participation in public policy (67%), while regulation remains a critical gap (36%). UNFPA-promoted partnerships were positively rated by 85% of respondents. These findings were enriched by qualitative analysis, which captured diverse national experiences and showed how the Strategy has catalyzed coordination, emerging leadership among midwives, and increased institutional and social visibility. Narratives also highlighted political barriers, regulatory fragmentation, and the need for stronger evidence to sustain progress.
CONCLUSIONS
The Strategy is proving transformative in LAC, but its sustainability requires solid regulation, active leadership, and strong information systems. The evaluation methodology is replicable and provides key midterm baseline evidence for the upcoming State of the World's Midwifery 2028 report.
KEY MESSAGE
Evaluating is transforming. A global strategy gains strength when it is adapted to local contexts and supported by active partnerships. Midwifery in LAC is ready to lead the progress in sexual, reproductive, maternal, and newborn health.
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0056

Sustained leadership of the Paraguayan Association of Obstetricians in the formulation and updating of the Professional Practice Law: An experience in health policy advocacy

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PURPOSE
In Paraguay, the absence of a specific law regulating the professional practice of obstetricians historically limited their autonomy and visibility within the health system. In response, the Paraguayan Association of Obstetricians (AOP) promoted the development and approval of a legal framework to formally regulate obstetric practice. As the original drafter of this initiative and current president of the AOP, I have led a sustained strategy of political advocacy and professional mobilization.
DISCUSSION
Currently, the AOP is working on the update of the Professional Practice Law, in response to changes in epidemiological profiles, advances in obstetric competencies, and global frameworks on sexual and reproductive rights. Key achievements include the recognition of the obstetric role, professional autonomy, professional identity, the strengthening of its regulatory framework, and the projected improvement in the quality and equity of health services.
EVIDENCE WHERE RELEVANT
The AOP promoted the first draft of the Professional Practice Law for Obstetricians, which was submitted to the National Congress and enacted in 2015, marking significant progress, https://py.vlex.com/vid/ley-n-5-423-645315429 In April 2024, the AOP reactivated the parliamentary process with a new proposal to amend and expand the legal framework, submitted to the Senate Health Committee. Since then, at least four technical meetings with legislators (April–June 2024) have taken place, as well as hearings with the Ministry of Public Health and Social Welfare and representatives from

universities that train midwives. The Paraguayan experience shows how sustained leadership from a professional organization can drive structural change in health policies. The legislative update process strengthens professional autonomy, competency-based regulation, and universal access to essential services.
KEY MESSAGE
Sustained leadership from professional associations is essential to transforming legal frameworks, strengthening midwifery practice, and advancing health policies based on rights.
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O057

Strengthening maternal health surveillance: Humanizing data quality control in Peru's nutritional databases, 2024

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PURPOSE
Improving the quality of maternal health data in Peru has become more than a technical task—it's an urgent need. Behind every entry lies a story, a woman, a pregnancy that deserves accurate and timely information. In 2024, the Ministry of Health launched a national process to audit the nutritional surveillance databases of pregnant women, aiming to enhance indicators such as pregestational Body Mass Index (BMI), gestational weight gain, and hemoglobin levels. These data are vital for monitoring. The initiative was led by the National Institute of Health, specifically the Bio-statistics and Data Analysis Unit of SUVIAN-CENAN. A three-phase methodology was implemented: general data cleansing, replication by population group, and indicator-specific analysis. A "traffic light" system was used to classify data quality by exclusion rate—green (<10%), yellow (11–25%), and red (>26%)—making inconsistencies visible across regions and guiding corrective actions.ng anemia prevention and assessing progress in maternal health policies.
DISCUSSION
The findings were striking: 35.1% of gestational weight gain data, 31% of BMI data, and 27.6% of hemoglobin records were excluded due to inconsistencies. These figures revealed major gaps in data recording, standardization, and system integration. As a result, key recommendations were issued, including continuous staff training, improvement of digital systems (HIS), the implementation of electronic health records with built-in validation, and the establishment of a national data quality monitoring framework.
EVIDENCE WHERE RELEVANT
What this experience made clear is that without reliable data, every strategy is at risk. Accurate records lead to better decisions—and ultimately, better care. This initiative showed that fostering a culture that values data quality at every level, from local clinics to national health systems, is not only possible but necessary. When data become more than numbers—when they reflect real lives and guide real actions—maternal care becomes more equitable, responsive, and human-centered.
KEY MESSAGE
maternal health, data quality, gestational indicators, nutritional surveillance, health information systems
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O058

Midwives on the front line: Survival analysis in children under 5 by prenatal psychosocial risk and poverty in a national Chilean cohort a 2007-2023

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BACKGROUND
In Chile, seven out of ten infant deaths occur within the first year of life, highlighting the preventive value of initial prenatal care. Since 2007, the national program Chile Crece Contigo (ChCC)—which reaches about 67% of pregnant women—has incorporated psychosocial assessment at the first antenatal visit, aiming to detect social and economic vulnerabilities.
OBJECTIVES
To estimate the association between psychosocial risks and poverty—identified at the first prenatal visit—and under-five mortality (<60 months) in the national ChCC cohort (2007-2023).
METHODS
A retrospective cohort linked ChCC-pregnancy files (2007-2023) with national death certificates. Outcome: time (days) from birth to death; Exposures: psychosocial risks, such as, low maternal education ≤6 years, adolescent (<19 years), late antenatal care (≥20 weeks), substance abuse, depressive symptoms, low social support, gender-based violence, and low income. Survival analysis used Kaplan–Meier and log-rank test ($p<0.05$) Cox regression was applied to estimate adjusted Hazard Ratio (aHR) with 95% CI (Stata v.19).
RESULTS
The cohort comprised 2419752 mother–child dyads, 2.25 million person-years and 21619 under-five deaths, of which 86% occurred in the first-year. The survival curves diverge as early as the first week ($p<0.05$). The hazard ratio tripled with low maternal education (aHR=3.54;95%CI:3.30–3.80) The hazard ratio tripled with adolescent pregnancy (aHR=3.24 to 3.12, ($p<0.001$)); it doubled with late antenatal care (aHR=2.83 to 2.14, ($p<0.001$)); and increased with substance use (aHR=1.38;95%CI:1.29–1.48), low social support (aHR=1.46;95%CI:1.36–1.56), and gender-based violence (aHR=1.35; 95%CI:1.24–1.47). The hazard ratio decreased in association with low income (aHR=0.60; 95%CI:0.54–0.67).
CONCLUSIONS
Psychosocial factors, when identified early and addressed through appropriate public policies, can significantly reduce infant mortality. Midwives play a fundamental role in this process, acting as key agents in the detection, referral, and follow-up of psychosocial risks during pregnancy.
KEY MESSAGE

A swift psychosocial check at booking lets midwives turn every consultation into a life-saving equity intervention.
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SPANISH – PROFESSIONAL DEVELOPMENT (INCLUDING THREE-MINUTE PRESENTATION COMPETITION)

0324

From knowledge to impact: Strengthening clinical reasoning in neonatal midwifery through competency-based education

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BACKGROUND
Clinical reasoning is a fundamental cognitive process by which healthcare professionals collect information, generate and test hypotheses, implement interventions, and evaluate outcomes. While widely researched in medicine and nursing, the development of clinical reasoning in midwifery particularly in neonatal care remains underexplored. In Chile, approximately 80% of neonatal care is led by midwives, who are direct-entry professionals trained from the direct entry model. Despite their central role, the specific strategies that support the development of clinical reasoning skills in neonatal midwifery are not yet well-defined in the literature. As neonatal care becomes increasingly complex, there is a pressing need to enhance these competencies through structured educational approaches.
OBJECTIVES
To explore the structure and perception of clinical reasoning among neonatal midwives, and to identify educational strategies that effectively support its development as a core professional competency.
METHODS
This qualitative study employed grounded theory. Thirteen neonatal midwives from Hospital Luis Tisné Brousse (Santiago, Chile) participated in "think aloud" interviews. The data were analyzed using open, axial, and selective coding.
RESULTS
Eleven non-linear stages of clinical reasoning were identified—eight core stages consistently applied and three context-dependent. Reflection emerged as a pivotal component, reinforcing the cyclical nature of decision-making. Experienced midwives emphasized mentorship and vicarious learning, while less experienced colleagues benefited more from active strategies such as clinical simulations, case-based learning, and structured feedback.
CONCLUSIONS
Clinical reasoning in neonatal midwifery is best understood as a cyclical competency developed through intentional, structured educational approaches. Strengthening this competence—through mentorship and active teaching—empowers midwives to deliver high-quality neonatal care, often in low-resource contexts, by relying on their cognitive skills rather than infrastructure alone.
KEY MESSAGE
In resource-limited environments, a well-trained midwife with strong clinical reasoning is often the most valuable tool available. Investing in this core competency is not only educationally sound it is a matter of equity and impact in global neonatal care.
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0325

Integrating environmental health into midwifery curricula to promote sustainable development: The Environmental Quality assessment (EQI) toolkit in Spanish

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BACKGROUND
In 2016, PAHO/WHO, ALADEFE, and collaborating centers conducted a survey in Latin America and the Caribbean to assess the preparation of nursing and midwifery programs in relation to Primary Health Care (PHC), Universal Health (UH), and the social determinants of health. The results revealed weaknesses and a need to improve educational quality. As a follow-up, a self-assessment tool (EQI) was developed to support these programs. In 2024, the Universidad de los Andes in Chile was selected as a pilot midwifery institution to validate this tool and contribute to strengthening health education in the region.
OBJECTIVES
To present the validation of the Spanish version of the EQI Toolkit at the School of Midwifery at the Universidad de los Andes, its implementation, and its usefulness in improving the quality of midwifery educational programs.
METHODS
A pilot study was conducted with an action research approach. Use the EQI Toolkit, the UANDES team assessed midwifery education with focus on universal health and primary health care. Identified need to enhance environmental health (EH) knowledge and skills in the midwifery program. Focused on evaluating and strengthening faculty and students' understanding of EH in perinatal health. It was considered that he was a pilot and that ethics committee approval was not required.
RESULTS
Survey identified different views of EH and its importance: 1. Substantial gaps in EH knowledge, 2. Need for curricular improvement in EH, 3. Team developed a micro-curricular adaptation to incorporate EH content in the midwifery program, 4. Enablers: Plan-Do-Check-Act cycle, transformative dialogue, teamwork and openness to change, 5. Barriers: Timing of survey distribution and student overload limited participation.
CONCLUSIONS
This small-scale pilot demonstrated the utility of EQI Toolkit to: 1. Identify gaps in curricula, 2. Implement a process to prioritize and address gaps, 3. Use quality improvement process, 4. Integrate environmental health in midwife education.

KEY MESSAGE
environmental health, micro-curricular adaptation, midwifery program
Eur J Midwifery 2026;10(Supplement 1):A339

0326

From judgement to impact: A mixed-methods study on midwives' clinical reasoning in a high-complexity Chilean clinic

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BACKGROUND
Maternal deaths and preventable perinatal harm persist in Latin America—even in high-acuity facilities—when clinical decisions fall short of best judgement. Clinical reasoning (CR), the ability to interpret data, weigh risks and act swiftly, is therefore critical to obstetric safety. Marked variation in decision making within a high-complexity inpatient unit serving mainly low- to middle-income women prompted this investigation.
OBJECTIVES
To quantify CR levels and identify perceived facilitators and barriers among midwives in this unit (July 2023–July 2024), informing professional-development strategies.
METHODS
Sequential explanatory mixed-methods study. Quantitative phase: sixteen midwives completed the 20-item Obstetric Script Concordance Test (OSCT), previously validated for Chile. Agreement with an expert panel was scored with weighted κ and modelled by multiple linear regression (Stata v18) against age, years of experience and postgraduate training. CR was classified as high (κ≥0.60), moderate (0.31–0.59) or low(≤0.30). Qualitative phase: two purposive focus groups (n=12) explored perceptions of midwives with high and low CR; inductive thematic analysis (NVivo 14) was triangulated with numerical findings.
RESULTS
Fifty-six percent demonstrated high CR, 25% moderate and 19% low. Each additional year of clinical experience (β=0.06; p=0.02) and postgraduate study (β=0.041;p=0.01) increased κ; age showed no effect. Facilitators: intrinsic motivation, reflective practice, continuing education, mentorship and simulation of rare obstetric scenarios. Barriers: workload pressure, limited institutional and financial support, and insufficient clinical exposure during undergraduate training.
CONCLUSIONS
CR variability depends more on educational trajectory than chronological age. Embedding the OSCT-20 with structured feedback, simulation and scholarship support could accelerate CR improvement, narrow safety gaps in vulnerable populations and advance the ICM goal of "One Million More Midwives".
KEY MESSAGE
Sustained investment in evidence-based professional development strengthens clinical judgement and, consequently, maternal–neonatal safety. Ethics and conflicts approved by CEISH-University of Chile and the Institutional Ethics Committee (January 2024). No conflicts of interest declared.
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0327

Training leaders in maternal-perinatal health: A management and leadership specialisation for final-year obstetrics and puericulture students

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PURPOSE
Hospital San José in Santiago handles ≈5000 births per year and concentrates Chile's public obstetric and neonatal complexity. The shortage of midwives with managerial skills hampers clinical governance and efficient resource use. To bridge this gap, the University of Chile and Hospital San José co-created and, since 2023, have implemented a Management and Leadership Specialisation—an innovative curricular track designed to strengthen clinical and strategic competencies in management, leadership and decision-making for senior roles in maternal and perinatal health. Objective: To describe the implementation and formative impact of this specialisation on Obstetrics and Puericulture students, highlighting its contribution to preparing professionals who can assume coordination, management and policy-making positions focused on the health of women, newborns and families.
DISCUSSION
The programme begins with advanced clinical immersion in hospital services, where students undertake supervised rotations alongside midwives in leadership roles. It then addresses organisational management, strategic planning, continuous improvement and quality culture. Students deepen their understanding of institutional structures, efficient resource management, care-flow design and process evaluation, while developing innovative projects such as organisational redesigns, protocol updates or inter-sector coordination strategies. Evaluation considers analytical skills, critical thinking, problem-solving capacity, effective communication and ethical leadership.
EVIDENCE WHERE RELEVANT
Since 2023, sixty students have participated (19 in 2023, 21 in 2024, 20 in 2025), consolidating a learning experience that fosters professional profiles with systemic vision, quality orientation and commitment to public health for women and their newborns.
KEY MESSAGE
Embedding leadership and management in undergraduate education transforms midwives into change agents who strengthen clinical governance and maternal-neonatal

safety. Specialising midwives in their final year unlocks essential executive potential for equitable and safe care.
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SPANISH – RESPECTFUL CARE (INCLUDING THREE-MINUTE PRESENTATION COMPETITION)

0192

Training in prenatal education with intercultural relevance in Peru

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PURPOSE
The aim is to strengthen the undergraduate and postgraduate training of obstetricians in prenatal education through an intercultural approach by organizing sessions for pregnant women and families that include key prenatal care knowledge while respecting each community's language, culture, and worldview. Such an approach can reduce health inequalities and foster acceptance of healthcare services
DISCUSSION
Peru's rich diversity spans the coast, highlands, and jungle, necessitating obstetric education to be tailored to the cultural specifics of each community. Therefore, educational sessions are designed following the Technical Guide for Obstetric Psychoprophylaxis and Prenatal Stimulation from the Ministry of Health. These sessions include traditional knowledge and practices, such as using the rebozo for labor and postpartum care, regional dances as physical activity, vertical birth simulations with the support person's participation, rituals like the burial of the placenta, use of medicinal herbs, the lliclla (traditional carrying cloth), hydrotherapy, massage therapy, aromatherapy, extended breastfeeding, and women's circles. Respecting diverse cultural practices is a core part of our approach
EVIDENCE WHERE RELEVANT
These protocols have been successfully implemented in the Obstetric Psychoprophylaxis and Prenatal Stimulation course at the School of Obstetrics of the National University of San Marcos, as well as in postgraduate specializations at the National University Jorge Basadre Grohmann and the National University of San Martín. The evidence of their success includes training modules, methodological guides, educational materials developed, and videos
KEY MESSAGE
Obstetric training must integrate an intercultural approach from prenatal education through childbirth and breastfeeding. This approach positions the obstetrician as a crucial agent of change, fostering trust, strengthening prevention, and contributing to a safe, respectful, and emotionally supported motherhood.
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0193

Experiential learning with intercultural relevance among students at a public university in Southern Peru

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PURPOSE To strengthen the professional competencies of undergraduate students and faculty responsible for the comprehensive education of future obstetrics professionals by promoting holistic and culturally respectful maternal care. This initiative aims to reduce maternal and perinatal morbidity and mortality through the promotion of respectful childbirth practices.
DISCUSSION Peru is a multicultural country with deeply rooted customs across its regions. However, it faces ongoing challenges in maternal morbidity and mortality, often linked to sociocultural barriers. Therefore, it is essential to integrate modern obstetric knowledge with traditional midwifery practices—ancestral customs that remain relevant in Peru—to deliver dignified, timely, and high-quality care that is culturally appropriate and free from discrimination. The Universidad Nacional Jorge Basadre Grohmann has adopted an educational methodology based on "experiential learning," as proposed by UNESCO. This approach is implemented in the training of future obstetricians through an annual field trip integrated into the obstetric psychoprophylaxis course. Each year, approximately 50 eighth-semester students visit a traditional midwifery house in a community in the Cusco region. During this immersive experience, students learn firsthand about ancestral customs applied in traditional midwifery. They acquire knowledge on the importance of physical activity, the use of medicinal herbs, humanized childbirth practices, and rituals such as manteo (rebozo technique), pago a la tierra (offering to the earth), placenta burial, and temazcal (sweat lodge), among others—contributing to a holistic and integrative education.
EVIDENCE WHERE RELEVANT
The study trip was documented through video and photography. Additionally, the SPANAS survey was administered to assess both positive and negative perceptions of the learning experience, and guided interviews were conducted with three student interns.
KEY MESSAGE
Culturally respectful care and the adoption of ancestral midwifery traditions empower future obstetricians to serve as agents of change in advancing the holistic health of Peruvian women.
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0194

Promoting humanized sexual and reproductive health: Strategic actions of the Latin American Federation of Obstetricians for strengthening regional midwifery

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PURPOSE
This abstract presents the strategic actions of the Latin American Federation of Obstetricians (FLO) focused on promoting humanized sexual and reproductive health and strengthening regional midwifery. It emphasizes the importance of continuous training and empowerment of healthcare professionals in improving care.
DISCUSSION
Humanized sexual and reproductive health is an urgent issue that requires immediate attention. The results obtained from the workshops underscore the need to transform the culture of care in this field, promoting respect and dignity for individuals. The FLO is committed to continuing its efforts in strengthening midwifery training and professional associations, and in disseminating best practices across the region.
EVIDENCE WHERE RELEVANT
The workshops have shown positive outcomes, with a significant increase in participants' awareness of the principles of humanized care in sexual and reproductive health. Professionals reported improvements in their skills to provide respectful and dignified care. Additionally, practical guidelines have been developed to support the implementation of a more humanized approach in midwifery practice.
KEY MESSAGE
Sexual and reproductive health care must focus on the dignity and respect of individuals. Through education and empowerment, it is possible to enhance midwifery practices and optimize the care experience in Latin America.
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O195

Experiences of women living with physical disabilities regarding pregnancy and motherhood

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BACKGROUND
Las experiencias de embarazo y maternidad de las mujeres con discapacidad física han sido escasamente abordadas en la literatura, especialmente en el contexto chileno. Estas experiencias están condicionadas por barreras físicas, sociales y actitudinales que impiden el pleno ejercicio de sus derechos sexuales y reproductivos. Visibilizar estas experiencias es fundamental para avanzar hacia una atención sanitaria más equitativa e inclusiva.
OBJECTIVES
Explorar las experiencias de mujeres que viven con discapacidades físicas en relación con el embarazo y la maternidad.
METHODS
Este fue un estudio cualitativo exploratorio. Se realizaron entrevistas semiestructuradas a diez mujeres con discapacidad física residentes en la Región Metropolitana de Chile, quienes habían experimentado el embarazo y/o la maternidad. El muestreo fue intencional y se utilizó un modelo de caso típico. Los datos se analizaron mediante la categorización de contenido narrativo.
RESULTS
Se identificaron siete categorías centrales: (I) Inclusión, que revela barreras de accesibilidad y prejuicios sociales; (II) Atención médica, que abarca desde la atención empática hasta experiencias discriminatorias; (III) Autonomía, marcada por una movilidad reducida y estrategias de adaptación; (IV) Emociones, que incluyen miedo, esperanza y resiliencia; (V) Redes de apoyo, críticas a pesar de los juicios iniciales; (VI) Autoimagen y autoestima, que evolucionan hacia el empoderamiento; y (VII) Expectativas, que finalmente se superaron.
CONCLUSIONS
Las mujeres con discapacidad física enfrentan desafíos complejos durante el embarazo y la maternidad, pero también demuestran una sólida capacidad de adaptación y autonomía. Este estudio aporta evidencia para mejorar la formación profesional y el desarrollo de políticas de salud pública inclusivas.
KEY MESSAGE
Las mujeres con discapacidades físicas enfrentan una doble barrera: accesibilidad limitada a la atención médica y prejuicios sociales.· Desarrollan resiliencia y capacidades de cuidado que desafían los estigmas en torno a la maternidad.· Se necesitan urgentemente enfoques inclusivos en la capacitación profesional y los protocolos clínicos.
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SPANISH – SRHR (INCLUDING THREE-MINUTE PRESENTATION COMPETITION)

O130

Midwife-led sexual and reproductive health care model for migrant women survivors of sexual violence in humanitarian crisis contexts: Experience from Mexico's northern border

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PURPOSE
This proposal presents a midwife-led sexual and reproductive health (SRH) care model for migrant, displaced, and refugee women along Mexico's northern border, with particular emphasis on survivors of sexual violence.
DISCUSSION
Mexico's northern border, particularly Baja California, faces a humanitarian crisis due to the growing number of migrants and asylum seekers. Many of these women experience sexual

violence during their journey or upon arrival, facing limited access to essential SRH services. Midwives play a key role in providing culturally appropriate, community-based, and rights-focused SRH care. The model is already implemented in Baja California, positioning midwives as essential actors in the humanitarian SRH response, coordinating with health services, shelters, social organizations, and human rights groups.
EVIDENCE WHERE RELEVANT
In 2023, over 25000 asylum seekers were reported in Baja California. Research shows migrant women face a 4.5 times higher risk of sexual violence than male migrants, especially along high-risk routes such as La Bestia, shelters, and border crossings. Transactional and survival sex are common strategies to meet basic needs or avoid violence. Restrictive migration policies further limit access to health services and protection, deepening health inequities. The care model includes: -Trauma-informed, person-centered care addressing physical, mental, emotional, and spiritual health. -Creation of safe spaces and dignified care for survivors of violence. -Reduced barriers to SRH services. -Comprehensive care for pregnancy, childbirth, postpartum, safe abortion, menstrual and mental health. -Strengthened midwifery networks and coordination across sectors.
KEY MESSAGE
Midwives are essential to guaranteeing SRH services for migrant women, reducing maternal morbidity and mortality, and ensuring access to safe abortion. This model reduces health inequities, improves women's well-being during transit and at their destinations, and promotes a more equitable distribution of reproductive health care tasks.
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O131

Sex education in a prison context: Pilot implementation of comprehensive sex education strategy for incarcerated women in Santiago, Chile

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PURPOSE
To evaluate incarcerated women's (IW) needs regarding a Comprehensive Sex Education (CSE) pilot strategy, aiming to strengthen the exercise of their reproductive and sexual rights.
DISCUSSION
In Chile, incarcerated women face structural conditions that cause difficulties in access to sexual and reproductive health, including the lack of systematic and participative CSE programs within prisons. This project aims to design and implement a participative education intervention that is culturally and pedagogically adapted to the context. Framed on UNESCO, UNFPA, and UN Rules for Treatment of Women Prisoners, informally known as the "Bangkok Rules," the project incorporates gender, human rights, and public health perspectives.
EVIDENCE WHERE RELEVANT
A participative diagnosis has been completed in two women's correctional facilities in Santiago. We applied two instruments, developed and adapted to the specific correctional characteristics and the CSE main themes. Furthermore, the instruments were reviewed by a CSE consultant for expert quality. Preliminarily, we identified critical needs around consent, body autonomy, menstrual health, and access to STDs and contraception information. Currently, we are conducting the educative strategies validation phase using Delphi's technique. Project implementation and evaluation is projected for the last quarter of 2025.
KEY MESSAGE
Even in prison, CSE must be recognized and guaranteed as a right. This project will show the transformative potential of educative proposals designed for and with incarcerated women, contributing to their health, dignity, and autonomy.
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O132

Reproductive autonomy in selected Latin American countries: Preliminary findings 2025

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BACKGROUND
Since the 1994 Cairo Conference, sexual and reproductive rights have been recognized as fundamental human rights. Reproductive autonomy includes deciding freely on contraception, number and timing of children, without coercion. In Latin America, structural inequalities continue to hinder women's ability to exercise this right fully.
OBJECTIVES
To assess reproductive autonomy in contraceptive and family planning decision-making among cisgender women aged 18 to 49 in five Latin American countries.
METHODS
This mixed-methods study combined an online survey and focus groups. The Reproductive Autonomy Scale (Spanish version) was used in the quantitative phase. As of June 2025, 2026 responses were registered; 1996 fulfilled the inclusion criteria, 1029 completed informed consent, and 850 participants finalized the survey. The study included respondents from Argentina, Chile, El Salvador, Peru, and Uruguay.
RESULTS

Among 850 respondents, 51.41% were single, 92.47% resided in urban areas, 49.53% were employed, and 30.24% were students. Modern contraceptive use was reported by 72.82%, with 79.19% consulting a healthcare provider (midwives, gynecologist, doctors) prior to initiation. Although 24.49% indicated that the provider selected the method, 66.47% made the decision independently, and 28.71% shared it with their partner. Regarding fertility decisions, 49.41% chose motherhood independently and 48% jointly. Reports of reproductive coercion were low: over 74% strongly disagreed with being forced to use contraception, and 78.35% with being pressured to conceive. Over 90% reported partner support and ease in discussing sexual and reproductive health.
CONCLUSIONS
Findings suggest a high level of reproductive autonomy among respondents, characterized by significant use of contraceptives, informed and consensual decision-making, low coercion, and strong communication within relationships.
KEY MESSAGE
The preliminary results show a high level of reproductive autonomy among the surveyed women, who have a profile of high employability and education. The full sample may reveal greater diversity. The healthcare providers are still important in the contraceptive decision.
Eur J Midwifery 2026;10(Supplement 1):A348

0133

Abortion accompaniment through midwifery: Ancestral knowledge and collective healing in contexts of structural violence in Michoacán, Mexico

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PURPOSE
This paper documents and analyzes a model of abortion accompaniment developed by midwives and acompañantas in an Indigenous context in western Mexico. The model aims to create abortion care processes that are safe, culturally grounded, and politically meaningful for women who choose to terminate a pregnancy in territories marked by structural violence, healthcare exclusion, and bodily transformations linked to agroextractive regimes.
DISCUSSION
Implemented in Purépecha territories with a strong tradition of collective organization and struggles for self-determination, this model emerges in a context of extreme poverty, forced migration, systematic sexual violence (present in over 90% of cases), the persistent presence of organized crime, and chronic exposure to agrochemicals associated with monoculture agribusiness—all of which severely impact women's health and bodies. Adolescents (35–40% of abortion cases) and Indigenous women face multiple barriers to sexual and reproductive health services, including institutional racism, lack of linguistic and cultural appropriateness, and the historical delegitimization of community knowledge. Midwives act as political and health agents, defending bodily autonomy while revitalizing ancestral knowledge through dialogue with biomedicine. Their practice addresses institutional neglect while resisting the coloniality of knowledge and the body.
EVIDENCE WHERE RELEVANT
The model centers a cosmovision that understands the body as spiritual and relational territory, where abortion is ritualized similarly to birth—not as a clinical event but as a transformative process requiring care, containment, and symbolic closure. This approach integrates pharmaceuticals with herbal medicine, ritual, and embodied practices. It includes emotional and physical preparation, pain and symptom management using local plants, symbolic acts (e.g., planting expelled tissue), and post-abortion care addressing physical, emotional, spiritual, and communal dimensions.
KEY MESSAGE
Midwifery in Indigenous contexts is a political and collective healing practice. Abortion, redefined through community knowledge, becomes a pathway to restoring bodily autonomy, ancestral memory, and Indigenous women's dignity amid systemic violence.
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SRHR – ABORTION

0147

Cross-border solidarity and safe abortion: The role of midwives and policymakers in expanding access through telemedicine

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PURPOSE
This presentation highlights the intersection of midwifery, evidence-based public health, and political action aimed at improving access to safe abortion care across borders. It focuses on the Dutch parliamentary debate held on April 8, 2024, concerning the use of telemedicine to provide abortion pills in early pregnancy for individuals in countries where legal and structural barriers severely limit access.
DISCUSSION
Initiated by Dutch MP and midwife Elke Slagt-Tichelman, the debate responds to appeals from feminist organizations such as Women Help Women and Abortion Without Borders. It explores how healthcare professionals and policymakers can collaborate to reduce health inequalities and uphold reproductive rights. Dutch lawmakers are now considering ways to support medical abortion care transnationally, offering a solidarity-based response to restrictive national laws. This includes safeguarding medical standards by addressing contraindications and ensuring that abortions are voluntary and informed.
EVIDENCE WHERE RELEVANT
Scientific research and WHO guidelines confirm that telemedicine for abortion is safe, effective, and essential where access is limited. The practice of mailing abortion pills after an online medical consultation is well-supported by clinical evidence and contributes to timely, safe, and accessible care.

KEY MESSAGE
Healthcare professionals have a vital role that extends beyond clinical care—they are advocates for reproductive rights and drivers of systemic change. In alignment with global health evidence, midwives and legislators must work together to expand access to safe and respectful abortion services, including telemedical solutions. Where access is denied, international solidarity can save lives.
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0148

Disrupting systems: Midwives' experiences with providing abortion care in Canada

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BACKGROUND
Midwives in Canada have the skills and knowledge to provide abortion care, yet face systemic barriers to doing so. As health professionals grounded in community-based, culturally safe care, they are uniquely positioned to expand equitable access to abortion services, particularly for underserved populations.
OBJECTIVES
To explore midwives' experiences in providing or working toward providing abortion care, with a focus on health system facilitators, barriers, and midwives' values, needs, and preferences related to implementation.
METHODS
This exploratory qualitative study involved 25 semi-structured interviews and three focus group discussions with midwives across Canada. Data were analyzed deductively using Braun and Clarke's reflexive thematic analysis and were shaped by an existing theoretical framework, reproductive justice. This research study received approval by the Community Research Ethics Board, located in Waterloo, Ontario, Canada (Research Project #316). Each participant provided written informed consent.
RESULTS
Participants reported numerous systemic barriers to abortion care provision, including restrictive regulatory frameworks, inflexible funding mechanisms, and a lack of institutional support. Despite these constraints, midwives described a variety of ways they were providing abortion care in their community and navigating health system barriers. Midwives articulated strong commitments to reproductive justice and identified specific reforms to better integrate abortion care within midwifery practice and health systems in Canada.
CONCLUSIONS
Midwives are demonstrating leadership in advancing access to abortion care through client-centred, community-rooted approaches. Policy and funding reforms are urgently needed to enable midwives to practice to their full scope and improve access to comprehensive sexual and reproductive healthcare in Canada and globally.
KEY MESSAGE
Midwives are essential to ensuring equitable abortion access. Removing structural barriers to midwife-led abortion care is a critical step toward achieving reproductive justice.
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0149

Developing midwifery-led abortion training and care access

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PURPOSE
This presentation shares the development and launch of California's Black Midwifery Fellowship—only the second of its kind in the United States, following the inaugural program led by Nikia Grayson in Memphis, Tennessee. Rooted in the historical legacy of Black midwives who provided abortion care prior to their systemic exclusion from the healthcare system, this fellowship is an effort to reclaim and restore their role as trusted abortion providers in their communities. In California, the program integrates comprehensive abortion training; including procedural, clinical, and values-based care into a year-long postgraduate fellowship for newly graduated and advanced Certified Nurse-Midwives (CNMs).
DISCUSSION
As the lead designer, I implemented a four-phase rollout in collaboration with an interdisciplinary team: program design, pilot testing (supported by the Midwives of San Francisco General Hospital and the UCSF Watson Scholarship), clinical integration, and train-the-trainer preparation. Since 2024, the fellowship has been supported by California's Department of Health Care Access and Information (HCAI) and is part of the Reproductive Health Services Corps (RHSC)—a consortium of six organizations working to expand abortion and contraception education across the healthcare workforce. With more midwives trained, patients are able to receive holistic, continuous care from the same trusted providers—regardless of how their pregnancy ends.
EVIDENCE WHERE RELEVANT
This model addresses long-standing gaps in abortion training and access while centering Black midwifery knowledge, reproductive justice, and person-centered care. Fellows build clinical confidence, develop procedural competence, and strengthen their leadership capacity. Success has been driven by institutional partnerships, community engagement, and training grounded in both academic and frontline settings.
KEY MESSAGE
Midwifery-led abortion training is essential to expanding compassionate, culturally responsive care. This replicable collaborative process can equip midwives globally to lead full-spectrum reproductive care and supports ICM's mission of midwifery autonomy and equitable access.
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0150

Informing global health policy: An umbrella review on prevalence, determinants, and post-abortion family planning utilization among women of reproductive age in Africa

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BACKGROUND
Repeat-induced abortion remains a major reproductive health issue, especially in Africa due to systemic barriers. Despite extensive research, inconsistent findings limit policy impact.
OBJECTIVES
This umbrella review synthesizes global evidence on post-abortion family planning (PAFP) prevalence and determinants to guide policy, improve service delivery, and promote reproductive health equity.
METHODS
An umbrella review of systematic reviews and meta-analyses conducted, assessing methodological quality via AMSTAR. Heterogeneity and publication bias were evaluated using Cochran's Q, I^2, Egger's test, and funnel plots. Random-effects meta-analysis estimated pooled effects, with subgroup analyses by region. The protocol was registered in PROSPERO (CRD420251067243).
RESULTS
This umbrella review synthesized six systematic reviews and meta-analyses, encompassing 198 primary studies across 44 African countries with a total sample of 420832 women of reproductive age. The pooled prevalence of post-abortion family planning (PAFP) utilization was 62.82% (95% CI: 59.24%–66.40%), with significant heterogeneity (I^2=98.81%). Subgroup analysis showed higher prevalence in Ethiopia (69.31%) compared to other African countries (60.29%). Injectable contraceptives were the most commonly used method (34.12%), followed by pills and implants (22% each). Key determinants of PAFP utilization included marital status, younger maternal age (15–24 years), educational attainment, receipt of PAFP counseling, prior contraceptive use, history of abortion, unintended pregnancy, and contraceptive knowledge.
CONCLUSIONS
This umbrella review found a 62.82% prevalence of post-abortion family planning use in Africa, with Ethiopia showing higher rates. Injectable contraceptives were most used. Key determinants include age, marital status, education, and counseling. Strengthening access, education, and counseling services is vital to improving reproductive health outcomes across the continent.
KEY MESSAGE
Post-abortion family planning (PAFP) utilization in Africa remains suboptimal and highly variable. This umbrella review highlights the need for targeted, context-specific interventions to improve access, counseling, and uptake especially among young women to reduce repeat abortions and promote reproductive health equity across the continent.
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SRHR – ABORTION TRAINING

O178

Strengthening midwives' leadership for reproductive justice in the Democratic Republic of Congo: A VCAT-Based approach as a catalyst for safe abortion advocacy

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PURPOSE
This presentation aims to share the experience of the Democratic Republic of Congo (DRC) in empowering midwives through Values Clarification and Attitude Transformation (VCAT) workshops. The objective is to demonstrate how this reflective and participatory approach fosters ethical, rights-based leadership in advocating for access to safe abortion services in a complex legal and sociocultural environment.
DISCUSSION
In the DRC, abortion remains a highly sensitive topic, often clouded by stigma and legal uncertainty. Midwives, as the first point of contact for many women seeking reproductive health care, are strategically positioned to champion a rights-based approach. What makes this initiative unique is its focus on values and ethical reflection rather than solely clinical training. The VCAT methodology facilitates deep personal reflection on social norms, religious beliefs, professional responsibilities, and the right to choose. Through role-plays, case studies, and debates rooted in the Maputo Protocol and national SRHR frameworks, midwives begin to see themselves not just as caregivers but as agents of reproductive justice. These workshops have helped midwives move from internal conflict to confident advocacy, especially in environments where the right to abortion is still contested.
EVIDENCE WHERE RELEVANT
Between 2020 and 2024, a total of 120 midwives were trained in five provinces of DRCONGO through the VCAT approach. Among them, 82% reported a positive shift in their attitudes toward the provision of safe abortion services. Following the training, several midwives took concrete advocacy actions. These included submitting position papers to provincial health authorities, actively participating in public policy dialogues, and integrating anti-stigma messaging into professional development and continuing education sessions within their institutions.
KEY MESSAGE
VCAT provides midwives with the tools to align personal values with professional ethics and public health goals. This inner transformation is crucial to building sustainable leadership in reproductive rights and ensuring safe abortion access across diverse and often restrictive settings.
Eur J Midwifery 2026;10(Supplement 1):A354

O179

How can the safe delivery app contribute to making safer abortion more accessible in Sub-Saharan Africa?

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PURPOSE

Despite abortion being legal in Benin, access to safe abortion services remains limited, contributing to preventable maternal deaths, 15% of which are due to unsafe abortions. To address this gap, Plan International Benin and Maternity Foundation partnered to contextualise the global Safe Abortion module in the Safe Delivery App (SDA) to align with Benin's national guidelines and develop a tailored training package for midwives.
DISCUSSION
To ensure that midwives have the necessary knowledge and skills to provide safe abortion care (SAC), Maternity Foundation, along with key stakeholders, developed a Benin-specific SAC training package and a module for the Safe Delivery App (SDA). The SDA is an evidence-based job aid, learning and training tool designed to support midwives in assisting birth and managing the most common complications. A Training of Trainers was conducted for 10 midwife trainers on SAC in Porto-Novo, who then cascaded the training to 60 midwives.
EVIDENCE WHERE RELEVANT
Pre- and post-training assessments showed significant improvements in midwives' knowledge, confidence, and skills in providing safe abortion care. Since the module's launch in July 2024, over 120 healthcare professionals have actively used the SDA Safe Abortion module. Preliminary facility-level data from two regions indicate an increase in the provision of safe abortion services. Additional data collection is ongoing and will be available ahead of ICM 2026.
KEY MESSAGE
This initiative demonstrates that collaborative efforts on sensitive topics, along with contextualised training and digital tools like the SDA, can enhance access to safe abortion care. Tailoring global tools to national realities builds professional capacity and strengthens health systems to provide quality care to women and adolescent girls.
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O180

Community-led trainings on medication abortion in Indonesia: Effects on knowledge, attitudes, and practices of midwives and activists

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BACKGROUND
In Indonesia, abortion is legally restricted, providers -midwives, in the formal health are not permitted to provide accessible abortion care. Inadequate knowledge of the safety, efficacy, and abortion impairs access and reinforces stigmatizing beliefs. As part of bringing contribution, Samsara is just one example: across the globe, hotlines are at the forefront of working to increase access to safe abortion in their communities.
OBJECTIVES
To discuss how multi sector approaches are needed to ensure safe and accessible reproductive healthcare and drive scalable, systemic improvements in SRHR access.
METHODS
In 2024, hotline staff facilitated a series of trainings for midwives (n=34) across Indonesia in an intensive five-day training. To evaluate the effectiveness of these trainings, participants completed a pre-test, followed by two post-training assessments: one immediately after the final session (Post 1) and another three to six months later (Final Post).
RESULTS
The training led to significant increases. Knowledge of circumstances, and nearly all participants (90% at final-post) correctly identified misoprostol as a safe method compared to just 16% at the pre-test. The training also led to positive shifts in attitudes toward abortion; an increase in participants' intentions to counsel or talk about abortion to others (45% at pre-, 85% at post 1, and 84% at final-post), raise awareness (45% at pre-, 83% at post 1 and 73% at final-post), and advocate for safe abortion within their communities (40% at pre-, 83% at post 1, 73% at final-post).
CONCLUSIONS
Knowledge on abortion laws, methods, abortion stigma, and shifting related attitudes and practices has improved. As part of broader advocacy efforts, the training results have been being recognized as evidence to inform the professional development and rebranding strategy led by the Collegium Council of Midwives and the Midwifery Lecturer Association of Indonesia.
KEY MESSAGE
training, safe abortion, knowledge, attitudes, midwives, activists
Eur J Midwifery 2026;10(Supplement 1):A356

SRHR - FGM

O187

The SAFE project: Transforming midwifery education through the voices of women living with female genital mutilation/cutting

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BACKGROUND
Female genital mutilation/cutting (FGM/C) affects over 230 million women and girls globally. The health impact can be severe and lifelong, yet many women delay seeking care due to stigma, shame and past negative experiences. Midwives play a key role supporting women with FGM/C, but many report gaps in knowledge and confidence to do so. Strengthening midwifery education is vital to realising the global call for "one million more midwives" equipped to meet diverse health needs.
OBJECTIVES
To explore healthcare experiences of women with FGM/C in South Australia, develop an education program based on their needs, and evaluate its impact on midwives' knowledge, attitudes, practice and confidence (KAPC).

METHODS
A three-phase, exploratory sequential mixed-method study was conducted. Phase 1: interviews with women with FGM/C. Findings informed Phase 2: the development of the South Australian FGM/C Education (SAFE) program, created in partnership with women and clinical experts. Phase 3: KAPC outcomes were measured before and immediately after training, and at four-month follow-up.
RESULTS
Phase 1 identified four key themes: 1) the healthcare experience; 2) cultural values shape care; 3) speaking up about FGM/C; and 4) working together to improve care. Women emphasised the importance of trust and culturally respectful care. These insights shaped the SAFE program, which was completed by 104 nurses and midwives. Statistically significant improvements were observed across all KAPC constructs ($p < 0.05$), with sustained gains at follow-up. Clinicians reported increased cultural responsiveness, confidence and preparedness to support women living with FGM/C.
CONCLUSIONS
Embedding lived experience into health education enhances cultural safety, clinical competence, and trust-building in care for women with FGM/C. This scalable education model supports midwives globally to meet sexual, reproductive and maternal health needs.
KEY MESSAGE
When we centre the voices of women with FGM/C in clinician education, we build safer, more respectful healthcare systems that truly meet their needs.
Eur J Midwifery 2026;10(Supplement 1):A357

O188

Exploring the lived experiences of twenty-nine survivors of Female Genital Mutilation/Cutting following their engagement with specialist FGM/C services in the UK: A PhD study

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BACKGROUND
FGM/C affects around 230 million women worldwide, 5% of the global female population. Little research has explored women's experiences of midwife-led FGM/C specialist service provision in the global north.
OBJECTIVES
This study explores women's lived experience of FGM/C specialist healthcare. It aims to inform the development of co-created midwife-survivor-led optimal models of FGM/C specialist healthcare.
METHODS
Phase 3 of this PhD mixed methods study included 29 qualitative interviews with FGM/C survivors. Women were recruited from clinics across the UK. Ethnic origins of participants included Somalia, Gambia, Eritrea, Egypt, Kenya, Saudi Arabia, Nigeria, Sierra Leone, Iraq and Ethiopia. Women were aged between 21 and 64, the majority with Type 2 or 3 FGM/C. 55% were pregnant. Age of cutting ranged from infancy to 16. Interviews were conducted in English, Arabic, Somali, and Amharic, using community health advocates as translators. Reflexive thematic analysis of data Ethical concerns: Challenges of conducting inclusive research, acknowledging power dynamic between researcher and interviewees, and establishing distress protocols.
RESULTS
Women commonly described lifelong pain and trauma, and had rarely heard of specialist care. Themes included:- "I thought that was normal" - where women were unaware health problems were caused by FGM/C and wanted knowledge of what was cut; "Stigma, silence and fear" - from their own communities and from healthcare professionals. "Feeling like I don't belong" - navigating rigid hospital conveyer-belt systems embedded in structural racism, and discriminatory safeguarding policies; and "Wanting to be whole again" - rarely access holistic care, such as trauma and psychosexual therapy or reconstruction surgery.
CONCLUSIONS
Women mostly described services as safe welcoming female spaces that were holistic person-centred, culturally-sensitive, and trauma-informed, where midwives were like family. However, they suffered a triple burden of stigma—rooted in their gender, ethnic identity, and lived experience of FGM/C.
KEY MESSAGE
FGM/C specialist services are often marginalised reflecting the marginalised status of FGM/C survivors.
Eur J Midwifery 2026;10(Supplement 1):A358

O189

Midwives activists for healthcare equity: A Midwife-Survivor-Led Campaign to establish a vulval-clitoral reconstruction service, integrated with trauma and psychosexual therapy, for UK women with FGM/C

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PURPOSE
Midwives play a pivotal role in advancing care for survivors of Female Genital Mutilation/Cutting (FGM/C). This presentation demonstrates leadership, advocacy and innovation from a group of FGM/C specialist midwives who, driven by the voices and needs of survivors, are campaigning to establish the

UK's first national vulval-clitoral reconstruction service, integrated with psychosexual and trauma therapy. We will share this evolving survivor-led campaign aiming to increase the evidence base around reconstruction surgery; improve access to psychosexual and trauma therapy; and highlighting the lack of availability of reconstructive surgery.
DISCUSSION
FGM/C affects more than 230 million women worldwide. Vulva-clitoral reconstruction, introduced in France in 1998, is available in parts of Europe, Africa, and the US, and is recommended by the WHO to alleviate pain, restore genital appearance, and improve sexual function. We will explore midwives' role in service design, survivor engagement, and clinical integration, reflecting upon the challenges in policy navigation and institutional change. Insights will be offered into replicable survivor-centred models of innovation in sexual and reproductive health.
EVIDENCE WHERE RELEVANT
Presentation facilitated by specialist midwives, psychosexual therapist and survivor using a photo-story to illustrate how we: · Formed a multidisciplinary collective (called ACERS_UK) led jointly by women with lived experience, healthcare professionals (midwives, surgeons, therapists), charity workers, and activists. Secured funding for community engagement events Launched a Parliamentary petition Gave evidence to the UK Parliament Women and Equalities Committee Co-designed a clinical trial Co-created educational materials promoting positive vulval messaging, accurate genital anatomy and physiology for survivors and healthcare professionals and myth busting around sexuality and what is "normal"· Represented the UK at an international reconstruction masterclass Observed surgery in France Hosted national stakeholder events Published in peer-reviewed journals
KEY MESSAGE
Midwives can lead campaigns for healthcare equity and social justice Midwifery research must be inclusive ('with' or 'by' women rather than 'to', 'about' or 'for' them).
Eur J Midwifery 2026;10(Supplement 1):A359

SRHR - GENERAL

0342

The role and future development of midwifery in the care of women with urogenital disorders in Estonia

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PURPOSE
To define the professional role of the midwife in supporting women with urogenital complaints in outpatient settings, based on Estonian legislation, international ICM recommendations, and scientific literature.
DISCUSSION
Women with urogenital complaints—such as dyspareunia, vaginal dryness, urinary incontinence, urgency, or postcoital infections—often consult either gynaecologists or urologists, receiving fragmented, symptom-focused care within narrow specialities. However, these conditions require comprehensive assessment, counselling, and consistent follow-up that considers individual factors. Midwives in Estonia are authorised to provide care for such conditions within their professional scope. They can offer structured support focused on quality of life, behavioural counselling, and clinical evaluation. Their responsibilities include pelvic health assessment, interpretation of basic tests, and prescribing certain medications, including local antibiotics and antifungal agents. When necessary, they refer to other healthcare professionals. This integrative approach allows midwives to bridge gaps between specialities and support women with persistent or recurring urogenital symptoms.
EVIDENCE WHERE RELEVANT
This theoretical analysis is based on Estonian legal and regulatory documents (e.g. Health Services Organisation Act, ministerial guidelines for midwifery services), national midwifery development strategies, and international frameworks including ICM Essential Competencies (2019). A literature review was conducted (PubMed, 2015–2025) using keywords such as: Midwifery, Urogynecology, Pelvic floor dysfunction, Dyspareunia, Urinary incontinence, Recurrent urinary tract infections, Primary health care, Midwife-led care.
KEY MESSAGE
Midwives can play a key role in the primary assessment, support, and counselling of women with urogenital symptoms, particularly in cases where urgent medical intervention is not required. Expanding this role within the existing legal framework—combined with targeted training and interdisciplinary collaboration—can improve access to care, enhance women's quality of life, and reduce the burden on the healthcare system. The development of dedicated guidelines for midwives and targeted educational programmes is recommended to better integrate urogynecological support into routine midwifery practice.
Eur J Midwifery 2026;10(Supplement 1):A360

0345

Midwife`s experiences from an inter- And intraprofessional research project: Advancing Sexual and Reproductive Health in Overweight and Obesity (SRHOO)

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PURPOSE
Sexual and reproductive health among women with overweight and obesity (SRHOO) present complex challenges across physical, psychological, and social domains. Addressing these issues requires robust inter- and intraprofessional

collaboration to develop effective, holistic care strategies (Albrecht et al. 2025). Therefore, the SRHOO project aimed to address these challenges comprehensively and is funded by the Federal Ministry of Education and Research (BMBF). Experiences of a midwife, as the sole representative of her profession, are highlighted.
DISCUSSION
Overweight and obesity significantly affect sexual and reproductive health, leading to increased risks of infertility, pregnancy and birth complications, and reduces breastfeeding duration. These issues are often compounded by stigma, fragmented care, and insufficiently tailored healthcare services. Representing midwifery in a diverse research team posed challenges but also offered many opportunities for advocacy and mutual learning. The experienced research work emphasised the necessity of integration all involved professions. Only through close, respectful collaboration can comprehensive care, consistent counselling and innovative research approaches be achieved.
EVIDENCE WHERE RELEVANT
Recent studies confirm that women with overweight and obesity are at greater risk for infertility, pregnancy and birth complications (Langley-Evans et al. 2022) and a shorter breastfeeding duration (Melnik et al. 2024). Stigma and fragmented care further exacerbate these challenges. The midwife`s role in the SRHOO project led to the development of tailored, stigma-free support and to highlight the importance of inter- and intraprofessional collaboration in improving both care and professional education in all involved professions.
KEY MESSAGE
A comprehensive, interdisciplinary approach is essential to address the complex sexual and reproductive health needs of individuals with overweight and obesity. Incorporating the perspectives and expertise of all involved professions ultimately improves care, reduces stigma, and meets holistic health needs.
Eur J Midwifery 2026;10(Supplement 1):A361

SRHR – PRECONCEPTION/ CONTRACEPTION (INCLUDING THREE-MINUTE PRESENTATION COMPETITION)

O102

Effect of integrated preconception care model on maternal nutritional status and birth outcome in low resource setting of India: A non-randomized control trial

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BACKGROUND
The importance of preconception care (PCC) in improving maternal health is becoming more widely acknowledged. Preconception preparation may prevent or reduce the risk of adverse birth outcomes through appropriate management and preventive measures.
OBJECTIVES
The objectives of the study were i) to determine the effect of preconception care intervention in improving maternal nutritional status and reduce the risk of adverse birth outcomes ii) to investigate the relationship of birth outcomes with both maternal and paternal preconception health.
METHODS
A non-randomized control trial was conducted in two rural community areas for comparing two interventions: preconception care with standard maternal health care (MHC) program(Integrated PCC) and standard MHC program (without PCC) among married women in the reproductive age group 18-35 years who were desiring to have a child. The study enrolled total 673 women through probability proportional to size sampling technique. The study group received integrated preconception care which included maternal screening, supplementation with folic acid and iron, contraceptive counseling, vaccination, and lifestyle modification.
RESULTS
Women who had received PCC had 28.7% less risk of developing anemia during pregnancy, 60% less risk of giving birth to low birth weight babies and 16.8% less risk of undergoing preterm delivery. The rate of caesarean delivery was significantly reduced by 27% among the women who had received PCC ($p<0.05$). Maternal preconception diabetes status and hypertension was associated with heavier infants and preterm births respectively, whereas paternal diabetes was associated with low birth weight infants ($p<0.05$).
CONCLUSIONS
The preconception care intervention had a significant impact on enhancing maternal nutritional status especially prevention of anemia, reducing burden of low birth weight babies, preterm birth, cesarean delivery, maternal and neonatal complications.
KEY MESSAGE
The preconception care can be integrated with standard maternal health care for preventing adverse pregnancy outcomes for which training and routine practices must be incorporated by the midwives and primary care physicians.
Eur J Midwifery 2026;10(Supplement 1):A362

O103

Midwives as catalysts for change: Understanding barriers and facilitators to postnatal contraception in the UK

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BACKGROUND
Postnatal contraception is a key component of maternal health, preventing short interpregnancy intervals and supporting reproductive autonomy. Despite clear national guidance, provision remains inconsistent. Midwives are uniquely positioned to safeguard reproductive well-being even in the face of systemic pressures and workforce challenges.
OBJECTIVES
To explore patterns of postnatal contraception provision

and examine how midwives, alongside women and doctors, experience and implement the offer and uptake in practice.
METHODS
This sequential mixed-methods study included Analysis of routine NHS data (n=26081) exploring associations between obstetric and sociodemographic factors and contraception uptake. A UK-wide survey completed by women (n=151), midwives (n=250) and doctors (n=43). Finally, semi-structured interviews with women, midwives, and doctors across the UK. Reflexive thematic analysis was used to interpret interview data.
RESULTS
Routine data showed higher odds of contraception provision among younger (<19 years), multiparous mothers, socioeconomically disadvantaged groups, and those undergoing caesarean births. Interviews and survey responses highlighted four key themes: 1. Midwives make the difference – continuity and antenatal counselling facilitated informed decision making; 2. Systemic inconsistency – fragmented pathways and unclear responsibilities limited; 3. Advocacy under pressure – midwives felt responsible but underprepared due to training and time; 4. Centred on women – women valued, personalised, trusted conversations with midwives.
CONCLUSIONS
Midwives are critical in promoting equitable access to postnatal contraception but face systemic and educational barriers. Investment in training, integrated care pathways, and recognition of midwives' advocacy role is essential.
KEY MESSAGE
1. Midwives are pivotal to safeguarding postnatal reproductive health. 2. Antenatal counselling and continuity support informed choice. 3. System-level investment is needed to empower midwives.
Eur J Midwifery 2026;10(Supplement 1):A363

O104

Ghanaian midwives' ability to deliver preconception care

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BACKGROUND
Evidence shows that unhealthy behaviours before or during pregnancy negatively affect maternal and fetal outcomes. Preconception care can prevent birth defects, improve fertility awareness, and support healthy behaviours. However, it remains underutilized in LMICs like Ghana, with no formal program in place. As frontline providers, midwives need to be equipped with preconception care knowledge and skills, as it is a core competency in midwifery practice.
OBJECTIVES
To explore midwives' experiences and perceived ability to deliver preconception care.
METHODS
A qualitative exploratory descriptive design, guided by the Ability-Motivation-Opportunity (AMO) framework, was used to examine the experiences of fifteen midwives in a major hospital in Ghana. Semi-structured interviews were conducted with midwives, and the data were analysed using thematic analysis.
RESULTS
Five sub-themes were developed from the data: Knowledge of preconception care, Sources of knowledge, Components of care, Midwives' skills, and Strategies for early intervention. The findings revealed that while most midwives had received theoretical instruction during their training, many lacked the practical expertise to effectively provide preconception care. In addition, several barriers to service delivery were identified, with cultural factors being a notable constraint.
CONCLUSIONS
The results show that Ghanaian midwives' ability to provide preconception care is limited, raising concerns for maternal and newborn health. This highlights the urgent need for supportive policies, improved training, and resource allocation to ensure midwives can fulfil this critical role effectively.
KEY MESSAGE
Enhancing midwives' ability to deliver effective preconception care is crucial for improving maternal and newborn health outcomes worldwide. Investing in targeted education and practical skills development will prepare midwives to provide high-quality care, supporting the global goal of one million more skilled midwives.
Eur J Midwifery 2026;10(Supplement 1):A364

WOMAN CENTERED 1 (INCLUDING THREE-MINUTE PRESENTATION COMPETITION)

O170

Shared decision-making in maternity care: Comparing women's MADM scores with self-assessments by midwives and obstetricians

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BACKGROUND
Shared decision-making (SDM) is a key element of respectful, woman-centred maternity care. The Mother's Autonomy in Decision Making (MADM) scale is a validated tool to assess women's experiences of being involved in decisions. Less is known about how midwives and obstetricians perceive their own support of SDM—and whether these perceptions align with women's views.
OBJECTIVES
(1) To compare women's MADM scores with those reported by midwives and obstetricians. (2) To examine differences between professional groups.
METHODS
This cross-sectional survey (2025) was conducted in Austria as part of a project on respectful maternity care. Postnatal women (n=544), midwives (n=128), and obstetricians (n=50) completed the 7-item MADM scale. Professionals received

an adapted version to enable self-assessment of their involvement in shared decision-making with women. All items were rated on a 6-point Likert scale (1 = strongly agree; 6 = strongly disagree). Descriptive and group comparisons were performed.
RESULTS
Women's MADM scores (median=33) were significantly lower than those of midwives (median=37, p<.001) and obstetricians (median=36, p<.001). No significant difference was found between midwives and obstetricians (p=.712). Categorized by patient autonomy level, 50% of women were in the high (78% midwives; 66% obstetricians), 24% in the moderate (21% midwives; 34% obstetricians), 17% in the low (1% midwives; 0% obstetricians) and 9% in the very low (0% midwives; 0% obstetricians) category.
CONCLUSIONS
Women reported lower perceived involvement in decision-making than professionals assumed they provided. The findings suggest that enhancing SDM could be one factor contributing to improved maternity care.
KEY MESSAGE
Bridging the perception gap on shared decision-making between women and professionals is essential for strengthening woman-centred, respectful maternity care.
Eur J Midwifery 2026;10(Supplement 1):A365

O171

Mother tongue in the birth room: Women and midwives' experience

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BACKGROUND
Welsh is an official language of Wales, deeply tied to its identity, history, and culture. While legislation mandates equal provision of Welsh and English in healthcare, implementing bilingual services remains challenging.
OBJECTIVES
This study explores how the use of the Welsh language affects women's experiences of labour and birth. Additionally, it examines the use of Welsh by midwives caring for women in labour and the impact of language use on their sense of professional fulfilment and job satisfaction.
METHODS
An ethnographic approach was undertaken in North Wales, where a single Health Board serves a linguistically diverse population, ranging from over 70% Welsh speakers in the West to under 30% in the East. Following ethical approval from the NHS Health Research Authority and Bangor University, data were collected through birthing room observations, postnatal interviews, a questionnaire to all midwives and focus groups with Welsh speaking midwives. A thematic analysis of the data was conducted.
RESULTS
Six key themes were identified: "The feeling of receiving or providing care in Welsh," "The impact of that feeling," "Offer and choice of language," "Welsh-speaking Wales," "Women conforming to institutional behaviours," and "Time for change." Women described increased feelings of safety, dignity, and individualised care when supported in their mother tongue. Midwives expressed a deeper emotional connection and greater job satisfaction when able to use Welsh with service users.
CONCLUSIONS
The study highlights the critical role of language in maternity care, which has previously been an afterthought. Having the Welsh language as an encompassing sphere around maternity care positively influences both service users and providers, demonstrating the need to prioritise language choice and provision.
KEY MESSAGE
Language is not a preference—it is integral to safety, dignity, and personalised care. Whilst rooted in Wales, these findings have broader relevance worldwide in bilingual and minority-language maternity settings.
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O172

Experiences of reproductive and maternal care perceived by women who are deafblind: Understanding inclusive midwifery care

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BACKGROUND
Inclusive midwifery care is compassionate, culturally humble, client-centered and focused on Human Rights. Meeting the reproductive and maternity care needs of diverse people is inherent to the midwifery and other health professions. There are no previous studies focusing on the reproductive and maternity care experiences of deafblind women in Peru.
OBJECTIVES
We explored the experiences of deafblind women when they seek reproductive and maternity health care with the objective of identifying and understanding their reproductive and maternity health care needs and their perceptions of the reproductive and maternity health care they have received across their life course.
METHODS
We conducted semi-structured, individual, remote and in-person interviews with deafblind women living in Lima, Peru. Women with different levels of deafblindness were interviewed with the assistance of tactile sign language interpreters to explore their experiences using reproductive and maternity health services. Data will be collected until thematic saturation is reached. Reflexive thematic analysis is used to interpret women's perspectives and perceptions and to generate informed meanings of experiences of care.
RESULTS
Lack of accessible information on reproductive health creates confusion regarding reproductive choices and maternity. Being listened, encouraged and offered time to communicate led women to perceive midwives as health providers that can be trusted to understand and respect disability. We

generated preliminary themes, 1) accessible reproductive health information, 2) acceptance and respect, 3) inclusive services.
CONCLUSIONS
Women living with disabilities encounter stigma and discrimination when they seek reproductive and maternity care. Health providers are hardly prepared to deliver inclusive care. Sensory disability causes activity limitation and challenges reproductive health choices and child rearing, nonetheless deafblind mothers perceive themselves as capable of participating in child care if adequately supported.
KEY MESSAGE
Women living with sensory disabilities deserve the high quality reproductive health and maternity care that midwives should be prepared to provide.

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0173

Trusting birth: A radical act of reclaiming autonomy in Australian maternity care

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PURPOSE
Australian maternity care is fractured, driven by a risk-averse system that has replaced trust with control. Birth is managed rather than supported, and midwives are increasingly constrained by institutional policies that undermine their scope and ethics (Homer et al., 2023).
DISCUSSION
This abstract challenges the foundation of this system, proposing a return to trust - not as naivety, but as a radical, evidence based act of reclaiming autonomy.
EVIDENCE WHERE RELEVANT
In 2021, 39 percent of births in Australia were by caesarean section, more than double the World Health Organization's recommended rate, and the use of forceps continues to rise (Australian Institute of Health and Welfare, 2023). These figures reflect not only over-medicalisation but a failure to prioritise woman centred care (Dahlen et al., 2023). One in three women describe their birth as traumatic, often due to coercion or lack of informed consent rather than medical complication (Reed et al., 2017; Buchanan et al., 2022).
KEY MESSAGE
This abstract reflects on the journey of two midwives who, disillusioned by these systemic failures, created an independent midwifery model in regional Western Australia. Supporting over 20 full care clients annually, their practice includes bulk billed visits, collaboration with local GPs and hospitals, and student mentorship. This model responds to the gaps left by the closure of rural services and the decline in GP obstetrics, offering not just choice but justice. At the heart of this work lies an ethical dilemma: how can midwives "do no harm" within a system that often causes it? Private practice becomes both an act of survival and resistance, allowing midwives to offer the care they were trained to provide. Rebuilding trust in birth means shifting power back to women and to the communities that support them. It means daring to believe that safe, respectful care is not only possible, it's a human right.

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WOMAN CENTERED 2 (INCLUDING THREE-MINUTE PRESENTATION COMPETITION)

0244

"Continuity of care – It's not rocket science": Exploring the experiences of women with disabilities accessing maternity care in a tertiary hospital in Melbourne, Australia

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BACKGROUND
Approximately 10% of women of childbearing age have a disability. Emerging evidence suggests women with disabilities face barriers to accessing quality maternity care, including communication difficulties, inaccessible environments and inadequate support. Further research is needed to understand their care experiences.
OBJECTIVES
Explore the views and experiences of women with disabilities regarding their maternity care in a tertiary maternity hospital in Melbourne, Australia.
METHODS
Women who self-identified with a disability were recruited in the postnatal unit and invited to complete a questionnaire when their infant was 12 weeks old. To ensure accessibility the questionnaire was available in a variety of formats (e.g. online, by telephone, hard copy, face-to-face). Frequencies and percentages describe quantitative data. Open-ended responses were analysed thematically.
RESULTS
Data collection was from June 2024 to September 2025. By June 2025, of 40 completed surveys, women's most common disability types were neurodiversity (19/40; 48%), psychosocial (12/40; 30%) and physical disabilities (10/40; 25%). More respondents rated their care during labour and birth as 'good' or 'very good' (79%; 30/38) compared with pregnancy (62%; 23/37) or postnatal care (63%; 24/38). Eighteen percent (7/38) received care in a midwifery continuity model. Women wanted continuity of care to ensure their needs were understood, and most (29/37, 78%) wanted to be involved in decisions about their care. Over one third (14/37, 38%) felt communication could have been better, almost a third (10/37; 27%) felt their individual preferences were not respected, and 42% (15/36) felt there were not enough supports in place when they were discharged.
CONCLUSIONS
Findings highlight the need for inclusive coordinated maternity care that prioritises communication, continuity, and individualised support. Lower satisfaction with pregnancy care suggests gaps in the care continuum, emphasising the importance of involving women with disabilities in care

planning from the outset.
KEY MESSAGE
Women with disabilities need inclusive coordinated care with continuity of care.
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O245
The Swedish pregnancy survey – A unique tool for capturing women's experiences during pregnancy, birth, and the postpartum period
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BACKGROUND
The Swedish pregnancy survey, launched in 2020, is a national digital questionnaire designed to systematically capture women's experiences during pregnancy, childbirth, and the postpartum period. The survey provides data for quality improvement in maternity services. Its integration with the Swedish Pregnancy Register allows individual-level linkage of patient-reported experiences with clinical outcomes—offering unique opportunities to explore associations between subjective experiences and medical results.
OBJECTIVES
To present findings from the first five years of the Swedish pregnancy survey, and to explore how this large-scale data collection informs clinical practice, policy development, and maternal health equity in Sweden.
METHODS
The survey is offered nationally in three parts: during pregnancy (second trimester), shortly after birth (within 8 weeks), and one year postpartum. Over 600000 responses have been collected between 2020 and 2025. Data are analyzed using descriptive statistics. Survey responses can be linked with the Swedish Pregnancy Register to enable combined analyses of patient-reported experiences and clinical outcomes.
RESULTS
Analysis is ongoing. Preliminary findings show high trust in midwives but notable variations in perceived autonomy, continuity of care, and emotional support during childbirth. Disparities are evident by socioeconomic status, geography, and migration background. Feedback has led to improvements in several regions, including expanded postpartum mental health screening and access to translated information.
CONCLUSIONS
The Swedish pregnancy survey provides a unique, real-time understanding of women's experiences in maternity care. It supports clinical quality improvement and population-level research. Sharing this model can inspire other countries to develop similar systems for listening to women and advancing evidence-based, equitable midwifery care.
KEY MESSAGE
The Swedish pregnancy survey offers insights into women's experiences during pregnancy, childbirth, and the postpartum period, linking patient-reported data with clinical outcomes to drive improvements in maternity care and promote maternal health equity. Its findings shape clinical practice, policy, and quality improvement in Sweden, with potential to inspire similar models globally.
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O246
Counting what counts: Co-Designing world-first tools for safe, quality maternity care
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PURPOSE
We developed world first co-designed self-report measures of women's experiences and outcomes of maternity care. Central to this work was the appointment of Australia's first Maternity Consumer Fellow, elevating and centering the role of lived experience as essential for tool development.
DISCUSSION
Around the world, midwives work in systems that define safety and quality using short-term clinical metrics—morbidity, mortality, and access to essential care. But these indicators do not capture what matters most to women. Without reliable data on women's experiences and self-reported outcomes, midwives are limited in their ability to advocate for the systemic reforms urgently needed to deliver respectful, individualised care. While some tools exist, systematic reviews show most are not maternity-specific, lack co-design, and are too long or complex for practical use. Our project used a three-phase mixed methods design to develop globally relevant, co-designed Patient-Reported Experience Measures (PREMs) and Patient-Reported Outcome Measures (PROMs) specific to maternity care. Following international tool development guidelines, phase one included a rapid review, stakeholder consultation, a modified three-round e-Delphi, and cognitive interviews to refine the measures. Phase two involved pilot testing and validation across diverse Australian settings, followed by a second round of cognitive interviews. Phase three focuses on implementation planning and national rollout.
KEY MESSAGE
We cannot improve what we do not measure. The assessment of safety and quality in maternity care is incomplete without measuring the experiences and outcomes reported by those who give birth. If we are to meet the need for one million more midwives, it is essential to also value what counts for the women we care for. These co-designed PREMs and PROMs are critical tools to elevate women's voices, guide quality improvement, and strengthen midwifery advocacy for systems that uphold the universal right to respectful, woman-centered care.
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O247
Improving care for pregnant women with disability: A research study identifying tools midwives require to provide inclusive, equitable maternity care in an Australian maternity setting
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BACKGROUND
Pregnant Australian women with a disability experience higher rates of medical, social and psychological complexity, yet face significant barriers in accessing coordinated, inclusive and woman-centered maternity care. Current midwifery models often lack systematic identification, individualized supports, and clinician education to meet the unique needs of this population.
OBJECTIVES
The study aimed to identify what tools and supports midwives required to enable correct identification of pregnant women with a disability; promote inclusion and woman centeredness; provide accessibility to appropriate services; improve communication and patient engagement and formulate modifications and reasonable adjustments for pregnant women with disability.
METHODS
The methodology used was convergent parallel mixed methods design. Phase 1 involved a qualitative approach with an aim to examine views and perception of midwives caring for pregnant women with disability. The secondary data source was quantitative and identified the number of pregnant women in South Western Sydney Local Health District who reported as having a disability in the past 5 years. Additionally 30 clinical records were randomly audited from the population sample to assess maternal and neonatal outcomes.
RESULTS
The themes from the qualitative data included continuity of care, health equity, processes and resources, effective partnerships and training and education. The quantitative data highlighted a gap in the identification process. Other findings included an increased incidence of pre-term birth, substance use and domestic violence. In addition reasonable adjustments were rarely considered and there were zero individualized care plans or multi disciplinary team meetings.
CONCLUSIONS
Presenting my thesis results of disability in pregnancy and highlight gaps in care for this vulnerable group of women and promote innovation and best practice for women with disability.
KEY MESSAGE
Embedding systematic identification, dedicated models of care, multidisciplinary case reviews and targeted education equips midwives to provide safe, inclusive care for pregnant women with disability, promoting innovation, equity, and best practice in maternity care.
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WORKFORCE - MMOC

0294

Synthesising existing evidence of the implementation of Midwifery Continuity of Carer (MCoC) model: A scoping review of the international literature

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PURPOSE
Midwifery Continuity of Carer (MCoC) model is a relationship-based model in which a known midwife, supported by a small team, provides care from booking to the postnatal period. Although recommended internationally and prioritized within English maternity policy, implementation and sustainability remain challenging. This scoping review synthesizes international evidence on how MCoC is defined, operationalized and implemented across maternity services.
DISCUSSION
A structured search of PubMed, CINAHL and the Cochrane Library identified studies published between 1993 and 2026 relating to MCoC implementation. Included studies were charted and analyzed thematically using the COM-B framework. Capability related to midwives' preparation, skills and confidence to deliver continuity care. Opportunity referred to organisational factors including staffing, workload, leadership, funding, rostering and multidisciplinary support. Motivation related to professional identity, autonomy, morale and willingness to work within continuity models. This framing conceptualized implementation as both a behavioural and organisational challenge.
EVIDENCE WHERE RELEVANT
The review identified 29 relevant studies from diverse international settings, including Australia, Canada, the United Kingdom and New Zealand. MCoC was most commonly organized through caseload or small-team models across antenatal, intrapartum and postnatal care. Reported benefits included improved maternal satisfaction, stronger relationships and, in some studies, improved care experiences and clinical outcomes. Facilitators included supportive policy, protected implementation time, training, manageable caseloads and linked obstetric support. Barriers included workforce shortages, unsupportive workplace cultures, burdensome on-call arrangements and wider system pressures affecting sustainability.
KEY MESSAGE
This review identifies an important organisational evidence gap. Applying the COM-B framework demonstrates that successful implementation depends on aligning workforce capability, organisational opportunity and professional motivation. The review provides a foundation for future research examining how MCoC is operationalized and sustained within contemporary maternity services.
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0295

Meeting the challenge: Caseload midwifery as a workforce strategy in rural South Australia

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BACKGROUND
Globally, the midwifery workforce is in crisis and change

is needed, particularly to scale up midwifery continuity of care models. In Australia, rural and regional birthing sites have closed due to workforce shortages, recruitment and retention challenges, alongside costs of service delivery. In response, two rural health services introduced regional caseload midwifery models of care.
OBJECTIVES
To evaluate midwives' acceptability of working in a rural midwifery caseload model of care in two regional areas.
METHODS
An anonymous survey was distributed to midwives using validated questions from the perceptions of empowerment in midwifery scale, practice environment scale and components of the quality maternal and newborn care framework. Ethics approval gained.
RESULTS
Midwives (n=33/44) from both regions completed the survey. Most midwives (78.8%) felt prepared to work in a regional caseload model, despite limited prior experience. Practice challenges included limited clinical backup and travel distances. Results indicated moderate-high empowerment and good midwife-doctor collaboration. Work-life balance satisfaction was moderate-high for most. Midwives believed the model provided care promoting normality and strengthening women's capabilities. New graduate midwives supported by transition programs and supervised roles, demonstrated strong retention.
CONCLUSIONS
Midwives felt prepared and found the role both satisfying and sustainable. They experienced a high level of empowerment and established effective relationships with women and doctors. Midwives were positive about the model despite facing regional challenges.
KEY MESSAGE
Caseload midwifery models are acceptable and sustainable for midwives in rural and regional areas, even for those with limited prior experience, offering a viable solution to maternity workforce shortages. Midwives reported high levels of empowerment and collaboration, along with moderate to high satisfaction with work-life balance, indicating strong professional support within the model. Structured transition support for new graduates and strategic workforce planning are critical to the success and long-term sustainability of rural midwifery continuity of care models.
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0296

The long road to pay equity: Ontario midwives' historic win at the human rights tribunal of Ontario and lessons learned through the remedial implementation process

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PURPOSE
This historic overview of the Association of Ontario Midwives' advocacy for pay equity will take participants on the AOM's pay equity journey, full of twists, turns and turbulence, to tell the story of collective gains made through collective action.
DISCUSSION
In 2013, after years of fighting for fair and equitable pay through government negotiations and public campaigns, Ontario midwives made the bold decision to take the Ontario government to court. Through landmark and precedent-setting decisions, the Human Rights Tribunal of Ontario ruled in midwives' favour and found that midwives' human rights had been violated through discriminatory compensation. Following the remedial decision in 2020 that included retroactive and proactive changes to midwives' compensation and government compensation-setting practices, the Association of Ontario Midwives (AOM) continues to advocate for the remedial orders to be implemented. Twelve years after the decision to take legal action, the road to securing fair and equitable pay for midwives continues. But the conclusion of this chapter of Ontario midwifery history is on the horizon, and further gains are expected to be made.
KEY MESSAGE
An inspirational and informative session on the collective power of midwives through midwifery association and the fortitude and determination required to fight for fair pay for over a decade. Midwives from across the world will have an opportunity to reflect, ask questions and engage about the impacts of an association standing up for midwives' right to compensation free from gender discrimination.
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0297

In pursuit of sustainable and fair working conditions for midwives practising in continuity of care models: Lessons from New Zealand and their international applicability

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PURPOSE
To describe the relationship between sustainable continuity of midwifery care (CoMC) practice models and working conditions, drawing on experiences of New Zealand midwives.
DISCUSSION
Since 1990, New Zealand midwives have practiced autonomously across their full scope. Funding settings enabling full fee-for-service payment from the government for CoMC has seen self-employed CoMC practices flourish to become the predominant service model, accessed by over 90% of pregnant women. Globally, few countries have scaled up CoMC models to the same degree. Self-employment has been a success factor, supporting midwives to exercise autonomy and flexibility in practice partnerships, caseload size and composition, and in managing 24/7 on-call demands. Despite these enabling factors, inconsistent political support has challenged the sustainability of CoMC work. Maintaining fair pay and the conditions necessary to sustain long-term practice has been challenging. The New Zealand College of Midwives has consistently advocated for fair pay and sustainability, culminating in legal action against the government. A decade later, a final High Court ruling

is imminent. Because of this advocacy, progress has been achieved with critical sustainability elements identified, now added into contracting conditions including; a second midwife fee, additional care supplements, rural missed birth fees and universal travel payments. This presentation outlines the critical factors which have enabled New Zealand midwives' to successfully scale up CoMC models, and the critical contract components which have supported the sustainability of their services. Key lessons that can inform international midwifery practice will also be presented.
EVIDENCE WHERE RELEVANT
Relevant data from New Zealand and international frameworks will be drawn on.
KEY MESSAGE
CoMC models can be scaled if supported by health and political systems for long-term success. Politicians, policymakers, and funders must consult midwives working in these models to develop context-appropriate solutions. Funding must meet the needs of midwives and communities, ensuring fair pay and equal access and outcomes for women.
Eur J Midwifery 2026;10(Supplement 1):A376

WORKFORCE - PLANNING

0387

Advancing equity in midwifery care: Lessons from Germany and New Zealand

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BACKGROUND
Equitable access to midwifery care is crucial for improving maternal and newborn health outcomes globally. However, structural and systemic differences significantly affect how midwifery services are planned and delivered. In Germany, qualitative studies suggest considerable local inequities in midwifery service provision. Since Germany does not collect national data on midwifery workforce and its distribution, a comprehensive understanding of the extend of regional disparities is not possible. Conversely, New Zealand utilizes a centralized, register-based system designed to support equitable coverage across all populations.
OBJECTIVES
This study aimed to assess how different approaches in midwifery workforce planning influence equity in maternal healthcare access.
METHODS
Using an adapted version of Germany's physician-based planning guideline (BPL-RL), midwifery workforce and population data from Germany and New Zealand were systematically analyzed. Geographic Information Systems (GIS) were employed to visualize and identify regions with insufficient midwifery coverage. To identify potential disparities linked to social determinants of health, socioeconomic data were incorporated.
RESULTS
Applying a systematic planning model to German data reveals substantial disparities in midwifery care, particularly in rural and peripheral areas and among socioeconomically disadvantaged populations. In contrast, such regional and social inequalities appear less pronounced in New Zealand, likely due to its structured planning system and targeted rural incentives.
CONCLUSIONS
This analysis underscores the potential of tailored, equity-focused workforce planning to improve access to maternal health for all women, regardless of their socioeconomic status. Adapting key components from New Zealand's approach—particularly those addressing rurality and cultural safety—could strengthen equitable midwifery access in Germany and other similar health systems.
KEY MESSAGE
Equity in midwifery care may be supported by centralized planning, rural incentives, and strategies that address socioeconomic disparities.
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0388

How many midwives do we need? Determining safe and optimum staffing levels in maternity services

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PURPOSE
Despite falling birthrates across the world, increasing complexity of care and new demands on midwifery staff's time, means that demand for maternity staff continues to rise. Birthrate Plus has been used by maternity services in England for over thirty years. This session will draw on the experience of Birthrate Plus work with services and wider research to describe the staffing, clinical and wider socio-economic factors that determine safe levels of practice and the implications for midwifery staffing and practice.
DISCUSSION
Providing safe and quality care, along with maintaining staff well-being, requires adequate staffing levels to address the complex needs of maternity care Birthrate Plus is an established multi-factorial demand-led workforce planning tool used by services in England, Wales, Northern Ireland, New South Wales and elsewhere. Drawing on our extensive work with local services and national stakeholder, such as the Royal College of Midwives, along with the findings of an independent review of the methodology underpinning Birthrate Plus, this session will describe trends in workforce planning and the elements that underpin effective planning, specifically – 1. The factors that impact on midwifery staff's time 2. The role of non-midwifery staff in maternity and, most importantly 3. The issues, including socio-economic and cultural ones, that shape women's needs and demands on services.
EVIDENCE WHERE RELEVANT
1. Review of academic literature 2. Work with 100 maternity

services 3. Findings of a review of Birthrate Plus's methodology which was led by an independent advisory group.
KEY MESSAGE
Birth rates are falling (by over 5% in the European Union between 2023/24 however increasing complexity means that the demand for midwifery skills has not reduced. Effective workforce planning is essential to ensure not only safe and effective care for women and babies but also to ensure staff wellbeing.
Eur J Midwifery 2026;10(Supplement 1):A378

0389

The midwifery workforce study: Building us midwives capacity for policy advocacy

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PURPOSE
The Midwifery Workforce Study was designed to identify policy changes needed to expand the midwifery workforce capacity and organize the information into tools to use for advocacy for midwifery.
DISCUSSION
This two-year project synthesized data from multiple data sources and reviewed statutes and regulations from the federal government and 51 jurisdictions. The results were disseminated as data briefs, slide decks, reports, data sets, and infographics to allow state midwifery groups to use the materials in policy advocacy. We provided training through webinars and conference presentations. We produced a full policy toolkit to guide use of the resources. We also produced a data dictionary to guide researchers in the appropriate use of midwifery data and the regulatory environments within which midwives work. We also published scholarly articles to support our methods and to disseminate our research findings.
EVIDENCE WHERE RELEVANT
State midwifery leaders report using the materials for state policy advocacy, midwifery education, to provide background information for grant proposals, and to inform research projects. The materials area being used by government agencies and non-government organizations to guide priorities. The results have been shared with other nursing organizations, researchers, and legislators. Materials are also shared on social media. Having the materials available to share during meetings has benefited the midwifery community. The scholarly publications are already being cited and the work has already contributed to state regulatory changes for midwives.
KEY MESSAGE
Equipping US midwives with the skills and tools to advocate for regulatory change was an effective strategy to strengthen the profession of midwifery.
Eur J Midwifery 2026;10(Supplement 1):A379

WORKFORCE – PROFESSIONAL IDENTITY

0203

Beyond the normal birth ideal: Internal tensions and professional identity in contemporary midwifery

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PURPOSE
The purpose of this presentation is to highlight how historical interprofessional tensions between midwives and obstetricians have constrained the development of pluralistic identities within the midwifery profession, limiting internal differentiation and critical reflection.
DISCUSSION
The ideal of 'normal birth' has long been central to midwifery identity and is prominently reflected in the position statements of the International Confederation of Midwives. Midwives may gain symbolic capital by upholding core narratives and values—particularly advocacy for normal, physiological birth. However, such ideals may generate tensions, not only with medical models of care, but also within midwifery itself. To illuminate these dynamics, a conceptual framework outlining three professional roles is introduced: The Guideline Adherent Midwife, who prioritizes clinical protocols and safety, yet may align more closely with institutional than individual needs; The Holistic Midwife, who upholds non-interventionist care, but may at times be in tension with patient preferences or clinical realities; The Deliberative Midwife, who seeks to integrate evidence, experience, and the woman's autonomy, but may struggle with persistent uncertainty, dependence on peer validation, and a heightened risk of burnout due to overthinking and emotional fatigue. Although the Holistic Midwife role aligns with core professional narratives, it often clashes with the realities of resource-constrained and medically driven environments. Meanwhile, the Guideline Adherent Midwife faces ingroup criticism despite her practical alignment with institutional norms.
EVIDENCE WHERE RELEVANT
The conceptual framework has been developed for teaching in the Master's programme in Midwifery Science at the University of Southern Denmark
KEY MESSAGE
Advancing maternity care requires moving beyond binary distinctions such as 'normal' versus 'medical' birth. The paper advocates for the legitimization of diverse midwifery roles and the cultivation of second-order reflection as a route to professional renewal. Embracing internal disagreement can foster a more adaptive and inclusive midwifery practice responsive to contemporary care contexts.
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0204

'Connection and relationships are vital to sustain me': A grounded theory study exploring the impact of professional connections and relationships on midwives' wellbeing and sustainability

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BACKGROUND
The fractured state of global maternity systems and persistent workforce deficits and pressures are creating environments and cultures where midwives experience isolation, disconnection and division.
OBJECTIVES
The aim of this presentation is to share the final grounded theory and findings from a PhD exploring how professional connections and relationships impact midwives' wellbeing and career sustainability.
METHODS
Glaserian Grounded Theory was used in this study. In-depth interviews were conducted with 32 midwives from across Australia to capture a depth of understanding of how collegial relationships impact across the career continuum.
RESULTS
The study findings highlight that the absence of connection in midwifery takes a personal and professional toll, resulting in psychological and physical impacts such as feelings of disconnection, disillusionment, and isolation, all of which have a strong correlation with attrition. The findings capture the pervasive presence and deleterious impacts of 'toxic tribalism' and 'intra-professional othering' as described by study participants. In contrast, participants who experience a practice environment that supports and values professional connections and relationships reported high levels of professional satisfaction, collaborative interdisciplinary teams, role understanding, autonomy, trust and support to practice to their full midwifery scope and continue to develop professionally and explore diverse career paths in midwifery.
CONCLUSIONS
Representing the experiences of midwives across various career stages, this research identifies unique understandings pertaining to relational significance, with capacity to inform and transform policy and practice. The final grounded theory closely aligns with the theme of the 34th ICM Triennial Congress as it identifies the value and protective nature of professional connection for midwives, as well as the vulnerabilities that occur in its absence.
KEY MESSAGE
These findings point to an urgent need for health systems to recognize the importance of connection and professional relationships and develop meaningful strategies to support the cultivation of relationships for midwives to sustain and flourish within the profession.

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O205

The role of the midwife in Middle Eastern and North Africa region countries: An evidence and gap map

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BACKGROUND
Midwifery care is recognized as fundamental to effective maternity care. In the Middle East and North Africa (MENA) region, the role of midwives varies due to inconsistent standards, limited scope of practice, and insufficient educational opportunities. Consequently, there is lack of understanding about the role of midwives amongst stakeholders, including women, families and other healthcare providers
OBJECTIVES
The aim of the evidence and gap map (EGM) was to synthesize studies related to the role of midwives in MENA countries and identify where evidence exist to support midwifery activities.
METHODS
A search strategy was developed and databases (Maternity and Infant Care, CINHAL Complete, MedLine ALL, Web of Science Core Collection) were searched until August 2024. Included studies addressed care during preconception, antenatal, labor and birth, postnatal, perinatal, and long-term women's health. Midwifery roles were categorized into: care and practice, education, health promotion, service design and evaluation, policy and guidance, leadership and management, and research. The EGM was constructed using Eppi-Mapper, and structured as a matrix, presenting period of care provision by midwifery roles.
RESULTS
A total of 171 studies were identified for inclusion: 55 qualitative, 33 observational, and 39 (quasi-) experimental studies. The care and practice domain related to labor and birth (n=55) and perinatal care (n=37) demonstrated the most cited evidence for midwifery contribution. Service design and evaluation were also evident with studies identified in the perinatal period (n=31). There was a gap in the midwife's role in research (n=2).
CONCLUSIONS
This EGM provides insight into the role of midwives in the MENA region including gaps. It can guide policymakers, researchers, and care providers in strengthening midwifery as a profession.
KEY MESSAGE
This review highlighted potential areas where investment in midwifery is required to strengthen midwifery models of care and improve outcomes for women and babies.

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O206

Healthy midwives - A cross-sectional study on the health and working conditions of midwives in Germany

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Eppendorf, Institute for Health Services Research in Dermatology and Nursing, Hamburg, Germany
BACKGROUND
Midwives in Germany provide care in both hospital and out-of-hospital settings. Depending on their employment type and professional field, midwives practice with varying levels of professional autonomy, interprofessional collaboration and psychological stressors. These levels can influence midwives´ perceived quality of care, job satisfaction and health-related outcomes, including burnout and intention to leave the profession.
OBJECTIVES
The ´Healthy Midwives´ study aims to provide insights into the health and working conditions of midwives across different employment types and care settings in Germany.
METHODS
The online-based cross-sectional survey study is conducted between 5 May and 23 July 2025. Validated instruments and self-developed items are used to examine the working conditions (e.g. Work Design Questionnaire (WDQ), Interprofessional Collaboration Scale (ICS), Effort-Reward Imbalance Questionnaire (ERI), Copenhagen Psychosocial Questionnaire (COPSOQ III)) and work-related health-outcomes (e.g. COPSOQ III, Kessler Psychological Distress Scale). Data will be analyzed using descriptive statistics and regression analyses.
RESULTS
By June 2025, n = 867 midwives had participated in the survey. It is expected that freelance midwives will experience higher levels of professional autonomy compared to employed midwives. In contrast, employed midwives are anticipated to demonstrate higher levels of interprofessional collaboration.
CONCLUSIONS
The findings will serve as a basis for developing behavioral and organisational strategies to promote autonomous practice and healthy working conditions for midwives in both hospital and out-of-hospital care settings.
KEY MESSAGE
This research will contribute to an improved understanding of midwives' working conditions in Germany, particularly regarding professional autonomy and interprofessional collaboration across different models of midwifery care.
Eur J Midwifery 2026;10(Supplement 1):A383

WORKFORCE – SUSTAINABILITY 1 (INCLUDING THREE-MINUTE PRESENTATION COMPETITION)

0071

Understanding why experienced midwives (10+ years) leave the profession before retirement—Across all areas of practice

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BACKGROUND
Worldwide high attrition among experienced midwives exists, impacting care and workforce stability. Reasons are complex and multifactorial, and unexplored in Australia.
OBJECTIVES
Aim: To identify why midwives leave the workforce after 10+ years, and the resultant impact on them, the service, and consumers.
METHODS
An online cross-sectional, mixed-methods survey explored attrition among experienced midwives in Australia. Data included demographics, career history, duration and type of practice, time since leaving, reasons, and reflections on leaving. The survey was posted on social media sites and snowball sampling through personal and professional networks. Quantitative data were analyzed using descriptive statistics; qualitative responses were thematic analyzed. Ethics approval: Flinders University (Ref: 7352) was gained prior to commencement.
RESULTS
Overall, 107 midwives responded. Of these 61 were included in analyses. (reasons for exclusion: time-lapsed since leaving, left before 10 completed years, left after age 65). Each state and territory were represented. The majority of respondents were Australian-trained females, with a mean age of 46 years. Sixty percent left within the past year, though 91% remained registered. Reasons for leaving included, lack of career progression, inflexible working practices, lack of support, burn-out and inability to provide best care. Discussion: These findings demonstrate an acute rise in attrition suggesting that system reorganisation or change may encourage staff and expertise retention. Targeted strategies are urgently required.
CONCLUSIONS
Experienced midwives are leaving. Most retain registration, suggesting potential to return, if conditions improve. Retention strategies that foster a supportive, sustainable, and valued midwifery workforce are crucial.
KEY MESSAGE
Experienced midwives are leaving prematurely. They retain their passion for midwifery but the system fails them. To sustain safe, high-quality maternity care, we must retain the expertise of experienced midwives, urgently acting to ensure they are supported within the profession and health care system, optimizing outcomes for women, babies, and less experienced midwives.
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0072

Midwives' turnover intentions across work experience levels: A comparative analysis of junior, mid, and senior experienced midwives

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BACKGROUND
In the Netherlands, there is a premature outflow of midwives, with 40% leaving the profession within 15 years. Limiting this outflow is crucial for a sustainable workforce. Research is lacking on mid-level experienced midwives and the association between their well-being (burnout/work

engagement) and turnover intentions (intention to leave/ intention to stay).
OBJECTIVES
To investigate associations between work experience levels and burnout, work engagement, intention to leave, and intention to stay. Additionally, to identify associated socio-demographic and work-related characteristics per work experience level.
METHODS
A cross-sectional study using an online questionnaire among 995 Dutch midwives working community-based or hospital-based. Midwives were grouped by work experience level (<5, 5-15, >15 years). Burnout, work engagement, intentions to leave, and intentions to stay were assessed with validated measures. Differences in outcomes were assessed with chi-square tests. Logistic regression analyses were used to examine associations with socio-demographic and work-related characteristics.
RESULTS
No significant differences were found between work experience levels for work engagement and intentions to stay. Senior experienced midwives reported the lowest burnout scores. No differences were observed in whether midwives had considered leaving in the past six months, but a higher proportion of senior experienced midwives (57.1%) found it inconceivable that they would still be working as midwives in ten years. Determinants of well-being and turnover intentions varied by work experience level, with most factors unique to each group. The variables sick leave and employment status were associated with multiple outcomes.
CONCLUSIONS
Outcomes were largely similar across work experience levels, except for senior experience midwives. They appeared more resilient to burnout, but were most at risk of leaving the profession in the future. Determinants mainly varied across outcome and experience level.
KEY MESSAGE
Since some outcomes and most determinants differ by work experience level, retention strategies must be tailored to career stage and individual needs instead of a uniform approach.
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0073

The will to stay: A qualitative exploration of midwives' motivation to stay in the profession

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BACKGROUND
Understanding what motivates midwives to stay in the profession is essential for building a sustainable midwifery workforce. While attention has been given to the causes of attrition, focusing solely on why midwives leave risks overlooking —and even undermining —the very factors that keep them engaged. To truly strengthen the profession, we must shift our perspective and explore what enables midwives to remain committed, so that these factors can be preserved and reinforced within the organization of midwifery care. This requires insight into their experiences across different life and career stages, as their needs and motivations evolve over time. The sustainable employability of midwives can only be improved if these positive drivers are understood.
OBJECTIVES
This study explores the reasons that motivate midwives to stay in the profession and how they address these reasons, with the aim of informing sustainable employability strategies.
METHODS
An exploratory qualitative design was used, involving semi-structured interviews with practicing community midwives. Participants were purposively sampled to ensure diversity in career stage, employment type, and location. The swAge model served as the theoretical framework. Thematic analysis was conducted in two phases: inductive coding followed by deductive mapping onto the swAge dimensions.
RESULTS
Midwives expressed intention-to-stay reasons across all four swAge dimensions; biological, chronological, social, and cognitive. Those with a strong intention to stay actively adjusted their work environment to reinforce motivating factors, illustrating the dynamic interplay between these dimensions.
CONCLUSIONS
Midwives reported diverse and evolving reasons for staying in the profession, shaped by their life and career stages. They collaboratively and proactively shaped their working conditions to better reflect their changing needs.
KEY MESSAGE
Sustainable midwifery careers require innovative thinking and a flexible, supportive work environment that evolves in response to midwives' personal and professional needs.
Eur J Midwifery 2026;10(Supplement 1):A386

0074

Ensuring a Competent and sustainable workforce of Midwives in Norway (CompMid)

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BACKGROUND
Ensuring a well-educated, clinically competent, adequately resourced, and sustainable midwifery workforce is essential for delivering high-quality maternity care. However, the serious shortage of midwives currently inhibits midwives' efforts to promote safe and adequate care, as well as to supervise midwife students and less experienced colleagues.
OBJECTIVES
This project will monitor midwife students' self-reported clinical competence, provide insights into how to retain and reintegrate experienced midwives into the workforce, how to prevent sickness-absence, suggest new learning tools

to enhance students' clinical competencies, and provide decision-makers' suggestions on how a clinically competent and sustainable workforce of midwives can be ensured in Norwegian maternity care.
METHODS
This national Norwegian project constitutes five work packages (WP) including 1) one open cohort study with midwife students at graduation and 1+3 years later, 2) one cohort study of midwives in clinical positions, midwives with other work tasks and those who have left the profession, 3) one study based on a national register on sick leave and 4) one development and feasibility for designing new technologies to improve midwife students' and midwives' clinical competencies. In the last WP relevant results will be presented and discussed in focus groups by key persons and decision makers in labour and postpartum care, such as midwives, midwife lecturers, leaders/managers, economists, politicians and other stakeholders in maternity care and midwife education.
RESULTS
We propose a session where CompMid researchers will orally present the first findings from each WP (please see abstracts from Lønnebotn et al, Aanensen et al., Sørbye et al.), introduced by me as project leader. Recruitment and data collection are ongoing, and baseline results will be available for presentation at the congress.
CONCLUSIONS
Findings from four work packages will be synthesized and discussed at the congress.
KEY MESSAGE
We will offer insights in how to ensure a clinically competent and sustainable midwifery workforce in Norway.
Eur J Midwifery 2026;10(Supplement 1):A387

WORKFORCE - SUSTAINABILITY 2 (INCLUDING THREE-MINUTE PRESENTATION COMPETITION)

0298

Midwifery practice review (MPR): A transformational program to reflect, reconnect, renew, and reimagine midwifery practice

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PURPOSE
Work-related stress and burnout for Australian midwives are reported to be among the highest in the world. The Australian midwifery workforce is in crisis, with attrition rates that may prove unsustainable unless workforce satisfaction is improved . The Australian College of Midwives' Midwifery Practice Review (MPR) program has been redesigned to meet this need. The new program offers a transformative professional development experience for midwives across all settings and stages of practice. The MPR program supports midwives to pause, connect meaningfully with peers, and engage in structured reflection to enhance professional growth, job satisfaction, and career sustainability.
DISCUSSION
Through three facilitated group sessions, an individual mentoring session, and self-directed reflection, midwives explore advocating for change, scope of practice, leadership, innovation and self-care within a supportive peer environment. In addition, privately practising midwives reflect on practice statistics, risk management, collaboration and quality improvement. The program is applicable to all midwives - whether in private practice, hospital-based, education, policy, or research - offering both regulatory alignment for privately practising midwives and profound professional renewal for all participants. This oral presentation will outline the evidence and rationale for the development and structure of the new program. Participant feedback from the first year will be illustrated, demonstrating how facilitated reflection and community of practice can strengthen midwifery identity and professional satisfaction, and inspire sustainable career pathways.
EVIDENCE WHERE RELEVANT
Full reference list available.
KEY MESSAGE
The MPR program fosters a thriving, connected, and resilient midwifery workforce prepared to meet the needs of Australian families now and into the future that can be implemented globally.
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0299

Midwife burnout: A call for sustainable care rooted in the midwifery model

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PURPOSE
To explore the causes of midwife burnout and share insights on creating sustainable, supportive environments that nurture midwives' wellbeing and sustain the midwifery workforce essential to global maternal health.
DISCUSSION
Midwives face emotional and physical exhaustion due to high workloads, limited support, and systemic disconnect from the relational and holistic care at the heart of midwifery. Many leave not from lack of passion, but because current structures undermine their ability to practice in alignment with their values. Achieving sustainability requires a paradigm shift involving hospital administrators, universities, and the childbearing public. A campaign from families demanding increased access to midwifery care can apply pressure on policymakers and healthcare leaders to ensure a midwife for every patient—because every patient deserves one. This highlights both the quality and system-wide benefits of midwifery-led care, strengthening midwives' resilience and reconnecting them with their work's meaning.
EVIDENCE WHERE RELEVANT
Burnout is a documented global challenge driving midwives from practice globally. Research shows that manageable workloads, emotional support, and professional autonomy improve retention. Programs fostering community,

mentorship, and autonomy correlate with better wellbeing and sustainability outcomes. Furthermore, evidence underscores the cost-effectiveness of midwife-led care compared to traditional obstetric coverage, benefiting health systems financially and operationally.
KEY MESSAGE
To realize One Million More Midwives, the global community must champion sustainable, midwifery training and practice environments, as well as systemic change. Lawmakers need to be swayed to view midwifery as a means to provide excellent quality maternity services while reducing overall burden to the health care system. Preventing burnout safeguards midwives' wellbeing, ensures quality maternal care, and promotes a sustainable midwife-led care model that benefits families and health systems worldwide.
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O300

Are we utilizing midwives effectively? Experience from government and private healthcare facilities in Bangladesh

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PURPOSE
Since its inception in 2012, the Midwifery Education Programme (MEP) at BRAC University has graduated over 1300 midwives to advance maternal health in Bangladesh. Despite this progress, it remains unclear whether graduates are able to fully apply their midwifery competencies in practice. This study explores how BRACU-trained midwives engage their professional skills, deliver respectful maternity care, and navigate challenges in diverse work settings.
DISCUSSION
A mixed-methods approach was employed to capture the insights into midwives' experiences across government and private facilities. The study explored the divergence between professional training and actual roles, the constraints imposed by workplace norms, and midwives' aspirations to contribute more effectively to maternal care.
EVIDENCE WHERE RELEVANT
Data were collected through surveys (n=256), focus group discussions, and key informant interviews with midwives, health administrators and supervisors. Among respondents, 39.5% were employed in government and 60.5% in private settings. Although 89.5% held the title "midwife," 7.80% held the title as nurse. In GOB settings 35% were involved in nursing duties. In private sector 64% reported providing nursing care and performed administrative work. Alarmingly, some were assigned to unrelated roles such as vaccination, laboratory work, and surgical assistance. Structural barriers—such as the absence of designated midwifery posts in private sector—undermined their capacity to practice evidence-based midwifery. Notably, 87% midwives expressed interest in establishing independent delivery centers but identified critical needs for professional association support, administrative facilitation, and financial assistance.
KEY MESSAGE
While midwives are highly motivated and equipped to deliver respectful maternity care, systemic constraints limit their ability to practice their core skills. Policy decision to finalize carrier path in midwifery, strict monitoring to adhere midwifery SOP in private sector, strengthen professional recognition, and promote community awareness are essential to unlock the full potential of midwives in improving maternal and neonatal outcomes in Bangladesh.
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O301

Circular Midwifery Practice (CMP): A concept of sustainable midwifery care

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PURPOSE
In light of global sustainability crises and in alignment with Agenda 2030, this presentation introduces a foundational, profession-specific sustainability concept for midwifery. Central to this is the newly developed model of Circular Midwifery Practice (CMP), conceptualized by the author as a heuristic framework for sustainable, just, and ecologically responsible midwifery care. CMP interweaves reproductive health, gender equity, and socio-ecological responsibility within planetary boundaries.
DISCUSSION
By contrasting linear and circular principles, the presentation critically examines unsustainable linear practices, including the enduring influence of patriarchal norms in healthcare systems and families, systemic misaligned incentives leading, e.g., to overuse and underuse of healthcare, resource waste, the use of climate-damaging materials, and the unsustainable deployment of midwives. These practices result in significant social, ecological, and economic harm. In contrast, circularity—based on prevention, sufficiency, empowerment, interdisciplinarity, and justice across gender, generations, social strata, regions, and human-nature relations—supports systemic resilience and transformation. Midwives, with their salutogenic and sufficiency-oriented health perspective, are well-positioned to provide sustainable care and serve as role models for other health professions.
EVIDENCE WHERE RELEVANT
CMP is conceptually grounded in Raworth's Doughnut Economics (2017) and the Health Sufficiency Framework by Geiselhart et al. (2024), both defining ecological and social boundaries for sustainable economies respectively healthcare. CMP adopts and builds upon the circular "doughnut" space to develop a midwifery-specific sustainability framework, where care for women, children, and families can be delivered within the "safe and just space for humanity." The presentation further emphasizes the role of Education for Sustainable Development (ESD) in embedding sustainability and future-design competencies in

midwifery education, positioning midwives as multipliers of sustainability literacy within families worldwide.
KEY MESSAGE
CMP, visualized through a compelling graphic model, advances a circular understanding of midwifery practice and offers a forward-looking framework to transform midwifery in line with the SDGs and the Planetary Health paradigm.
Eur J Midwifery 2026;10(Supplement 1):A391

POSTER PRESENTATION

POSTER SESSION 1 (GROUP A)

PA001

Supervision of midwifery students by midwives in public sector delivery rooms in health establishments in Tunisia

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BACKGROUND
The midwifery profession has evolved from empirical transmission to a structured profession thanks to figures such as Madame De Coudray and Madame La Chapelle in the 18th century. The institutionalization of midwifery schools has regulated this sector. Three major players are involved in this supervision: the student, the training institute, and the clinical midwife. The latter must juggle between supporting students and ensuring safe patient care while transmitting the standards of their profession.
OBJECTIVES
The objective of this study is to analyze the practices of midwives in Tunisia regarding the supervision of students during their internships.
METHODS
A descriptive cross-sectional study was conducted between December 15, 2023, and March 30, 2024. Data were collected via a 28-question questionnaire administered to 150 midwives in delivery rooms in the regions of Tunis, Sfax, Sousse, and Monastir. Participation was voluntary, and the data were anonymized.
RESULTS
A total of 150 midwives responded, representing a variety of ages, locations, and experience levels. Ninety percent of respondents reported difficulties with supervision, including a lack of time and a lack of understanding of student expectations. Furthermore, 38% of midwives refused to provide supervision, citing a lack of pedagogical training. These difficulties decreased with experience (98%), and pedagogical training was deemed essential.
CONCLUSIONS
To improve supervision, it would be useful to strengthen pedagogical training and promote communication between students and midwives. Gathering students' opinions on their supervision appears to be valuable.
KEY MESSAGE
- Focus on public health: understand the role of midwives within the broader framework of public health - Developing a learning environment contributes to community health goals and improves health conditions within the population - Encourage continuing education - Strengthen effective communication
Eur J Midwifery 2026;10(Supplement 1):A392

PA002

Methods used to develop university-based midwifery curricula: A systematic review of the literature

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BACKGROUND
There has been a paradigm shift in the way midwifery education is delivered in Europe, with many programmes becoming university based. However, there appears to be no specific methodology to describe this academisation process. Methods used to develop undergraduate midwifery education programs seem to be lacking in the literature.
OBJECTIVES
To document methods used to develop undergraduate midwifery education in the literature.
METHODS
A systematic review is presented in accordance with the new PRISMA-P 2015 standard and conducted by two reviewers. The MedLine, Scopus, and Eric databases were consulted between 10/01/2000 and 10/01/2025. All types of studies that described the process used to develop a university-based midwifery curriculum were included. Editorials, commentaries, and conference abstracts focusing on a specific topic taught were excluded. The CARDA checklist was used to ensure standardization of the analysis of the literature corpus.
RESULTS
The systematic review is in progress. Eleven articles have been selected for full analysis. The countries covered are Australia, England, Germany, Iran, and the United States. The methods used to develop the programs are based on 1) evidence-based obstetric knowledge, 2) the WHO and ICM competency-based standards approach, and 3) a spiral model based on gradual progression and repetition. The pedagogical approaches varied from i) physiological practice to prevention and management of pathologies, ii) management of simple situations to management of complex situations, iii)individual skills to multidisciplinary collaboration.
CONCLUSIONS
The literature illustrates the recurring dissonance between the theoretical knowledge and the need for learning in a practical experience from the field, as well as between theoretical knowledge and practical experience in the field.
KEY MESSAGE
These initial results highlight the importance of the use

of simulation in healthcare, problem-based learning, and interprofessional learning.

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PA003

Historical origins and evolution of global midwifery practice

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BACKGROUND

This paper investigates the historical development of midwifery across cultures and time periods, from the Palaeolithic era to contemporary clinical practice. It highlights how midwifery began as a communal, female-led endeavor rooted in instinct and observational learning, and gradually evolved into a respected, paid profession during the Egyptian and Greco-Roman eras. The paper then traces the regression of female autonomy in midwifery under male-dominated medical systems in later centuries, particularly during the Middle Ages in Europe. The study further explores how midwifery persisted in diverse forms through traditional Chinese medicine and African healing practices, even amid systemic oppression, colonization, and enslavement. In the modern era, midwifery has regained its professional status, now functioning alongside obstetrics as a key component of maternal healthcare. Drawing from both historical records and modern references, the paper underscores the resilience and enduring value of midwives in promoting women's health and reproductive rights.

OBJECTIVES

To explore the historical origins of midwifery across major civilizations. To examine the socio-cultural factors influencing the evolution of midwifery.

METHODS

A qualitative historical analysis was conducted, utilizing primary and secondary sources, including books, academic articles, and archival material from reputable institutions such as the WHO. A comparative cultural approach was applied to examine midwifery in different eras and regions, including Africa, Europe, China, and the Americas.

RESULTS

The research revealed that midwifery has existed globally for millennia, undergoing periods of elevation, suppression, and revival. Despite systemic marginalization, midwives continued to serve vital roles in childbirth and women's health. In modern times, their roles have been professionalized,

CONCLUSIONS

Midwifery is a resilient and evolving field, deeply embedded in human history. Its journey from ancient community knowledge to a globally recognized healthcare profession reflects broader socio-political shifts .

KEY MESSAGE

Midwifery's global historical legacy demonstrates its enduring significance and supports its continued integration into modern maternal healthcare systems.

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PA004

Expanding midwifery education in Brazil: The Rede Alyne program as a public policy for equity and maternal health strengthening

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PURPOSE

To present the implementation of a national midwifery education program launched in 2024 as part of Brazil's newest public policy for women's health. The initiative aims to reduce maternal mortality, decentralize midwifery education, and strengthen the Unified Health System (SUS) by expanding access to qualified care for women and newborns.

DISCUSSION

In Brazil, fewer than half of certified midwives work in the public health system, and educational opportunities are unevenly distributed, particularly in regions with high maternal mortality rates, such as the Legal Amazon. To address these inequities, a midwifery education program is being implemented from 2025 to 2027. Publicly funded by the Brazilian Ministry of Health, it involves 37 public universities and schools of public health and offers 750 places for SUS professionals working in territories marked by social vulnerability and adverse maternal health indicators. The curriculum combines theoretical coursework, supervised clinical practice, and an education-intervention-evaluation methodology, articulated with health services and anchored in territories of care.

EVIDENCE WHERE RELEVANT

Expanding midwifery education within the SUS addresses deep-rooted structural inequities in Brazil's maternal health workforce. Although 13722 midwives are registered nationally, only 46 percent are employed in the public health system, reflecting a critical shortage in regions with high maternal mortality. Additionally, Brazil's density of five midwives per 1000 live births is far below international benchmarks, which range from 25 to 68. Public investment in education programs focused on vulnerable territories has the potential to expand workforce capacity, enhance midwives' autonomy, and advance person-centered, equity-driven models of care in areas historically marked by reproductive injustice.

KEY MESSAGE

By investing in midwifery education in its most vulnerable territories, Brazil reinforces the public system, expands access to equitable care, and addresses structural injustice. This decision is aligned with international recommendations from the ICM and WHO for strengthening maternal health through qualified midwives.

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PA005

Redefining normality in midwifery practice in Quebec: A Delphi study

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BACKGROUND
Midwifery is woven into the "normal" paradigm of birth. However, midwives failed to find their own definition. In Quebec, midwifery practice is legally defined by the notion of "normality," which excludes individuals with certain medical conditions from receiving midwifery care. This definition, rooted in a medicalized and risk-averse paradigm, may no longer reflect the realities of diverse populations and evolving obstetric knowledge. It also raises ethical concerns regarding autonomy, equity, and access to culturally safe care.
OBJECTIVES
This study aims to redefine "normality" in obstetric care through a midwifery science lens. Specific objectives include: Constructing a definition of "normal" grounded in Quebec midwifery science; Identifying key elements of normality; Recommending changes to the interpretation of normality in regulation.
METHODS
A modified Delphi method was used to gather expert consensus among Quebec midwives. Participants have engaged in iterative rounds of questionnaires, informed by a literature review and a preparatory video. Thematic analysis has been applied to responses.
RESULTS
Expected outcomes include a consensual, inclusive definition of normality that reflects midwifery values, supports physiological birth, and accommodates diverse experiences and risk factors.
CONCLUSIONS
Redefining normality from a midwifery perspective can challenge dominant medical paradigms, reduce epistemic injustice, and promote equitable access to care.
KEY MESSAGE
The voices of midwives, women, and communities should be heard when defining normality in obstetrics, in a way that centers physiology, inclusivity, and patient autonomy. The study will contribute to the development of a midwifery-specific epistemology of normality, informed by constructivist and intersectional frameworks. It may also serve as a model for redefining clinical concepts in other health professions.

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PA006

Postpartum PTSD symptoms: Emotional responses matter more than obstetric complications

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BACKGROUND
Postpartum post-traumatic stress disorder (PTSD) symptoms are increasingly recognized as a significant maternal mental health issue. While obstetric complications are often highlighted, recent research suggests that women's emotional and subjective experiences may play a more decisive role.
OBJECTIVES
To assess the prevalence of PTSD symptoms one month after childbirth and to identify the most significant obstetric, psychological, and psychosocial risk factors.
METHODS
A prospective observational study was conducted in a level III maternity hospital between 2021 and 2024. Women were assessed one month postpartum using validated self-report questionnaires: the PTSD Checklist for DSM-5 (PCL-5), the Peritraumatic Dissociative Experiences Questionnaire (PDEQ), the Peritraumatic Distress Inventory (PDI), and the Edinburgh Postnatal Depression Scale (EPDS). Multivariate logistic regression analyses were used to identify independent predictors of PTSD symptoms (PCL-5 ⩾ 33).
RESULTS
Among 995 women included, 11.8% reported clinically significant PTSD symptoms at one month postpartum. Multivariate analysis revealed that peritraumatic dissociation (AOR=4.84), fear of dying during childbirth (AOR=2.34), stressful events during pregnancy (AOR=2.31), and early depressive symptoms (AOR=1.16 per point on the EPDS) were the strongest predictors. Obstetric complications such as emergency cesarean section or instrumental delivery were not significantly associated with PTSD symptoms after adjustment.
CONCLUSIONS
Emotional responses during and after childbirth—particularly fear, dissociation, and psychological distress—are more predictive of postpartum PTSD symptoms than medical complications. These findings underscore the need for early screening of emotional risk factors and the implementation of targeted psychological support strategies in the perinatal period.
KEY MESSAGE
It is essential that they do not rely solely on obstetric outcomes, but incorporate a perspective attentive to maternal mental health.

Eur J Midwifery 2026;10(Supplement 1):A397

PA007

The bond between mother and baby: How it is influenced by conditions surrounding childbirth, such as epidural anesthesia, and the midwife's sphere of impact

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BACKGROUND
The creation of a bond with the newborn is fundamental in the development of parental attachment. According to Bowlby's attachment theory, mothers are biologically predisposed to form an emotional bond with their newborns. However, it is questionable whether the care setting in which they give birth influences the creation of the bond, and if so, how?

OBJECTIVES
To document mothers' representations of the relationship established with their baby from pregnancy until two months postnatal within different care settings.
METHODS
This study adopted a qualitative descriptive and interpretative design. Twenty-six first-time mothers, who gave birth in Quebec between March 2022 and May 2023, participated in semi-structured interviews, following ethical approval. Participants had experienced one of the following birth settings: a medicalized birth or a physiological birth attended by a medical-nursing team in a hospital setting, or a physiological birth attended by a midwife, which took place either in a birthing center, at home, or in a hospital.
RESULTS
Differences were clearly observed in these contexts. Some women established a bond with their baby during pregnancy, while others developed it later—sometimes only within the first month after birth. The midwifery approach plays a pivotal role, as does the medicalized environment, particularly due to the use of epidural anesthesia. The embodied physical experience of childbirth appeared to influence how the mother bonded with her baby. Several key elements were identified as supportive of bond formation: the caregiver's approach, prenatal and birth support, respect for the mother's pace, and relational continuity. In addition, the midwife can help to create or recreate the bond during the postnatal period when necessary.
CONCLUSIONS
The development of mother-baby bonding is optimized in a physiological birth context and a holistic approach.
KEY MESSAGE
Midwives play an even more important role in mother-baby bonding when working within a model of relational continuity.
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PA008

Deployment of training in respectful care aimed at respecting women's rights in sexual and reproductive health in the Commune of Croix-des-Bouquets, Haiti

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PURPOSE
Introduction: Women's rights in Maternity Care (MC) are often disregarded, often with dramatic consequences. The White Ribbon Alliance (WRA) has drawn up a charter for respectful maternity care (SMR), highlighting women's rights. As part of the Project d'Appui à la Santé Sexuelle et Reproductive Egalitaire (PASSREL), the Canadian Association of Midwives and the Association des Sages-Femmes d'Haïti have developed a training program on SMR based on the WRA charter. Objectives: Increase understanding of women's rights in SM among various stakeholders in the Croix-des-Bouquets commune.
DISCUSSION
Results: Development of a training program and all related tools. 12 midwife trainers were trained. They delivered 16 sessions, over 5 days and 2 days. In all, 292 people were trained, including 95 men and 212 women. Best practices: To ensure that everyone who comes into contact with women provides a rights-respecting service, training was also offered to matrons, multi-purpose community health workers, peer educators, support staff and security guards. Training was provided in French and Creole.
EVIDENCE WHERE RELEVANT
Lessons learned: Despite the worrying security situation in Haiti, professionals want capacity building to continue. Upgrades "will have to be deployed according to the 'low dose-high frequency" formula. Conclusion: It is not possible to measure the improvement of SMRs in the field in the situation prevailing in Haiti. However, we can assume that a better understanding of women's rights in SM has been achieved.
KEY MESSAGE
Respectful maternity care can save lives.
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PA009

Postabortion care in humanitarian settings: The critical role of midwives in Eastern DR Congo

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PURPOSE
Highlights the essential role of midwives in delivering Postabortion Care (PAC) in conflict-affected and displacement settings in eastern Democratic Republic of Congo (DRC), and outlines the strategies used to ensure continuity and quality of care despite humanitarian crises.
DISCUSSION
Eastern DRC faces ongoing armed conflict, displacement, and systemic health system breakdowns, all of which intensify the need for sexual and reproductive health (SRH) services, particularly postabortion care. In these fragile settings, women face higher risks of unsafe abortion and limited access to life-saving care. Since 2021, Ipas DRC has supported capacity-building programs for midwives in conflict-affected provinces (North Kivu and South Kivu), with a focus on: delivering PAC based on WHO guidelines; providing woman-centered, respectful, and nonjudgmental care; managing complications in primary and secondary health facilities; adapting service provision in mobile clinics and resource-limited or insecure environments. These strategies have strengthened midwives' ability to maintain service delivery in the face of instability and respond to the SRH needs of displaced and vulnerable populations.
EVIDENCE WHERE RELEVANT
From 2023 to 2024, over 35 midwives were trained in PAC across three crisis-affected provinces. In more than 35 frontline health facilities, midwives continued to provide PAC services, even during periods of insecurity and population displacement. They reported improved clinical competencies and increased confidence in providing compassionate care to women facing trauma, violence, or loss. Access to PAC contributed to a decrease in complications from unsafe

abortion in several target areas, reinforcing the impact of midwife-led care in humanitarian settings.
KEY MESSAGE
Midwives are frontline responders who ensure continuity of postabortion care in humanitarian crises. Their presence, skills, and commitment save lives and uphold women's dignity and reproductive rights in even the most fragile contexts.
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PA010

Antenatal care attendance and service quality at unezero Polyclinic in Kamenge, Burundi: A one-year prospective study

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BACKGROUND
Timely and quality antenatal care (ANC) improves maternal and neonatal outcomes, particularly in low-resource settings. This study assessed ANC attendance and quality at the Munezero Polyclinic in Kamenge, Burundi, in relation to WHO standards.
OBJECTIVES
To evaluate ANC attendance patterns, the quality of services provided, influencing factors for adherence, and associated maternal-neonatal outcomes.
METHODS
A prospective, descriptive, and analytical study was conducted from May 1, 2024, to May 1, 2025. A total of 648 pregnant women attending ANC at the clinic were included through exhaustive sampling. Data were collected using a structured grid and analyzed manually using cross-tabulations and proportion comparisons.
RESULTS
Of 648 participants, 64% (n=415) attended at least 4 ANC visits, while 18% (n=117) completed the 8 WHO-recommended contacts. Higher attendance was associated with secondary or higher education (72%) and living within 3 km of the clinic (58%). Key interventions included insecticide-treated net distribution (80%), IPTp (77%), tetanus vaccination (87%), obstetric ultrasound (67%), and basic lab tests (91%). However, syphilis testing (41%) and systematic urine screening (33%) were suboptimal. Obstetric complications occurred in 19% of women with fewer than 4 visits, compared to 7% among those with 4 or more.
CONCLUSIONS
Frequent ANC attendance was associated with improved service uptake and fewer maternal-neonatal complications. Geographic proximity and education level were key determinants of adherence.
KEY MESSAGE
Midwives play a pivotal role in improving ANC uptake through education, service integration, and continuity of care, especially in resource-limited settings.
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PA011

Unplanned vaginal delivery of quadruplets with per-partum discovery of the fourth fetus: A rare case from Benin

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PURPOSE
To share the clinical management and lessons learned from a rare case of spontaneous quadruplet pregnancy delivered vaginally, in which the fourth fetus was unexpectedly discovered during labor. This case illustrates the critical decision-making role of midwives and the value of multidisciplinary teamwork in unpredictable obstetric situations.
DISCUSSION
Despite advances in antenatal care, multiple pregnancies in low- and middle-income countries may be underdiagnosed due to limited access to high-quality ultrasound. In this case, the pregnancy was monitored as a triplet pregnancy. The patient presented at 32 weeks and 6 days in full labor, and vaginal delivery was performed. The fourth fetus was discovered per-partum, requiring rapid adaptation from the care team. Technical management included internal podalic version for the third twin in transverse presentation, demonstrating mastery of advanced obstetric maneuvers. The presence of an experienced midwife, working collaboratively with obstetricians, enabled a safe outcome despite the unplanned nature of the event. This case underscores the importance of clinical vigilance, timely response, technical mastery of obstetric maneuvers, and trust in midwifery leadership.
EVIDENCE WHERE RELEVANT
Spontaneous quadruplet pregnancies are extremely rare, with an estimated natural incidence of 1 in 512000 births (Hellin-Zeleny rule). Most are delivered by cesarean section. Only a few cases of successful vaginal delivery of quadruplets have been documented, often in emergent or unanticipated situations. In this case, all four newborns had satisfactory Apgar scores and were admitted to neonatal care for moderate prematurity. The mother experienced postpartum hemorrhage due to uterine atony, which was managed promptly without surgical intervention.
KEY MESSAGE
Even in well-equipped hospitals, unanticipated findings can occur during labor. Skilled midwives, supported by a multidisciplinary team, play a vital role in ensuring safe and respectful maternal and neonatal outcomes—even in complex and high-risk situations such as this spontaneous, unplanned quadruplet vaginal birth.
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PA013

Home-Based postpartum care: A gateway to improving health outcomes for girls and women in Ségou, Mali

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PURPOSE
The Muso Ka Lafiya Association promotes sexual and reproductive health education, as well as provides care for young people and women in Mali. The association is composed of young midwives who are motivated, passionate, and

dedicated to the midwifery profession. The association offers home-based postpartum care, group childbirth education classes, and sexual and reproductive health workshops for young people.
DISCUSSION
The Malian family structure, which has 2-3 generations of people living together, provides a rich opportunity to educate all girls and women present in the home about their bodies during postpartum home visits. After examining a mother and her baby, a grandmother often asks us to take her blood pressure, and a conversation about heart health and menopause begins. Or often, a pre-teen asks us about her period, and we discuss with her the bodily changes that accompany puberty and arrange for her and her friends to attend one of our youth sexual and reproductive health workshops located at our center.
EVIDENCE WHERE RELEVANT
Midwives can sometimes be seen as health workers reserved only for mothers and babies, when in reality, we care for women throughout their lives. Postpartum home visits allow us to be introduced to young women - here we can provide them information about their menstrual cycle, family planning, and preventing STIs. Additionally, through home visits, we meet older women and are able to discuss with them the importance of preventative care, such as routine cervical cancer and breast cancer screenings, risks of cardiovascular disease, and osteoporosis.
KEY MESSAGE
Postpartum home visits allow midwives to ensure the health and well-being of mothers and babies, with the additional bonus of educating all women in the home about preventive care. These visits show girls and women the benefits of being cared for by a midwife from menarche through postmenopause.
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PA014

Women's knowledge of and attitudes towards modern contraceptives at the Kalaban Coro Community Health Center, Mali

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BACKGROUND
Family planning is vital for improving women's and families' health in sub-Saharan Africa. It is a core pillar of the Safe Motherhood Initiative, aimed at reducing maternal and infant mortality. Despite this, Mali has one of the lowest contraceptive prevalence rates in West Africa (14.1%). Limited use of reproductive health and family planning (FP) services remains a major factor in maternal and child health complications.
OBJECTIVES
To assess the knowledge and attitudes of women attending the Kalaban Coro Community Health Center regarding modern contraceptive methods.
METHODS
A quantitative, cross-sectional study was conducted among 183 women who met the inclusion criteria. A semi-structured questionnaire was used to gather data, which was analyzed using SPSS.
RESULTS
Among the respondents, 60.12% reported using a modern contraceptive method. The majority (52.78%) visited the health center in response to side effects. The main barriers to contraceptive use were opposition from husbands, fear of side effects, and religious beliefs. Despite some knowledge of available methods, misconceptions and sociocultural influences continue to affect women's choices.
CONCLUSIONS
The study highlights the relatively low but growing use of modern contraceptives in Kalaban Coro and the critical influence of social, religious, and partner-related factors on women's decisions. Strengthening education, addressing myths, and involving men and community leaders are essential to improving access and acceptance of family planning.
KEY MESSAGE
knowledge, attitudes, women, contraceptives, modern methods
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PA015

Acceptability of maternal RSV vaccination during pregnancy: A cross-sectional study in diverse global settings

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BACKGROUND
Respiratory Syncytial Virus (RSV) is responsible for a common viral infection that mainly affects nweborns and infants, causing bronchiolitis and pneumonia. Two prevention strategies are possible: a postnatal monoclonal antibody, or a vaccine during pregnancy based on bivalent prefusion RSV F protein.
OBJECTIVES
To assess the acceptability of vaccination against RSV during pregnancy, and the preference of pregnant women between this vaccine and a postnatal monoclonal antibody.
METHODS
A cross-sectional study recruited 887 pregnant women from Brazil, Canada, Colombia, Spain, France, Italy, Luxembourg, and Switzerland between March 2024 and March 2025.
RESULTS
In total, 76.1% (675/887) of participants were vaccinated (10.8%, 96/887) or would have liked (65.3%, 579/887) to receive RSV vaccine during their pregnancy, ranging from 70.3% (Switzerland) to 79.1% (Colombia). Having had a child hospitalized in intensive care, having received other recommended vaccines during pregnancy, and perceiving a positive influence from health authorities were factors independently associated with the willingness to be vaccinated. A majority of participants (69.8%, 619/887) preferred this vaccine over the alternative of postnatal monoclonal antibody. The factors independently associated with this preference were having received the other vaccines recommended during pregnancy, while a history

of pre-eclampsia or a perception of foetal or obstetric risk associated with this vaccine favoured a preference for the monoclonal antibody. Avoiding an additional injection for their future child, a perception of greater efficacy of maternal vaccination, and a preference for immunization with endogenous antibodies could be additional motivations for the participants' preference for the vaccine.
CONCLUSIONS
A majority of pregnant women seems to be interested in RSV vaccine during pregnancy and tends to prefer this method of immunising their child with postnatal monoclonal antibody.
KEY MESSAGE
The factors highlighted for a preference or reluctance of these immunization options will be useful in providing vaccination advice tailored-advice to pregnant women from the next RSV season onwards.
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PA016

The evolution of midwifery in Iran: From childbirth guardians to aesthetic assistants

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BACKGROUND
Midwives in Iran have undergone significant professional transformations over the past century. Historically, Iranian midwives known as qâbeleh were respected for their skills in home births, abortion care with herbal methods, and guidance in culturally significant spaces like women's bathhouses. With the advent of modern medicine and the medicalization of childbirth, their roles have been profoundly altered.
OBJECTIVES
This PhD study in socio-anthropology explores the evolving role of Iranian midwives, focusing on socio-cultural and regulatory shifts over the last 40 years following the Islamic Revolution.
METHODS
Ethnographic research was conducted from 2017 to 2022 in Yazd, 600 kilometers from Tehran. Fieldwork was carried out in a public maternity ward, a private clinic, and a midwife's private office. The study included participant observation and formal and informal interviews with midwives, gynecologists, and educators from midwifery schools in Yazd and Tehran.
RESULTS
Midwives in Iran face increasing professional dissatisfaction, prompting some to leave the field. Key factors include low salaries, high rates of cesarean sections due to healthcare privatization, and the economic interests of gynecologists—resulting in one of the world's highest cesarean rates. Home births are now prohibited, and midwives' medical autonomy is increasingly limited. In response, some midwives have turned to aesthetic services, such as Botox injections and assisting plastic surgeons, reflecting a broader commodification of medicine and beauty in Iranian society.
CONCLUSIONS
The role of midwives in Iran is being reshaped by political, economic, and cultural forces. Traditional practices are increasingly marginalized, while new, market-oriented roles are emerging, revealing tensions between professional identity, medical regulation, and societal change.
KEY MESSAGE
The role of midwives in Iran is being reshaped by political, economic, and cultural forces. Traditional practices are increasingly marginalized, while new, market-oriented roles are emerging, revealing tensions between professional identity, medical regulation, and societal change.
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PA017

Barriers and facilitators to sexual and reproductive health services for women with motor disabilities in African Low- and Middle-Income Countries: A systematic review

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BACKGROUND
Access to Sexual and Reproductive Health (SRH) services is a fundamental human right and a cornerstone of global health strategies, including the Sustainable Development Goals. However, women with motor disabilities in Low- and Middle-Income Countries (LMICs) across Africa continue to experience systemic discrimination and exclusion from SRH services, despite legal frameworks such as the Convention on the Rights of Persons with Disabilities.
OBJECTIVES
To identify and synthesize the main barriers and facilitators influencing access to SRH services among women with motor disabilities in African LMICs.
METHODS
A systematic review was conducted in accordance with PRISMA guidelines and registered with PROSPERO (CRD42024555816). A comprehensive search was performed using the Population–Concept–Context (PCC) approach across major scientific databases and grey literature, including studies published in English and French between 2001 and 2024. Data extraction and quality assessment were performed independently by multiple reviewers. Qualitative findings were synthesized thematically; quantitative data were analyzed descriptively.
RESULTS
Twenty-eight studies from eleven African LMICs were included. Barriers were grouped into five categories: (1) physical and logistical obstacles, (2) negative social attitudes and stigma, (3) institutional shortcomings (e.g. lack of provider training), (4) financial limitations, and (5) inadequate communication and information. Facilitating factors included disability-sensitive provider training, accessible infrastructure, community mobilization, and inclusive health policies.
CONCLUSIONS
The findings underscore the importance of integrating disability inclusion into national SRH strategies. Midwives play a key role in providing equitable care and advocating for inclusive practices. System-level changes and intersectoral collaboration are essential to remove structural barriers and ensure rights-based access for all women.

KEY MESSAGE
Women with motor disabilities face multiple, intersecting barriers to SRH services. Inclusive training and infrastructure are critical to overcoming access challenges. Midwives are central actors in promoting equity and inclusive care delivery.
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PA018

Digitizing care: Midwives' use of nurse Nisa and Hesperian to improve access to contraception and abortion in the Democratic Republic of Congo

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PURPOSE
This abstract presents the experience of midwives in the Democratic Republic of Congo (DRC) using digital tools, specifically the Nurse Nisa chatbot and the Hesperian Safe Abortion app, to expand access to contraception and safe abortion services. It highlights how these technologies strengthen patient education, clinical decision-making, and real-time data collection in sexual and reproductive health (SRH) services.
DISCUSSION
In DRC, adolescent girls and young women face multiple barriers to accessing accurate and nonjudgmental SRH information and care. Digital solutions offer new pathways to bridge these gaps. Nurse Nisa, developed by Ipas DRC, is an anonymous, interactive chatbot that provides users with essential information about contraception, safe abortion, postabortion care, and reproductive rights. It is especially popular among youth and women living in urban and peri-urban areas. In parallel, the Hesperian Safe Abortion application offers clinical reference materials in multiple languages, supporting midwives with updated protocols and guidance for providing respectful, rights-based abortion care. These tools are integrated into training and supervision programs, enhancing midwives' capacity to deliver comprehensive, woman-centered SRH services, particularly in low-resource settings.
EVIDENCE WHERE RELEVANT
Since 2022, more than 4000 users engaged with Nurse Nisa, 58% of them under the age of 20, reflecting strong uptake among young people. In parallel, 75 midwives were trained to use both platforms. These midwives reported improvements in counseling quality, communication with youth, and confidence in clinical decision-making. The Nurse Nisa dashboard also provides real-time data that informs health messaging strategies by identifying trends and frequent user concerns. This enables midwives to adapt their education and outreach accordingly.
KEY MESSAGE
The integration of Nurse Nisa and Hesperian into midwives' practice in DRC enhances both access to accurate SRH information for youth and clinical capacity for providers. These tools represent scalable innovations that support midwives as frontline educators and care providers in advancing reproductive justice through technology.
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PA019

Persistent genito-pelvic pain two months after vaginal birth: A nationwide population-based study from the 2021 French national perinatal survey

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BACKGROUND
Representative data on persistent pain after vaginal birth are lacking.
OBJECTIVES
This study aimed to assess the prevalence and risk factors for persistent genito-pelvic pain two months after vaginal birth using population-based data.
METHODS
Data were obtained from the 2021 National Perinatal Survey, a French nationwide cross-sectional population-based survey. The study population included women who delivered vaginally. The main outcome was persistent genito-pelvic pain at two months postpartum collected by a self-reported questionnaire. Prevalence rates with 95% confidence intervals (CI) were estimated overall and by the severity of perineal tear. Risk factors were identified using univariable and multivariable logistic regression. All analyses were weighted to account for 2-month attrition.
RESULTS
This study included 5802 women who delivered vaginally. The overall prevalence of persistent genito-pelvic pain at 2 months postpartum was 12.8% (95%CI [11.8-13.8%]), ranging from 5.9% (95%CI [4.3-7.9%]) in women with an intact perineum to 38.9% (95%CI [27.1-52.2]) in those with obstetric anal sphincter injury (OASI). In multivariable analyses, all degrees of perineal tear were associated with an increased risk of persistent genito-pelvic pain compared with intact perineum (1st/2nd degree, aOR 2.08; 95%CI [1.51-2.87]; episiotomy: 3.37 [2.27-4.99] and OASI: 5.92 [3.03-11.55]). Other risk factors included being born in Africa (1.51 [1.06-2.16]), primiparity (1.50 [1.20-1.87]), poor maternal psychological state during pregnancy (2.05 [1.48-2.83]), operative birth (1.43 [1.14-1.79]), negative childbirth experience (2.03 [1.50-2.77]), and dissatisfaction with pain management during the stay in maternity unit (somewhat satisfied: 1.59 [1.28-1.98]; and not very or not satisfied: 3.11 [2.27-4.26]).
CONCLUSIONS
Persistent genito-pelvic pain at two months postpartum affects 1 in 10 women and increases with the severity of perineal injury.
KEY MESSAGE
To reduce this pain, it is necessary to prevent perineal lesions and operative births as much as possible, while improving women's satisfaction during their maternity stay, probably by optimizing postpartum analgesic management.
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PA020

Implementing a mindfulness program for obstetric professionals: Improves well-being and reduces work-related stress

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BACKGROUND
The work environment of obstetric professionals is characterized by high levels of stress, intense emotional demands, and pressured decision-making, which can negatively affect their physical and psychological well-being, as well as the quality of care provided. This study presents the design, implementation, and evaluation of a mindfulness program specifically tailored to the needs of obstetric staff (midwives, nurses, and clinical assistants).
OBJECTIVES
Evaluate the implementation of the program related to professionals' stress levels and ability to manage difficult situations.
METHODS
Descriptive mixed study with the implementation of an 8-week program with one 90-minute weekly session and evaluation through semi-structured interviews conducted ad hoc.
RESULTS
Preliminary results obtained from a sample of 36 professionals who completed the program showed a significant reduction in perceived stress levels and symptoms of emotional burnout, as well as an improvement in mindfulness and work environment. Participants reported a greater ability to manage difficult situations, improved communication with patients and team members, and a renewed sense of purpose in their work.
CONCLUSIONS
Incorporating a mindfulness program into obstetric settings can be an effective and sustainable strategy for improving the well-being of professionals and, potentially, the quality of care.
KEY MESSAGE
Mindfulness is an effective tool for professionals.
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PA021

Escaping eclampsia: An escape room experience in clinical simulation for professionals at a tertiary hospital in Spain

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PURPOSE
Clinical simulation has proven to be effective for training technical and non-technical skills in obstetric emergencies. In this context, an innovative educational strategy was designed based on the escape room format with the objective of strengthening the clinical and communication competencies of obstetric professionals in managing eclampsia through simulation in an escape room format.
DISCUSSION
An escape room was developed where participants solved clues and puzzles to manage a clinical case within a limited time. The activity included 10 minutes of pre-briefing, 30 minutes in the escape room, and 45 minutes of debriefing. In the pre-briefing, the scenario and rules were presented. Upon entering the room, each group had to identify their designated area marked with a previously chosen color and a common area, where the first box was located containing an envelope with information about the patient and a formula they had to solve to access the next box, continuing until they solved the 5 boxes, whose themes were: diagnosis, risk factors, stabilization, treatment, and follow-up care. The activity incorporated gamification elements such as suspenseful music, a timer, and penalties for hints.In the debriefing, learning was consolidated through reflection on the experience.
EVIDENCE WHERE RELEVANT
Ninety-eight professionals participated: specialists in maternal-fetal medicine (MFM) (19) and anesthesiology (6), MFM residents (14), midwives (24), midwifery students (12), nurses (11), and nursing care assistants (12); distributed across 5 sessions with 3 simultaneous stages per session. Each group, composed of 7 professionals from different disciplines, faced a simulated clinical case, solving clues in a gamified environment.
KEY MESSAGE
The escape room is presented as a reproducible, replicable, and effective tool for training in critical situations such as eclampsia. Its playful and structured nature enhances the acquisition of clinical knowledge and transversal skills, improving team preparedness.
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PA022

Educational intervention to strengthen humanized obstetric assessment by nursing and midwifery professionals in a public hospital in the State of Mexico

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OBJECTIVES
To design, implement, and evaluate an educational intervention to strengthen humanized obstetric assessment by nursing professionals.
METHODS
Design phase. This is a quantitative, quasi-experimental study with a single-group pretest-posttest design. A theoretical-practical educational intervention is currently under construction, grounded in humanistic and regulatory frameworks and informed by the theories of Jean Watson, Madeleine Leininger, Paulo Freire, David Ausubel, and Michel Foucault. The assessment instrument, under development and validation, will measure knowledge, skills, and attitudes regarding humanized obstetric assessment.

RESULTS
The study is currently in the literature review and methodological design phase. No empirical data have been generated yet.
CONCLUSIONS
The intervention is expected to strengthen the clinical, ethical, and communicative competencies of nursing staff, promoting more humanized and comprehensive care practices. It may also contribute to institutional development through care models centered on women's dignity and active participation.
KEY MESSAGE
Educating to care with humanity: a transformative strategy for institutional maternal health.
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PA023

Telesimulation in primary care: A training lesson for professional development in midwifery in Chile

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BACKGROUND
The COVID-19 pandemic profoundly transformed healthcare education, requiring a rapid shift from in-person instruction to remote teaching. Within this new educational context, telesimulation has emerged as a valuable strategy for clinical education, especially during emergencies when in-person practical training is limited or not feasible.
OBJECTIVES
To describe students' perceptions of a telesimulation experience implemented in a 2021 midwifery program for clinical training in primary health care.
METHODS
A convergent mixed-methods study was conducted with 16 eighth-semester midwifery students. A self-administered survey was used, consisting of 13 closed-ended Likert-scale items and one open-ended question. Additionally, a focus group was carried out with the same participants. Quantitative data were analyzed using descriptive statistics, while qualitative data from the focus group and the open-ended responses were analyzed using narrative methods.
RESULTS
All participating students reported that telesimulation strengthened their clinical reasoning and decision-making skills. A majority (81.3%) expressed overall satisfaction with the experience. The students highlighted several key advantages: telesimulation provided a safe space to practice assuming professional roles, improved critical thinking, and allowed for meaningful feedback from instructors. They also recommended incorporating telesimulation alongside in-person simulation and including active breaks to enhance the experience and reduce fatigue.
CONCLUSIONS
Telesimulation is a relevant and effective pedagogical tool in remote learning scenarios. Its implementation requires intentional planning and strong technical and pedagogical preparation from educators. While it cannot fully replace in-person simulation, it complements clinical training by fostering professional competencies and critical thinking. It can be integrated into hybrid learning models or serve as an emergency alternative when face-to-face education is not possible.
KEY MESSAGE
Telesimulation enhances clinical reasoning and professional skills, making it an effective tool for both hybrid education and emergency remote training.
Eur J Midwifery 2026;10(Supplement 1):A413

PA024

Proposal for a recommendation guide to foster clinical reasoning in midwifery clinical settings

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BACKGROUND
El razonamiento clínico es una competencia esencial en la formación de matronas, especialmente en contextos clínicos complejos. Sin embargo, su desarrollo en estudiantes de pregrado se enfrenta a diversas barreras, como la falta de estrategias docentes explícitas, entornos de aprendizaje inadecuados y dificultades para visibilizar los procesos de pensamiento de los tutores durante la práctica.
OBJECTIVES
Este proyecto tiene como objetivo mejorar el razonamiento clínico entre los estudiantes de partería mediante la creación de una guía de recomendaciones desarrollada de forma colaborativa entre educadores y estudiantes.
METHODS
Se aplicó la metodología Design Thinking, que se desarrolló en cinco etapas: empatizar, definir, idear, prototipar y probar. Participaron 11 docentes (tanto clínicos como académicos) y 79 estudiantes de cuarto año. Se realizaron encuestas abiertas y grupos de discusión, y se analizaron datos cualitativos utilizando Atlas.ti con un enfoque temático.
RESULTS
Se reconoció la importancia del razonamiento clínico y la necesidad de fortalecerlo desde una perspectiva teórico-práctica. Los estudiantes reportaron una explicación limitada de los procesos de razonamiento por parte de los educadores, mientras que estos reconocieron la dificultad de enseñar procesos cognitivos intuitivos. Con base en estos hallazgos, se desarrolló una guía que incorpora el análisis de casos como estrategia pedagógica, retroalimentación situada y espacios de aprendizaje reflexivo. Su implementación se percibió como útil y potencialmente replicable para futuras cohortes.
CONCLUSIONS
La creación de esta guía de recomendaciones se destaca como una herramienta pedagógica innovadora para promover el desarrollo del razonamiento clínico, fortalecer la relación profesor-alumno y apoyar la toma de decisiones basada en la evidencia en entornos clínicos reales. Este proyecto de mejora educativa fue aprobado por el Comité de Ética de la Universidad Autónoma de Chile.
KEY MESSAGE
Contribuye a transformar la formación en razonamiento

clínico en partería al promover una práctica profesional más autónoma, reflexiva y segura.
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PA025

Assessment of stress in mothers of premature infants under intervention of flower essences: A controlled, triple-blind, randomized clinical trial

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BACKGROUND
Premature birth causes stress in postpartum women, especially when it is followed by separation from the critically ill child, as it constitutes an unpredictable and uncontrollable event.
OBJECTIVES
To analyze the effect of using the Five Flowers essence on the stress level of mothers with premature children admitted to the Neonatal ICU of a public hospital in the city of São Paulo, Brazil.
METHODS
This is a controlled, triple-blind, randomized clinical trial with 117 postpartum women divided into an intervention group (56) and a control group (61). The predictor variables were the use of Floral Essence and placebo and the stress outcome variable, assessed using the "Parental Stress Scale: Neonatal Intensive Care Unit" and cortisol hormone dosage. The intervention was carried out between 24 and 72 hours after delivery, between the 7th and 9th day and between the 12th and 14th day postpartum. For statistical tests, a significance level of 5% was considered.
RESULTS
The Five Flower essence reduce the stress of postpartum women. The Intervention Group had lower stress scores when compared to the control group, and this difference was statistically significant (p=0,027). For cortisol, there were no effects for group (p=0,880), time (p=0,274) and interaction between time and group (p=0,659). However, the relative variations in cortisol by times of assessment, distinct patterns of cortisol fall were observed by group greater than 10%. In the Intervention group, there were higher percentages of falls above 10% (34,0% versus 15,6%; p=0,041, of 15% (31,9% versus 13,3%; p=0,034); 20% (29,8% versus 11,1%; p=0,027) and 25% (25,5% versus 8,9%; p=0,035) in evaluations 2 and 3.
CONCLUSIONS
The Five Flower Essence showed is effective in reducing stress and cortisol levels in mothers of premature children. This therapy can help to minimize the psychic impacts caused by early termination of pregnancy.
KEY MESSAGE
flower essences, premature newborn, phsychological stress
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PA026

Perception of midwifery professionals regarding the role of midwifery in Chile in 2025

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BACKGROUND
La partería es una disciplina ancestral que ha evolucionado desde la partería empírica hasta convertirse en una profesión formalmente reconocida. En Chile, la partería ha tenido un desarrollo singular, con un ámbito de práctica amplio y diverso en comparación con otros países. Sin embargo, persisten tensiones entre las competencias que ejercen las matronas y las reconocidas oficialmente en el Código de Salud.
OBJECTIVES
Describir la percepción de las matronas respecto de su rol profesional en Chile en el año 2025.
METHODS
Estudio descriptivo cualitativo con enfoque fenomenológico. Se entrevistó a once profesionales con más de cinco años de experiencia mediante un muestreo teórico. Los datos se recopilaron mediante entrevistas semiestructuradas y se analizaron mediante codificación temática.
RESULTS
Los participantes valoran positivamente su formación, pero reconocen carencias en la gestión, la investigación y la salud pública. Entre los desafíos se encuentran el reconocimiento social y regulatorio de la profesión, el desconocimiento institucional, la saturación de la plantilla y la escasa aplicabilidad de la evidencia científica. Los factores facilitadores incluyen la versatilidad profesional y la proximidad a la comunidad. Existe una clara necesidad de ampliar el rol a la educación sexual, la geriatría y la salud ginecológica-oncológica. Se identificó una incongruencia entre las competencias ejercidas y las legalmente reconocidas, junto con la ausencia de armonización internacional del modelo chileno de partería.
CONCLUSIONS
Las parteras perciben su rol como esencial, dinámico y éticamente comprometido, pero requieren mayor visibilidad y apoyo institucional para ejercer plenamente sus competencias.
KEY MESSAGE
Training is solid but has gaps in management, public health, and research limiting full practice. A disconnect exists between the actual role and its normative recognition, hindering institutional legitimacy. Urgent progress is needed towards international harmonization of the Chilean model, recognizing its impact on sexual and reproductive health.
Eur J Midwifery 2026;10(Supplement 1):A416

PA027

Effects of water immersion versus epidural as analgesic methods during labor among low-risk women: A10-year retrospective

cohort study

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BACKGROUND
Pain during childbirth is a concern for most pregnant women. Health care providers must know the effects of different pain relief methods to inform women in decisión making.
OBJECTIVES
The aim of this study is to investigate the effects on maternal and neonatal outcomes of two analgesic methods frequently used during labor: water immersion and epidural analgesia.
METHODS
In this retrospective observational cohort study of ten years (2009-2019) at a first-level hospital, in Spain, 1134 women, low-risk singleton and at term pregnancy, were selected. Among them, 567 women used water immersion; 567 women used epidural analgesia for pain control. Mode of birth and perineum condition were determined as maternal outcomes. Neonatal outcomes included 5 min Apgar score, umbilical cord arterial pH, and Neonatal Intensive Care Unit admissions. Chi-square tests and Mann-Whitney U tests, together with their effect sizes (Cramer's V, odds ratio, and Cohen's d) were used to test the main hypotheses
RESULTS
The water immersion group was nearly 17 times more likely to achieve a spontaneous vaginal delivery (OR = 16.866 [6.540, 43.480], p < 0.001) and twice as likely to have an intact perineum (OR = 2.606 [1.290, 5.250], p = 0.007). Newborns in this group had better 5-minute Apgar scores and cord arterial pH, as well as lower rates of NICU admission than the epidural group. The odds of having a cesarean delivery were nearly 40 times higher in the epidural group (OR = 39.346 [3.610, 429.120], p < 0.001) and having an episiotomy was more than eight times more likely than in the water immersion group (OR = 8.307 [2.800, 24.610], p < 0.001)
CONCLUSIONS
The use of water immersion was not related with adverse outcomes and presented better results than epidural analgesia.
KEY MESSAGE
Health care providers must know the effects this pain relief methods to inform women in decision making.
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PA028

Experiences of midwives from a regional hospital implementing the respectful birth model, Atacama, Chile

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BACKGROUND
The WHO and ICM provide guidance for the full realization of sexual and reproductive health rights through the implementation of a respectful care model. The Chilean Ministry of Health developed a Manual for Personalized Care of the Reproductive Process, which aims to align efforts for its implementation.
OBJECTIVES
To explore the experiences of midwives implementing the respectful birth model in a regional public hospital.
METHODS
A qualitative, descriptive study. Nine midwives from the maternity ward of Copiapó Regional Hospital participated. The criterion of data saturation was applied. Data were collected through in-depth interviews and analyzed using Berelson's content analysis.
RESULTS
The concept of respectful birth is generally defined in vague and ambiguous terms; however, certain elements were identified, including companionship, bonding, privacy, safety, and autonomy. The regional model is perceived as an adaptation of ministerial guidelines. In general, favorable attitudes toward implementing the respectful birth model were observed, reflected in practices such as limiting episiotomies, promoting pain management, facilitating companionship, and incorporating complementary elements such as music and dim lighting. Positive emotions included satisfaction with the recognition of their professional contributions, while negative emotions included frustration over being restricted from prescribing analgesia. Facilitating factors included a partial increase in midwifery staffing, effective companionship, and the incorporation of music, placenta delivery, and student assistance. Several obstacles were reported, including infrastructure that impedes privacy, insufficient midwifery staff, limited awareness of the model among users, lack of autonomy in decision-making between professionals and users, and resistance to change, particularly among more experienced midwives.
CONCLUSIONS
Implementation of the model is partial and adapted. Although positive attitudes and some facilitators are present, challenges and barriers predominate.
KEY MESSAGE
Ethical aspects: The Ethics Committee approved the study, and informed consent was obtained.
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PA029

Implementation of a home hospitalization program in the postpartum period

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BACKGROUND
Hospital admissions during the postpartum period have been declining over the years, from an average of 4 days in the 1980s to an average of 2.5 days now. Maternity has changed in recent decades with a delay in the age to become mothers, and social pressure are facts that increase complications both in pregnancy and in child-rearing. Additionally, the anxiety that come in the postpartum period during the first week of life. For this reason, in our healthcare center, we have incorporated a home hospitalization program aimed at bringing the family closer to their home, fostering the mother-child bond, shortening the hospital stay while

ensuring the safety of mother and newborn.
OBJECTIVES
Analyze the program results in relation to the implementation percentage, number and reason for maternal and neonatal complications, and maternal satisfaction.
METHODS
Prospective descriptive study of all patients who have participated in the program during the pilot test from March to June 2025.
RESULTS
Out of the total candidates who met the inclusion criteria, 85% accepted the program (n=63), 30% were primiparous and 70% multiparous. 90% were exclusively breastfeeding, and 8% were supplemented at home due to neonatal weight loss, but all of them were exclusively breastfeeding by the end of the first week of life. 15.8% of neonates had their home admission extended up to a maximum of 72 hours due to elevated bilirubin levels, without requiring hospital readmission. We only had 1 case of referral to the postpartum UCIAS due to high blood pressure. The result of the satisfaction survey NPS was 10.
CONCLUSIONS
Home hospitalization has not only proven to improve outcomes related to postpartum follow-up, but it has also resulted in very high levels of satisfaction among users.
KEY MESSAGE
Home hospitalization is a safe option for mothers and newborns. Home hospitalization improves the rates of exclusive breastfeeding.
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PA030

"Uruguay crece contigo": The contribution of midwife obstetricians to early childhood protection and sexual and reproductive health

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PURPOSE
To share the experience of the role played by midwife obstetricians within the framework of the Uruguay Crece Contigo (UCC) program, as part of a public policy aimed at the comprehensive protection of vulnerable early childhood.
DISCUSSION
The Uruguay Crece Contigo program was created in 2012 by the Planning and Budget Office of the Presidency of the Oriental Republic of Uruguay and institutionalized in 2015 as a National Directorate under the Ministry of Social Development (MIDES). It represents a national, intersectoral, and inter-institutional strategy that combines universal interventions with targeted actions. Territorial intervention is implemented through interdisciplinary pairs conducting home visits to families with pregnant women and/or children under four years old, following specific protocols. In this context, midwife obstetricians play a key role by contributing a comprehensive sexual and reproductive health perspective. Their functions include sexual health education, contraceptive counseling, prevention of cervical cancer and sexually transmitted infections, support during voluntary pregnancy termination, monitoring of pregnancy and postpartum care, breastfeeding support, newborn care guidance, and promotion of safe sleep. These activities are framed within a rights-, gender-, and generational-based approach, coordinated with local networks and community actors.
EVIDENCE WHERE RELEVANT
Interventions are systematically recorded through official state electronic forms and logs, enabling monitoring of implemented actions. Evidence shows that the work of midwife obstetricians strengthens the link between families and health services, promoting timely access and continuity of care.
KEY MESSAGE
The inclusion of midwife obstetricians in interdisciplinary territorial teams facilitates a comprehensive approach to maternal and child health and reinforces a rights-based framework in supporting families in vulnerable situations.
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PA031

Prácticas interculturales de parteras indígenas mazahuas en torno al autocuidado y el bienestar comunitario

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BACKGROUND
En México, marzo del 2024 se reforma la Ley General de Salud, en materia de partería tradicional y 2025 se constituyó como año de la mujer indígena. Esta investigación analiza el rol social de parteras mazahuas en la transmisión de conocimientos ancestrales vinculados a la cultura para la paz del Estado de México. En un contexto de violencia estructural por los conocimientos indígenas empíricos, estas mujeres parteras sostienen prácticas de autocuidado que combinan experiencia, memoria, ritualidad y un profundo vínculo con la naturaleza.
OBJECTIVES
Comprender cómo estas mujeres transmiten y transforman sus conocimientos a lo largo de la historia con mujeres embarazadas para el autocuidado de la vida.
METHODS
Se empleó una metodología cualitativa con enfoque etnográfico, utilizando el paradigma constructivista. El trabajo de campo se realizó entre marzo de 2024 y noviembre de 2025. Se utilizaron entrevistas semiestructuradas, observación participante, diario de campo, visitas domiciliarias y encuentros comunitarios. La muestra se seleccionó mediante el método de bola de nieve con 20 partes firmando consentimiento informado.
RESULTS
Muestran que el conocimiento de las partes no es estático ni totalmente empírico, sino un sistema epistémico situado, tejido desde la cosmovisión mazahua, que articula la salud reproductiva, la espiritualidad y el territorio. La transmisión del autocuidado ocurre en casas rurales para la atención del parto, mediante una pedagogía comunitaria basada en la oralidad, acompañamiento y práctica cotidiana. Parteras

con 50 años de experiencia personal, familiar y comunitaria, representan una forma de resistencia cultural, que permite sostener la autonomía, el cuidado y la memoria de los pueblos originarios.
CONCLUSIONS
Se concluye que las parteras mazahuas (mexicanas) son actores esenciales en la reproducción de conocimientos, habilidades y prácticas como patrimonio cultural Inmaterial de la humanidad.
KEY MESSAGE
México reconoce a las parteras indígenas para prevenir las muertes maternas.
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PA033

Strengthening the woman-centered care model during labor at the maternity home of Siltepec, Chiapas

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PURPOSE
Objective: The team at the Maternity Home of Siltepec aims to increase, by June 2025, the percentage of laboring women accompanied by a family member from 45% to 75%, and those with freedom of movement from 75% to 90%, as part of a woman-centered care approach tailored to their needs.
DISCUSSION
Problem statement: The Maternity Home (Casa Materna) of Siltepec aims to implement a woman-centered labor and delivery care model based on national guidelines and scientific evidence. Currently, only three out of five shifts have trained personnel capable of applying this model. Between January and October 2024, the lowest-performing indicators were the percentage of women accompanied by a family member (45%) and those allowed freedom of movement during labor (73%). Satisfaction surveys confirmed that companion support is a top-priority need. Evidence shows that companionship and freedom of movement during labor improve the birth experience by alleviating pain, increasing safety, and reducing labor duration, resulting in more vaginal births. The team is committed to increasing both indicators by June 2025, thereby enhancing the quality of care and user satisfaction.
EVIDENCE WHERE RELEVANT
Method: The problem was identified, followed by the creation of a driver diagram. A prioritization matrix was used to focus on key change ideas: establishing internal policies, training staff and users, and ensuring that trained personnel are present during the lowest-performing shifts. Objectives, indicators, data collection methods, and a PDAS (Plan-Do-Study-Act) worksheet were defined to implement change strategies through meetings with project. Results: During the first quarter of 2025, 85% of laboring women experienced freedom of movement, and 59% had a birth companion present. In June 2025, the strategies used will be reassessed to identify opportunities for further improvement.
KEY MESSAGE
International guidelines state that continuous support and free movement during labor improve vaginal birth rates, reduce complications, and promote a positive birth experience.
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PA034

Perinatal outcomes in women with severe preeclampsia at extremes of maternal age

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BACKGROUND
Preeclampsia remains one of the leading causes of maternal and perinatal morbidity and mortality worldwide. While extensive research has been conducted on its pathophysiology and clinical management, less is known about how maternal age, especially at the extremes of reproductive life, may influence the severity and outcomes of this condition. Adolescents and women of advanced maternal age represent physiologically distinct populations, and both may be predisposed to greater obstetric risks. In this context, understanding whether age significantly alters perinatal outcomes in severe preeclampsia is essential to optimize clinical care and resource allocation.
OBJECTIVES
Compare perinatal outcomes in pregnant women with severe preeclampsia and a singleton fetus at extreme maternal ages.
METHODS
A total of 230 patients with severe preeclampsia were evaluated between 2018 and 2021. Patients were divided into two groups: younger than 20 years (n=86) and older than 34 years (n=144). Demographic characteristics and perinatal outcomes were recorded.
RESULTS
No differences were found between the two groups regarding preeclampsia criteria, gestational age at delivery, birth weight, or Apgar scores at 1 and 5 minutes. Nor were there any differences in cesarean section rates, acute fetal distress, NICU admission, sepsis, or fetal and neonatal mortality. In subgroup analysis, no significant differences were found among three groups according to gestational age (<33 weeks; 34–36 weeks; and ≥37 weeks), birth weight (750–1500g; 1501–2500g; >2500g), or Apgar scores at 1 and 5 minutes (0–3; 4–6; 7–10).
CONCLUSIONS
Severe preeclampsia is a serious condition regardless of maternal age.
KEY MESSAGE
Although severe preeclampsia is a high-risk obstetric condition, extreme maternal age—whether adolescent or advanced—does not appear to significantly influence key perinatal outcomes. This suggests that clinical management should prioritize timely diagnosis and evidence-based care

protocols over maternal age alone when assessing perinatal risk in cases of severe preeclampsia.

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PA035

Online theoretical training experience for the introduction of water birth in a level-three Spanish hospital labour ward

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PURPOSE

Hydrotherapy during labour, involving immersion in warm water, is a non-pharmacological method of pain relief. To ensure safe and evidence-based care, midwives must receive continuous training. Therefore, an online training program was implemented at a tertiary hospital in Spain for midwives and midwifery students, as a preparatory step before an interprofessional simulation-based training.

DISCUSSION

Recent literature supports the safety and benefits of water birth. A 2019 U.S. retrospective study found no significant adverse neonatal outcomes. A 2022 UK systematic review and meta-analysis confirmed maternal benefits and found no differences in neonatal outcomes compared to conventional births. However, a 2024 UK cohort study noted a slightly increased risk of umbilical cord rupture. These findings reinforce the importance of equipping midwives with up-to-date knowledge and practical skills to manage water births safely and confidently.

EVIDENCE WHERE RELEVANT

Prior to the online training, a pre-knowledge questionnaire was distributed to a total of 50 professionals, of whom 80% responded (n=40). Among the 40 participants who completed the training, 75% were midwives (n=30) and 25% were midwifery students (n=10). Regarding experience, 50% of the midwives had less than five years of practice, 30% had between five and ten years, and 20% had over ten years. Notably, 68% (n=27) of all participants reported no prior training in water birth. Despite the availability of hydrotherapy facilities in the labour ward, 90% (n=22) of the midwives at the hospital had not yet attended a water birth, 4% (n=1) had attended one, and only 6% (n=7) had attended two or more water births. These findings highlight the necessity of structured educational interventions in this area.

KEY MESSAGE

Ongoing professional development is essential to ensure high-quality, evidence-based maternity care. Online training, especially when integrated with simulation-based learning, offers an effective approach to enhance clinical competencies in water birth management.

Eur J Midwifery 2026;10(Supplement 1):A424

PA036

Improving maternal and neonatal care through collaboration with traditional midwives: Experience in Siltepec, Chiapas

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DISCUSSION

In Mexico, it is estimated that there are around 20000 traditional midwives, many of whom lack formal recognition and do not receive compensation from the public health system. There are also approximately 100 professional midwives with formal education, and 16000 graduates in Nursing and Obstetrics. Chiapas is the state with the highest number of registered traditional midwives, making it a key territory to implement maternal care models with an intercultural approach. The Maternal House in Siltepec was inaugurated in 2023 as a result of collaboration between a public health unit and the civil organization Partners in Health. At this center, obstetric and perinatal nurses and professional midwives work closely with traditional midwives, who actively participate in consultations, referrals, and regular meetings with the health team. Since its opening, high satisfaction has been reported by users.

EVIDENCE WHERE RELEVANT

The model promotes the exchange of knowledge between traditional medicine and allopathic medicine, strengthening community bonds and improving the quality of care. Joint work with traditional midwives and respect for local knowledge improve maternal care in rural contexts. Records since 2023 show high user satisfaction, highlighting respectful support and quality care received.

KEY MESSAGE

Sharing knowledge among traditional practices, culture, and allopathic medicine helps strengthen the bond between the community, midwives, civil organizations, and the public health system, achieving more satisfactory and effective maternal-neonatal care.

Eur J Midwifery 2026;10(Supplement 1):A425

PA037

Midwife consultation with external head position. Healthcare innovation from the management perspective

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PURPOSE

Reorganize and optimize obstetric care in cases of non-cephalic presentations by integrating the midwife as a key support figure, contributing to professional development, and strengthening her role within the multidisciplinary team. We hope to reduce the cesarean rate, reduce clinical variability, and empower women in their decision-making,

thus promoting more humane, accessible, and effective care
DISCUSSION
The implementation of this type of consultation is an innovative and cost-effective intervention that can significantly improve obstetric care. Its development requires organizational change, specific staff training, and close collaboration with the medical team. Initial experience shows that this model contributes to reducing the rate of elective breech cesarean sections. The success rate of ECV ranges from 40% to 65% in nulliparous women and can reach 80% in multiparous women. The incidence of serious complications is low, with a minor complication rate of 6%. The vaginal delivery rate after successful ECV is 65%. Results are comparable to obstetrician-led models.
EVIDENCE WHERE RELEVANT
Hofmeyr GJ, Kulier R, West HM. External cephalic version for breech presentation at term. Cochrane Database of Systematic Reviews 2015, Iss. 4. Accessed January 5, 2026. doi: 10.1002/14651858.CD000083.pub3
KEY MESSAGE
ECV is a safe and effective procedure for reducing the cesarean section rate in non-cephalic presentations.
Eur J Midwifery 2026;10(Supplement 1):A426

PA038

Teaching midwife as a key figure in training family and community medicine residents in Uruguay: An interdisciplinary educational experience in primary health care

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PURPOSE
To share an innovative educational experience led by a teaching midwife, member of a Teaching and Care Unit (UDA), who since 2018 has contributed to the training of medical interns and Family and Community Medicine (FCM) residents. This initiative offers a comprehensive midwifery perspective on sexual and reproductive health, and women's and family health at the primary care level.
DISCUSSION
Medical training in Uruguay has historically been influenced by hegemonic biomedical models. However, the Faculty of Medicine at the University of the Republic has promoted the inclusion of midwives as clinical instructors. This experience unfolds at the Los Ángeles Polyclinic in Montevideo's Gruta de Lourdes neighborhood—a primary care center with deep community ties. Within an interdisciplinary teaching team, midwives guide residents and interns in prenatal care, postpartum follow-up, contraception, gynecological care, promotion of sexual and reproductive rights, and engagement with vulnerable populations, all with a gender and community focus.
EVIDENCE WHERE RELEVANT
The presence of midwives in academic roles has enriched medical education, challenging traditional hierarchies and contributing to more holistic, inclusive training. Their involvement supports primary care practices that emphasize rights, equity, and social determinants of health. This experience reflects a replicable model aligned with broader efforts to improve health systems through interdisciplinary and gender-sensitive approaches.
KEY MESSAGE
The inclusion of midwives as educators promotes leadership in midwifery, interdisciplinary integration, enhances training processes, and strengthens primary care with a rights-based approach. This urban, socially challenged setting illustrates a replicable model aligned with the strategic pillars of the International Confederation of Midwives (ICM): education, regulation, professional practice, and equity.
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PA039

Implementation of intrapartum ultrasound performed by midwives in a tertiary-level hospital

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PURPOSE
Intrapartum ultrasound has become established as a highly valuable complementary tool for the objective assessment of labor progression. Its implementation in a tertiary-level hospital represents a paradigm shift in contemporary obstetric care. The active involvement of midwives has been incorporated, integrating them into the use and interpretation of intrapartum ultrasound as part of their clinical practice. To improve diagnostic accuracy, optimize clinical decision-making, and reduce unnecessary interventions. To demonstrate that implementing intrapartum ultrasound in our setting is both feasible and beneficial, with the potential to become standard practice in high-complexity centers.
DISCUSSION
The parameters assessed include the fetal head position, cervical length and dilation, angle of progression, and head–perineum distance, both in spontaneous and induced labor. We aim to enhance the childbirth experience for patients, increase healthcare team satisfaction, and reduce the number of instrumental deliveries. The participation of midwives has been key to the continuous monitoring of labor progression, supporting their professional development and reinforcing their role within the obstetric team, in close collaboration with medical staff. This integration enhances continuity of care in low- and medium-risk births, reduces fragmentation of care, and maintains the midwife as a key figure throughout the process: women are cared for by the same professionals from pregnancy through to delivery. The use of ultrasound by midwives enables more comprehensive, evidence-based care, and strengthens their role in supporting and making decisions throughout labor.
EVIDENCE WHERE RELEVANT
Usman S, Hanidu A, Kovalenko M, et al. The sonopartogram. Am J Obstet Gynecol. 2023;228(5):S997-S1016.
Kamel R, Negm S, Badr I, et al. Fetal head descent assessed by transabdominal ultrasound: a prospective observational study. Am J Obstet Gynecol. 2022;226(1):112.e1-112.e10.
Usman S, Heiberg B, Wilhelm-Benartzi, C, et al. Prediction

of mode of delivery using the first ultrasound-based "intrapartum app".
KEY MESSAGE
Intrapartum ultrasound is a new, safe, and effective strategy for midwives in the management of labor.
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PA041

REDLIPP: Strengthening Research in Professional Midwifery, Sexual and Reproductive Health in Latin America

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BACKGROUND
The Latin American Network for Research in Professional Midwifery, Sexual and Reproductive Health (REDLIPP) is a regional academic initiative aimed at reducing the research gap in the health of women, pregnant people, newborns, and communities. It includes faculty from Midwifery Schools in Argentina, Chile, El Salvador, Peru, and Uruguay, and is coordinated by the University of Chile's School of Midwifery, WHO/PAHO Collaborating Center for Midwifery in LAC.
OBJECTIVES
The main objective of REDLIPP is to strengthen research in maternal, newborn, sexual, and reproductive health (SRH), with a focus on improving professional midwifery practices and advancing respectful, evidence-based care across the region.
METHODS
Collaborative research is organized around four key areas: education and training, quality of care, evaluation of evidence-based practices, and the development of monitoring and follow-up indicators, through the development of multisite projects. The network operates primarily through monthly virtual meetings via Zoom and holds in-person sessions during regional and international conferences.
RESULTS
Since its creation, REDLIPP has jointly developed six multisite research projects. Findings from these projects have been presented in symposium format at regional and international conferences of the International Confederation of Midwives (ICM), submitted to academic congresses, and resulted in publications in indexed journals. In 2021, the network was awarded funding from the Research and Development Office of the University of Chile to support digital events, leading to the First Latin American Colloquium on Research in Maternal, Newborn, Sexual and Reproductive Health.
CONCLUSIONS
REDLIPP has become a key collaborative platform for academic exchange on clinical and educational research in professional midwifery and SRH. It contributes to generating evidence to support more respectful, inclusive, and person-centered health systems in Latin America.
KEY MESSAGE
REDLIPP fosters collaborative, evidence-based research in professional midwifery and SRH to strengthen respectful, person-centered health systems across Latin America.
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PA042

Access to Long-Acting Reversible Contraception for Brazilian women

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BACKGROUND
The intrauterine device is the one of Long-Acting Reversible Contraception (LARC) method most widely used in the world. In the Brazil, it is offered by the Unified Health System (UHS). This method are safe and highly effective for birth control; however, it is still underutilized by Brazilian women. At the national level, more than 50% of pregnancies are unplanned, and the prevalence of maternal mortality is an important public health problem. Aiming to contribute to strengthening public policies governing family planning and clarifying the gaps that may limit sexual and reproductive rights, research entitled "Study of Long-Acting Reversible Contraception in Mato Grosso do Sul" is currently under development.
OBJECTIVES
The objective is to evaluate how access to LARCs is provided to women using the UHS in one of the 26 Brazilian states.
METHODS
This is an evaluative research conducted in 79 municipalities in the state of Mato Grosso do Sul, Brazil. Health managers and professionals working in Primary Health Care participate. An electronic form is used for data collection. The research was approved by the Ethics Committee of the Oswaldo Cruz Foundation and follows the theoretical evaluative model of Donabedian, organized into the dimensions: structure, process, and outcome. The data is entered into an Excel spreadsheet and undergoes statistical treatment.
RESULTS
Preliminary results were obtained through two master's theses from the Postgraduate Program ProfSaúde of the Fiocruz Pantanal institution and revealed that access to LARCs is limited by structures with a scarcity of materials, supplies, and qualified personnel; furthermore, the work process needs a review for its organization.
CONCLUSIONS
The context requires investments in the continuing education of nurses and doctors; acquisition of materials and supplies, in order to reorganize reproductive assistance, thus increasing the number of women who use some type of LARC.

KEY MESSAGE
family planning policy, acting reversible contraception, primary health care
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PA043

Professional situation of registered midwives in Catalonia

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PURPOSE
1. Analyze the expected retirement ages for midwives in Catalonia, 2. Estimate the necessary replacement rates, 3. Facilitate the planning of improvement measures by the four official professional associations.
DISCUSSION
Justification: In recent years, the shortage of midwives in Catalonia has shown an increasing trend, and this shortage may be exacerbated by a lack of replacement capacity, as labor demand exceeds training in Spain. A study conducted in the province of Tarragona in 2023 revealed that 80% of midwives work in more than one workplace, exceeding the recommended weekly work schedule. Even then, the report indicates that some activities related to sexual and reproductive health have ceased to be carried out, which represents a potential risk to the health of women and their families. Given this situation, the four official provincial nursing professional associations of Catalonia have initiated a joint study to understand the current situation of this group. This will facilitate strategic decision-making aimed at improving the profession and ensuring comprehensive sexual and reproductive health care for the entire population. Methodology: Cross-sectional quantitative demographic analysis using data recorded on registered midwives in July 2025. A descriptive analysis of the data is being conducted using SPSS version 26. Results Preliminary initial data in the province of Girona: Of the 88 midwives, the average age is 43.66 years, with the minimum age being 29. Currently under analysis and results are being developed.
EVIDENCE WHERE RELEVANT
Conclusions: Identifying the real needs of midwives is necessary to implement policies to improve the profession. Therefore, we will conclude with strategies and planning for achieving improvement.
KEY MESSAGE
Real needs of midwives to implement improvements.
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PA044

Economic feasibility of implementing a birth center attached to a public hospital in Chile

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BACKGROUND
In Chile, there are no Birth Centers and home birth care for low-risk pregnant women is unregulated.
OBJECTIVES
This study aims to demonstrate the economic feasibility of implementing a Birth Center within the Barros Luco Trudeau Hospital, to provide birth care to low-risk women in the public health system.
METHODS
A business plan and economic evaluation methodology were used, using the profitability indicators NPV, IRR, and payback. The Birth Center will have a physical space decorated like a home, but with the necessary clinical supplies and equipment. It will count on a professional team formed by midwives and technicians who will be responsible for the care of the mother and newborn. This clinical care will be provided on an outpatient basis, with a discharge from the Center 12 hours postpartum, telemedicine follow-up within 24 hours, and a home visit within 48 hours postpartum.
RESULTS
Results: The goal is to attend approximately 700 births per year, accounting for 20% of the average number of births at Barros Luco Hospital, with 90% institutional funding and 10% non-core funding. To initiate this project, an investment of 3450 Chilean Development Units (€118701) is estimated. According to the 5-year economic evaluation, the resulting profitability indicators are: a positive NPV of 3356 UF (€109762), an IRR of 21%, and a payback period of 3.5 years, indicating the economic feasibility of the project.
CONCLUSIONS
It is concluded that the implementation of the Birth Center is a very attractive project, both economically and socially, and could be a major advance in perinatal health and the birth experiences of women and families in Chile.
KEY MESSAGE
birth center, low-risk pregnant
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PA045

Midwives in resistance: Exploring alternatives beyond public policies through the experience of the 'IUD for All' project in Ubatuba, Brazil

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PURPOSE
The project organizes voluntary outreach campaigns to provide copper IUD insertions for women on the public health system (SUS) waiting list in Ubatuba, utilizing crowdfunding. The initiative examines the limitations of this model as a strategy to improve access to reproductive health, highlighting the importance of integration with primary health care to ensure continuous follow-up. "This study was financed in part by

the Coordenação de Aperfeiçoamento de Pessoal de Nível Superior - Brasil (CAPES) - Finance Code 001".
DISCUSSION
The project represents a response to the growing barriers women face in accessing contraceptive methods, particularly in the post-pandemic context. The COVID-19 pandemic deepened inequalities in access to sexual and reproductive health, increasing wait times for LARCs and exposing structural weaknesses in public health systems. In this context, this model—collectively funded—emerges as an emergency strategy capable of mitigating these gaps by providing immediate access to contraceptive methods. However, while the initiative expands service provision, it also exposes inherent limitations stemming from the lack of effective integration with Primary Health Care (PHC), compromising the follow-up and continuous support necessary for the successful use of the method and women's safety. The absence of institutional coordination risks turning punctual interventions into fragmented actions that fail to ensure continuity of care.
EVIDENCE WHERE RELEVANT
Reports from WHO (2021) and UNFPA (2021) indicate that the COVID-19 pandemic disrupted access to contraceptive services worldwide, especially for vulnerable populations, highlighting the need for alternative care models.
KEY MESSAGE
The experience highlights the urgency of discussing alternative care models in the face of imposed barriers to accessing sexual and reproductive rights (SRR), as well as the need for public policies that recognize and value the role of midwives on the front lines of sexual and reproductive health—professionals who continue their work even in contexts of neglect and systemic under-resourcing.
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PA046

Exploring the impact of climate change on access to maternal health services: A scoping review

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BACKGROUND
The impact of climate change-related disasters, such as storms and floods, is influenced by the limited capacity of health systems to meet the increased demand for care during emergencies. In this context, the provision of maternal healthcare becomes significantly compromised, increasing the risk of pregnancy complications and unsafe childbirth conditions.
OBJECTIVES
To identify and map the existing evidence on how climate change affects access to maternal health services within public health systems.
METHODS
This scoping review is currently in progress and follows the PRISMA-ScR methodological framework. The process includes systematic searches of scientific databases and relevant grey literature. Studies are being selected based on predefined inclusion and exclusion criteria, focusing on access to maternal health services in the context of climate change-related disasters, specifically within public health systems.
RESULTS
Initial findings reveal disruptions in prenatal, postpartum, and breastfeeding care during extreme weather events. Limited community involvement in decision-making processes may undermine health system resilience. Policy analyses also point to shortcomings in interagency coordination, information dissemination, and timely resource allocation during emergencies.
CONCLUSIONS
The interaction between environmental disasters and access to maternal health services is complex and multifaceted. Preliminary evidence highlights the need to strengthen public health system preparedness, implement gender-sensitive interventions, and promote more inclusive community participation.
KEY MESSAGE
Climate-related disasters limit access to maternal healthcare, underscoring the need for resilient and gender-sensitive public health systems.
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PA047

Midwife-Led interventions for preventing dyspareunia in postpartum women: A systematic review using the JBI methodology

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BACKGROUND
Dyspareunia, defined as pain during sexual intercourse, is a common condition (35%) among postpartum women, with a direct impact on quality of life, mental health and marital well-being. Evidence suggests that pain persists for up to two years after delivery. However, evidence on effective midwife-led interventions remains scattered.
OBJECTIVES
To synthesize scientific evidence on midwife-led interventions to prevent dyspareunia in postpartum women, following the Joanna Briggs Institute (JBI) methodology.
METHODS
Guiding PICO question: Which midwife-led interventions are effective in preventing dyspareunia in postpartum women? A systematic search was conducted in the PubMed, CINAHL, LILACS, Scopus and Web of Science databases for studies published between 2018 and 2025, in Portuguese, English and Spanish. The descriptors used included MeSH terms and keywords combined with Boolean operators, such as: ("dyspareunia" OR "dyspareunia") AND ("postpartum"OR"postnatal") AND ("midwives"OR"midwifery") AND ("intervention"OR"prevention"). Inclusion criteria: studies involving postpartum women up to 12 months after delivery, with interventions conducted by midwives aiming at the prevention of dyspareunia. Randomized clinical trials, non-randomized controlled studies and observational studies with a control group were included. Study selection, data

extraction (two reviewers) and critical quality assessment: GRADE approach. The extracted data were narratively synthesized, given the heterogeneity of the interventions and outcomes.
RESULTS
It was 345 studies identified, 12 met the inclusion criteria, covering interventions such as education on perineal care, physiotherapy techniques, use of lubricants, topical hormonal therapies and counselling on gradual sexual activity, and demonstrated significant reductions in the incidence or severity of dyspareunia after midwife-led interventions compared with controls. Quality assessment indicated moderate to high methodological rigor in all studies.
CONCLUSIONS
Midwife-led interventions are effective in preventing dyspareunia in postpartum women, highlighting the importance of incorporating standardized protocols into postpartum care. Further high-quality randomized controlled trials are recommended to optimize/standardize these interventions.
KEY MESSAGE
dyspareunia, postpartum midwives interventions.
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PA048

Analysis of risky sexual behaviors and associated factors among university students in Paraguay, 2024

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PURPOSE
Objective: To analyze risky sexual behaviors and associated factors among university students at a public university in Paraguay during the year 2024.
DISCUSSION
The findings reflect a high prevalence of risky sexual behaviors among university students, presenting urgent challenges in the prevention of STIs, unintended pregnancies, and the promotion of sexual health. The study suggests that interventions should consider gender differences, sociocultural dynamics, and the university environment.
EVIDENCE WHERE RELEVANT
67.2% of students reported initiating sexual activity between the ages of 15 and 17. 43.6% reported having multiple sexual partners in the last six months, and 25.2% did not use condoms; among those who did, only 36.9% used them consistently. There was a high prevalence of oral sex (80%) and anal sex (46.3%) with low protection. Risky behaviors were significantly more common among male students, who also reported a higher number of partners, lower condom use, and greater use of digital platforms for sexual encounters. Factors such as age, sexual orientation, marital status, and employment status also showed significant associations. Logistic regression identified predictive factors such as male sex, age, early sexual debut, and number of sexual partners.
KEY MESSAGE
Comprehensive sexuality education in university settings must be strengthened with a gender-sensitive approach, accessible information, and strategies adapted to behavioral and social risk determinants.
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PA049

Parteras como agente de cambio: la educación integral en sexualidad con enfoque holístico y comunitario en el programa Sexualidad Sin Fakes

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PURPOSE
The Sexualidad Sin Fakes (SSF) program aims to promote Comprehensive Sexuality Education (CSE) from a positive, community-based, and rights-centered approach. Led by a midwife, SSF integrates the holistic perspective of midwifery, recognizing sexuality as an essential dimension of youth well-being, autonomy, and citizenship.
DISCUSSION
Unlike approaches focused solely on risks (STIs, HIV, pregnancy), SSF responds to youth demands for content related to consent, pleasure, relationships, diversity, and technology. The program takes place in public and community settings, using workshops, cultural events, graphic materials, and health promotion actions. The midwifery lens has been central in framing young people as rights-holders and midwives as agents of social change, with strong community ties and ethical-political commitment.
EVIDENCE WHERE RELEVANT
Since 2020, over 4600 young people have participated in Uruguay and Mexico. Biannual surveys show clear progress: at the start, only 23% could identify gender-based violence; by the end, 100% could. In 2022 and 2024, 66% reported receiving intimate images without consent. Additionally, 33% could not name a single sexual or reproductive right, revealing persistent barriers to informed decision-making. These data inform the program's evolving educational strategies.
KEY MESSAGE
The experience of Sexualidad Sin Fakes demonstrates that midwifery, through its comprehensive training, community presence, and gender perspective, plays a strategic role in building transformative CSE. Through their community-based work, midwives expand the vision of sexual and reproductive health beyond a biological and reproductive-age-women-only focus. Their role enables collective reflection and action processes that promote the free, informed, and violence-free exercise of sexuality—especially for children, adolescents, and youth.
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PA050

Obstetrics in Paraguay today: Situational diagnosis and opportunities for professional strengthening

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BACKGROUND
La obstetricia en Paraguay hoy: diagnóstico situacional y oportunidades de fortalecimiento profesional El estudio analiza integralmente las áreas de educación, empleo,

liderazgo y prestación de servicios.
OBJECTIVES
Destacar los principales hallazgos del diagnóstico situacional de la obstetricia en Paraguay, realizado en 2024. Aportar evidencia técnica para diseñar políticas públicas que fortalezcan el rol del profesional obstétrico.
METHODS
Los datos se obtuvieron del Sistema de Registro Profesional del MSPBS (SIREPRO), entrevistas con informantes clave y registros institucionales.
RESULTS
El estudio revela avances clave en el desarrollo de la profesión: la consolidación de la educación universitaria bajo estándares nacionales de acreditación (ANEAES), la implementación de normativas como la Ley N.° 5423/15 y la creación de la Dirección de Obstetricia en el Ministerio de Salud Pública y Bienestar Social (MSPBS). Si bien más del 80% de los obstetras están incorporados a los tres niveles del sistema de salud, persisten desafíos en cuanto a la distribución geográfica de los recursos humanos, el acceso equitativo a puestos de liderazgo y la necesidad de fortalecer la formación continua. La obstetricia se posiciona como una profesión estratégica para reducir la mortalidad materna e infantil, consolidar la atención primaria de salud y avanzar hacia una cobertura universal, equitativa y centrada en la persona.
CONCLUSIONS
Se observó un total de 5.586 profesionales obstétricos registrados, de los cuales el 95% son mujeres. La mayoría trabaja en el sector público, con una alta concentración en primaria. La participación obstétrica en los espacios de toma de decisiones sigue siendo limitada, a pesar del marco regulatorio existente que la permite. Este diagnóstico sirve como base para la planificación de acciones sostenidas y transformadoras.
KEY MESSAGE
La educación obstétrica de calidad es esencial para garantizar servicios seguros y respetuosos. La distribución equitativa de obstetras fortalece equipos sanitarios. El liderazgo obstétrico debe visibilizarse y fortalecerse para influir en las políticas públicas.
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PA051

Transitioning from infertility treatment to adoption in Japan: A narrative analysis of couples' decision-making process

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BACKGROUND
In Japan, adoption is rarely introduced or prioritized as a reproductive option in fertility care settings. Many couples undergoing infertility treatment are unaware of adoption as a realistic path to parenthood. This reflects limited systemic support for information provision and strong societal emphasis on biological parenthood, which narrows reproductive choices and contributes to prolonged or unresolved treatment experiences.
OBJECTIVES
This study aimed to explore the experiences of Japanese couples who transitioned from infertility treatment to special adoption, and to identify nursing perspectives that can support informed and emotionally supported reproductive decision-making.
METHODS
A narrative life story analysis was conducted using publicly available published testimonies from three couples. Data were analyzed using the Trajectory Equifinality Model (TEM), which visualized nonlinear psychological transitions and key branching points in the decision-making process.
RESULTS
Treatment continuation was often driven by unspoken assumptions between partners, emotional mismatches, and internalized social norms. Treatment pauses offered moments for reflection, recovery, and reevaluation of life goals. Volunteer experiences with children supported the transformation of family images, leading some couples to embrace adoption. However, clinical settings often delayed or avoided adoption-related discussions, partly due to provider hesitation and concern for patient distress. Nursing support should involve early values clarification, partner dialogue facilitation, and promotion of inclusive family awareness.
CONCLUSIONS
This study contributes to midwifery and nursing practice in reproductive care by deepening the understanding of infertility experiences. Supporting couples to gain foresight and broaden their reproductive options—beyond biological parenthood—can enhance autonomy and promote care that is more person-centered, inclusive, and future-oriented.
KEY MESSAGE
Reframing adoption as a parallel, valid reproductive option—not a last resort—can empower couples to make meaningful, well-supported decisions during and after infertility treatment.
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PA052

Empowering midwives through community-led training: Lessons from Nigeria and Ghana

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PURPOSE
To share insights from U-VOL Foundation's ValueHer Initiative, a hybrid, community-led training program designed to strengthen midwives' skills in low-resource rural settings in Nigeria and Ghana by integrating global expertise, local mentorship, and innovative tools.
DISCUSSION
The ValueHer Initiative addresses critical maternal health gaps in underserved regions. The program combines virtual instruction from global experts with in-person simulation training led by local midwives. Core curriculum includes

Sexual Reproductive Health, the Helping Mothers and Babies Survive suite, Direct Relief midwife kits (endorsed by ICM), and Butterfly Network POCUS. Each midwife kit contains 61 essential items, enabling a single midwife to support 50 safe, facility-based births. A train-the-trainer model ensures local ownership and peer-driven expansion, allowing participants to replicate training within their communities.
EVIDENCE WHERE RELEVANT
This report reflects preliminary findings from three rural hospitals in Nigeria and Ghana. Internal pre/post-test assessments of 37 maternal health providers revealed an average improvement in clinical knowledge and emergency response skills. While the overall average improvement was 45%, individual facility outcomes ranged from 40% to 55%, reflecting the impact of local context and implementation fidelity. Participants reported increased confidence using Butterfly Network POCUS and successfully managed critical cases such as postpartum hemorrhage using Direct Relief kits. Several providers have since initiated community-level training, further extending the program's reach. The approach aligns with WHO and ICM recommendations emphasizing competency-based education, blended learning, peer mentorship, and context-appropriate technology to strengthen midwifery. Recent WHO guidance supports transitioning to midwife-led models that are flexible, people-centered, and equity-driven.
KEY MESSAGE
Investing in midwife-led, community-driven training that integrates evidence-based learning practices, global expertise, local mentorship, contextually appropriate technology, and essential tools and equipment can significantly transform maternal health delivery in underserved regions. The ValueHer Initiative exemplifies how such collaborative, innovative approaches can empower midwives, strengthen health systems, and advance the global call for "One Million More Midwives."
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PA053

The role of the German Society for Midwifery Science (DGHWi) in the development of national guidelines

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PURPOSE
The German Society for Midwifery Science (Deutsche Gesellschaft für Hebammenwissenschaft – DGHWi) is the leading scientific society for midwifery research and evidence-based practice in Germany. One of its core areas of activity is the participation in the development of evidence-based clinical guidelines.
DISCUSSION
As the first non-medical professional society admitted to the Association of the Scientific Medical Societies in Germany (AWMF), the DGHWi plays a significant role in interdisciplinary guideline development. It contributes both through leadership roles and the professional expertise of its delegates, combining scientific perspectives with practical midwifery experience. The DGHWi's involvement focuses on essential areas of midwifery care, including the management of uncomplicated pregnancies, vaginal birth, and postpartum as well as breastfeeding support. Its work follows the standardized, evidence-based, and quality-assured procedures defined by AWMF guidelines. Since 2017, the DGHWi has participated in 40 guideline projects of various classifications. To ensure structured and expert contributions, the DGHWi has established an internal framework: a designated member of the executive board oversees guideline work, supported by a guideline officer and a dedicated guideline commission. These bodies critically appraise draft guidelines with a midwifery-specific lens, ensuring the recommendations are scientifically sound and practically relevant.
EVIDENCE WHERE RELEVANT
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KEY MESSAGE
Through its active participation in the development of clinical guidelines, the DGHWi makes a significant contribution to quality assurance in evidence-based obstetric care. Integrating midwifery perspectives ensures the creation of practical, research-informed recommendations and strengthens interprofessional and interdisciplinary standards.
Eur J Midwifery 2026;10(Supplement 1):A441

PA054

Integrating ancestral wisdom: Reclaiming culturally congruent midwifery for optimal global care

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PURPOSE
This oral presentation will emphasize the pivotal importance of integrating culturally congruent birthing wisdom across all forms of contemporary midwifery practice—be it nurse-midwifery, professional midwifery, licensed midwifery, or traditional midwifery. We aim to address the profound displacement many Indigenous, Black, and brown midwives experience from their traditional/cultural practices, acknowledging the vital intersection where regulation meets

culture to provide holistic, patient-centered care globally.
DISCUSSION
Drawing on lived experience and emerging evidence, this presentation will delve into two to three diverse case studies, spanning spiritual/traditional midwifery, certified nurse-midwifery, and obstetric care. These cases will demonstrate how honoring and strategically integrating traditional practices, adapted for modern living, can enhance trust, autonomy, and deliver superior, complete care. We will explore practical strategies for supporting midwives worldwide in this integration, ensuring patients receive optimal, non-displaced care deeply connected to their everyday lives and inherent cultural beliefs.
EVIDENCE WHERE RELEVANT
While midwifery gains global recognition as a preferred model for maternal care, a persistent challenge remains: many midwives especially those of Indigenous, Black, and Brown descent, particularly in the Global South and the United States, experience a profound displacement or disconnection from their cultural, traditional, and ancestral practices, often contributing to persistent health inequities. Our presentation will utilize diverse case studies and lived experience to illustrate how this disconnection impacts patient care and how strategic integration demonstrably enhances trust, autonomy, and holistic birthing outcomes.
KEY MESSAGE
Ultimately, this presentation will underscore the universal applicability of culturally congruent midwifery and its indispensable role in achieving true health equity and decolonizing maternal health across diverse nations and communities. By strategically integrating ancestral wisdom into all forms of contemporary midwifery practice, we can ensure every birthing person receives optimal, respectful, and culturally connected care, fostering a future where care is never disconnected from their inherent cultural identity.
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PA055

The effect of breastfeeding counselling with motivational interviewing technique on breastfeeding problems and anxiety

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BACKGROUND
Identifying breastfeeding problems is vital. Motivational interviewing helps mothers overcome challenges, supporting better maternal and infant health.
OBJECTIVES
This study was designed as a randomized controlled experimental study to determine the effect of breastfeeding counseling given with motivational interviewing technique on breastfeeding problems and anxiety.
METHODS
The study was conducted in a Family Health Center on the Anatolian side of Istanbul between June and November 2024 with mothers who had babies between 1-3 months of age and had breastfeeding problems. The study was conducted with 60 mothers, 30 in the intervention group and 30 in the control group, by applying pre-test and post-test. The intervention group received 4 motivational interviews in addition to standard care. Research data were obtained with Personal Information Form, Breastfeeding Problems Assessment Scale (BPSAS), State-Trait Anxiety Inventory (STAI-1).
RESULTS
The study found that mothers who received breastfeeding counseling using the motivational interviewing technique had significantly lower scores on both the Edmonton Symptom Assessment Scale (ESAS) and the State-Trait Anxiety Inventory (STAI-1) compared to those who received standard care. The mean ESAS score was 42.5 ± 7.03 for the standard care group and 32.2 ± 10.2 for the motivational interviewing group, indicating a significant reduction in symptoms ($p<0.05$). Similarly, the mean STAI-1 score was 38.8 ± 7.01 in the standard care group and 33.5 ± 6.37 in the motivational interviewing group, showing a significant decrease in anxiety levels ($p<0.05$). These results suggest that motivational interviewing is more effective than standard care in reducing both symptom burden and anxiety in postpartum mothers. The findings highlight the positive impact of motivational interviewing as a supportive counseling method during the breastfeeding period.
CONCLUSIONS
As a result, it was determined that breastfeeding counseling given with motivational interviewing technique decreased breastfeeding problems and anxiety levels of mothers.
KEY MESSAGE
breastfeeding problem, anxiety, motivational interviewing
Eur J Midwifery 2026;10(Supplement 1):A443

PA056

Specialist midwives experiences leading services for survivors of Female Genital Mutilation/Cutting in the UK. Survey and qualitative interview findings from a PhD mixed methods study

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BACKGROUND
FGM/C affects around 230 million women worldwide. Most research conducted in the global north explores survivors' experience of general healthcare, rarely focusing upon FGM/C specialist service provision.
OBJECTIVES
To explore the role of midwives as FGM/C experts and inform development of midwife-led optimal models of FGM/C specialist healthcare globally.
METHODS
This PhD mixed methods study included: A survey of specialist clinics and purposively-sampled interviews with nine service leads Ethical concerns: - bias and subjectivity challenges when conducting research amongst one's peer group, power dynamics between researcher and interviewees. Dual role of researcher and specialist midwife.
RESULTS
28 specialist clinics were identified across the UK, mostly for pregnant and non-pregnant women. 71% were

midwife-led (30% working alone); 30% diaspora-led.. Few services provided well-resourced multidisciplinary teams with trauma counsellors, health advocate-interpreters or psychosexual therapists. Guidelines around safeguarding, referral pathways and timing of deinfibulation were extremely variable. Midwife-leads were flexible, passionate activists campaigning for healthcare improvements; leading community engagement events; providing psychosexual education; performing FGM/C diagnosis and deinfibulation; and conducting complex safeguarding assessments, often encompassing intersectional violence. Their philosophy embraced concepts of social justice and health equity. Service leads sought to introduce models of care that were holistic, person-centered, culturally-sensitive and trauma-informed, creating safe female spaces. Additional invisible work included funding applications to employ multidisciplinary team members; 'rule-bending' and 'playing the game' to create and maintain holistic accessible care pathways; multi-agency training; FGM/C health consequences information and medical reports for asylum seekers.

CONCLUSIONS

FGM/C specialists often work outside of traditional professional roles, including care of women throughout their sexual and reproductive lifecycle. Tensions existed between:- midwives' professional obligations as 'street-level-bureaucrats' versus building trusted relationships; and the emotional toll versus their passion and commitment.

KEY MESSAGE

FGM/C specialist services are often marginalized reflecting the marginalized status of FGM/C survivors. Midwives are experts in FGM/C care and advocating for improving healthcare service design.

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PA057

Pregnancy loss and bereavement: Exploration of experiences and perceptions of women and midwives

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BACKGROUND

Pregnancy loss including miscarriage and stillbirth can have profound psychological consequences for women. While approximately one in four women experience complicated grief that may lead to anxiety and depression. Healthcare systems, especially in low- and middle-income countries like Pakistan, remain predominantly focused on physical needs, neglecting women's psychological needs.

OBJECTIVES

To explore the lived experiences of women following pregnancy loss and examine healthcare providers' perspectives on bereavement care to identify emotional, cultural, and systemic factors influencing support during the perinatal loss period.

METHODS

A qualitative descriptive approach was employed to conduct in-depth interviews with 23 women who had experienced pregnancy loss. Additionally, a focus group discussion was held with 18 Midwives. Participants were purposively selected from three private healthcare facilities in Karachi, Pakistan. Data collection instruments were semi-structured interview guides. Data was analyzed using Creswell's (2013) framework for qualitative analysis.

RESULTS

Three major themes emerged: a) Understanding pregnancy loss: women's knowledge was shaped by cultural myths, self-blame, and informal sources, often delaying professional care; b) Living the loss: women reported profound emotional suffering exacerbated by social stigma, lack of empathy, and absence of psychological support in both hospital and home environments; c) Coping with loss: religious faith, peer support, and spousal empathy were important coping resources, while systemic barriers like restrictive hospital policies and untrained staff impeded emotional healing. Providers acknowledged the lack of training and time as key barriers to quality care.

CONCLUSIONS

These findings underscore the urgent need for culturally sensitive, integrated psychosocial interventions within maternity care. Addressing emotional dimensions through education, empathetic communication, and supportive health system is essential for improving outcomes for women navigating pregnancy loss.

KEY MESSAGE

women's understanding was shaped by myths and informal sources, delaying care. Grief, and stigma were common, often unmet by providers. Coping was supported by faith, spouses, and peers, but hindered by limited psychosocial support.

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PA058

Empowering communities where they live: The perinatal mobile outreach clinic (MOC)

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PURPOSE

The University of Florida Obstetrics and Gynecology Mobile Outreach Clinic (MOC) is a community-based model of care that delivers essential perinatal and reproductive health services directly to patients across North Central Florida. Designed as a midwifery-led, multidisciplinary initiative, the MOC increases access to care by meeting individuals in their neighborhoods. The MOC operates from a fully equipped, converted recreational vehicle, offering free, comprehensive services in a mobile format. Care is delivered by a team of certified nurse-midwives, nurse practitioners,

physician assistants, physicians, doulas, case managers, allied health professionals, and community health workers. Services include prenatal and postpartum checkups, contraceptive counseling, colposcopy, well-woman and clinical breast exams, ultrasound, and health education. The mobile setting eliminates logistical barriers and provides a trusted, convenient environment that fosters engagement and enhances health literacy. Individuals receive consistent, respectful care in a non-institutional space designed to support comfort and participation. This model illustrates how midwifery-led outreach can improve outcomes and continuity of care across the entire reproductive health spectrum. By supporting healthier pregnancies, postpartum transitions, and long-term wellness, the MOC facilitates more effective healthcare delivery across different settings. The MOC offers a scalable and adaptable framework that can be implemented in both rural and urban areas. It highlights the role of midwives as key leaders in expanding healthcare access through innovative service delivery methods that prioritize flexibility, continuity, and responsiveness. Through this approach, the MOC not only advances effective, community-integrated models of care aligned with modern healthcare delivery goals but also reinforces and expands the midwifery model as a central framework for delivering high-quality, comprehensive reproductive and perinatal services in diverse care settings.

DISCUSSION

Poster presentation of mobile health unit using midwifery model of care and driven by midwifery leadership.

EVIDENCE WHERE RELEVANT

Number of persons served.

KEY MESSAGE

Midwifery leadership increase accessibility and utilization of health care.

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PA059

Enhancing abortion care through patient-reported measures: A mixed-methods study

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BACKGROUND

Measuring experience and outcomes of abortion care from women's perspectives can enhance access to person-centered and rights-based abortion care, resulting in better healthcare outcomes and improve service quality, which require reliable measurements.

OBJECTIVES

To develop patient-reported experience and patient-reported outcome measures for abortion care.

METHODS

A mixed method design was employed to develop measurements; i) A systematic review explored experiences and outcomes of abortion care and its existing measurement in sub-Saharan countries; ii) a qualitative study explored abortion care pathways in Ethiopia, to inform the item pool for the Delphi study, iii) Two rounds of modified-Delphi was conducted with consumer and health experts in Ethiopia, iv) cognitive interviews were conducted to assess the user-friendliness of the tool by consumers. Qualitative data were analyzed using deductive thematic analysis. Descriptive results were presented using frequencies.

RESULTS

Overall, thirty items were developed through rigorous and standard tool development phases following COSMIN guidelines. The content validity index of the entire scale was 0.91 and 0.75 with average methods and universal agreement approach, which indicates high and moderate validity, respectively; meaning 75% of the items were rated as relevant by experts. Overall, item-level content validity index ranges from 0.55 to one. All items with the item level content validity index of < 0.7 were removed from the tool. Women indicated the new measurement covered important experiences and outcomes of abortion care and was quick and easy to complete.

CONCLUSIONS

This study developed measurements to assess abortion care experiences and outcomes. Future research should validate the measurements for it's use in diverse population in the world.

KEY MESSAGE

This study developed world-first valid measurements to assess abortion care experiences and outcomes. The newly developed measurements are the first to measure abortion care experiences and outcomes, with utility for policymakers, researchers, and providers to monitor quality of services and improve maternal health.

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PA060

The introduction of group antenatal in Northern Nigeria, an implementation research case study; Improving quality and uptake

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BACKGROUND

Nigeria is burdened with 20% of global maternal mortality. Antenatal care connects women to facility birth and responding to life threatening morbidity. Group ANC is an innovative women centered model found to improve quality and satisfaction through peer support. Project HOPE with the Ministry of Health commenced G-ANC in Niger state for 6 months from September 2022 to March 2023. A baseline assessment found critical gaps in midwives, essential equipment, and 24/7 care availability.

OBJECTIVES

To document the implementation process, and G-ANC impact in a very low resourced setting, including essential steps for training and enabling environments, service utilization changes, and health outcomes.

METHODS

A multivariate interrupted time series (ITS) analysis using linear regression was conducted which analyzed 8 variables: ANC 1 and 4, births and proportion of live births, malaria positivity in febrile patients, post-partum contraception to evaluate changes in service utilization and maternal and newborn health indicators following an intervention.
RESULTS
Three hundred health care workers and managers were trained on G-ANC, two for every health care facility. G-ANC was established in 150, or just over half of the primary health facilities. Over 17700 women participated in 1054 antenatal care groups. Due to security risks, some health care providers moved to safer facilities for training, and one PHC was closed. ANC 1 and ANC 4, facility births, and live births, had a statistically significant effect of time ($p < 0.001$), level ($p = 0.027$) or slope ($p < 0.001$) after the initiation of the intervention.
CONCLUSIONS
A brief G-ANC intervention increased service utilization and improved perinatal outcomes. This can be attributed to the strength of G ANC, and the importance of synergizing all partners to maximize impact.
KEY MESSAGE
G-ANC when effectively implemented can have impact on live births even with significant challenges including inadequate midwives. More research is needed.
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PA061

How access to information about epidural analgesia affects maternal satisfaction: A comparative study of vaginal deliveries with and without epidural analgesia

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BACKGROUND
Maternal satisfaction with childbirth is closely linked to informed decision-making, which is influenced by the quality of information provided. In Japan, the use of epidural analgesia during labor has been increasing, yet access to relevant information remains unclear.
OBJECTIVES
This study aimed to examine how access to information about epidural analgesia relates to maternal satisfaction.
METHODS
A questionnaire survey was conducted at two general obstetric hospitals in Japan. Participants were divided into two groups based on their delivery method: spontaneous vaginal delivery (SVD) and epidural analgesia (EA). Information content was categorized into four types based on guidelines from the Japan Society of Anesthesiologists: overview, effects, minor side effects, and serious side effects. Maternal satisfaction was assessed using the Childbirth Experience Scale (CBE-scale), which consists of four subscales: Happiness, Discovery, Acceptance-as-I-am, and Body Sense. Data were analyzed using Excel statistics. The authors declare that there are no conflicts of interest related to this study.
RESULTS
A total of 45 participants were included: 33 in the SVD group and 12 in the EA group. The EA group reported greater access to information regarding the effects and side effects of epidural analgesia than the SVD group. The SVD group primarily relied on social media and the internet sources, while the EA group obtained information from healthcare professionals. Correlation analysis revealed knowledge of minor side effects was positively associated with the Happiness factor, and knowledge of the overview of epidural analgesia was positively associated with the Discovery factor.
CONCLUSIONS
These findings suggest that EA users made informed decisions based on appropriate information, while SVD users may have lacked sufficient access.
KEY MESSAGE
Improving both the accessibility and quality of information may enhance maternal satisfaction and support emotional well-being and personal growth during childbirth.
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PA062

Exclusive breastfeeding two months postpartum in women participating in a Swedish midwifery model of postnatal care including home visits: An observational study

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BACKGROUND
Home-based postnatal midwifery care (HBPMC) is a midwifery model of care in which mother and newborn receive care at home by midwives during the first week after birth. The postnatal care focuses on the woman's physical and emotional wellbeing, bodily changes after birth, breastfeeding support and newborn overall health. Mothers have reported high satisfaction with HBPMC, and it was often the preferred model of postpartum care.
OBJECTIVES
To investigate the prevalence of exclusive breastfeeding (EB) two months after birth and to identify risk factors associated with EB cessation in women participating in an HBPMC program.
METHODS
This prospective study with an observational design uses data from medical records and telephone interviews with women. The study was conducted in Sweden in 2023-2024 and included women receiving HBPMC. Associated factors for EB cessation before two months after birth were analysed by multivariable logistic regression.
RESULTS
Out of the 219 women who participated in the study, 211 completed the follow-up interview at two months. At one

week postpartum, 86% of the women reported exclusive breastfeeding, and 84% at two months. Factors associated with EB cessation were not exclusively breastfeeding at discharge from HBPMC (one week postpartum), having a body mass index ≥30, and being born outside of Sweden. The most reported reasons for EB cessation were breastfeeding barriers and perceived insufficient milk supply.
CONCLUSIONS
A sustained frequency of high breastfeeding rates was reported in women receiving HBPMC compared to national data, indicating the possible value of the home-based postnatal midwifery care program. The identified risk factors for early cessation need to be addressed with personalized breastfeeding support.
KEY MESSAGE
Investing in HBPMC may contribute to supporting women in reaching their breastfeeding goals.
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PA063

Women´s experience of low-risk induction of labour in inpatient and outpatient settings: A qualitative questionnaire-based study from the OPTION-trial

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BACKGROUND
Induction of Labour (IOL) rates are increasing worldwide. Up to one in three women experiences IOL in high-income countries. Indications for IOL have been widened to medically less urgent indications. Several countries have introduced outpatient IOL to mitigate medicalisation, offer women-centered care and save hospital resources. However, there is a lack of research on women's experience of low-risk IOL and especially IOL in an outpatient setting.
OBJECTIVES
To study women´s experience of low-risk IOL in inpatient and outpatient settings.
METHODS
As part of the randomized Swedish multicenter Outpatient induction of labour (OPTION) trial (EU CT-number: 2023-507164-39-00), women answered questionnaires before randomization and three months after birth including free text questions. The free text answers from the questionnaires were analyzed with qualitative content analysis.
RESULTS
The first 1500 women randomized within the OPTION trial to either inpatient or outpatient IOL during 2021-2024 were included. Participants were included at the participating 31 out of 45 Swedish delivery clinics. Maternal characteristics were extracted at the study population level from the Swedish Pregnancy Register. Preliminary results show that women's attitudes and expectations, information and involvement in decision making, support of the staff and the IOL setting significantly affect their experience. Final results will be available for presentation at the conference.
CONCLUSIONS
Information regarding IOL and the IOL setting contributes to women's experiences of IOL and overall birth experience. This study highlights several areas that could improve women's overall IOL experience in both inpatient and outpatient settings.
KEY MESSAGE
IOL is the most common intervention among pregnant women. Several factors regarding information, support and IOL setting have been identified that can promote a positive experience.
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PA064

The forgotten parent: Midwives' awareness and knowledge of paternal postnatal depression: A scoping review

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BACKGROUND
Paternal Postnatal Depression (PPND) affects 8–10% of new fathers worldwide. Untreated depression in fathers can affect their partner, paternal bonding, and child development. Midwives are well-placed to inform fathers. However, paternal mental health often remains overlooked in practice.
OBJECTIVES
This scoping review aimed to map the existing literature on midwives' awareness and knowledge of PPND globally.
METHODS
We searched multiple databases (including PubMed, CINAHL, Embase, PsycINFO, and Scopus) for studies (published ~2000–2025) involving midwives and their awareness and knowledge of paternal postnatal depression. Search teams were based on the Participants, Concepts and Context elements. To create an overview of available evidence quality assessment of the included studies was not performed. Both quantitative and qualitative studies were included.
RESULTS
Based on a preliminary literature search, out of the 650 articles a total of 20 relevant studies were included. Midwives generally acknowledged that new fathers can suffer PPND, but gaps in knowledge and confidence were evident. Many midwives had only basic understanding of PPND symptoms and risk factors, often extrapolated from maternal depression experience. No routine screening of fathers by midwives was reported, and support mechanisms for fathers were limited. Despite this, midwives in several studies expressed a sense of responsibility for fathers' well-being.

CONCLUSIONS
Our preliminary conclusion is that midwives worldwide have limited awareness and knowledge of PPND, reflecting a significant evidence-to-practice gap. There is an urgent need for education and training interventions to improve midwives' awareness and competencies in recognizing PPND. Integrating fathers' mental health into perinatal care guidelines and addressing systemic barriers will better equip midwives to support the whole family unit, ultimately improving outcomes for fathers, mothers, and infants.
KEY MESSAGE
Midwives' limited awareness of paternal perinatal depression highlights a critical evidence-to-practice gap. Education and systemic change are needed to embed fathers' mental health in perinatal care, enabling midwives to support the entire family.
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PA066

Infant sleep behaviours during overnight bedsharing with parent(s): A video analysis

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BACKGROUND
Infant-adult bedsharing is common in many communities around the world and facilitates infant-parent bonding and breastfeeding. Little is known about sleep patterns during bedsharing compared to cot sleeping.
OBJECTIVES
The objective of our study was to understand more about overnight waking and sleeping in infants up to 6 months of age.
METHODS
Families who regularly bedshared were recruited through advertisements and matched with cot sleeping babies recruited from the local maternity hospital. After gaining parental consent 80 infants (aged 2 weeks - 6 months) were videoed sleeping overnight in their own homes in their usual place: bedsharing (40 infants) or cot sleeping (40 infants). Video data was analyzed to identify overnight behaviours including sleeping and waking time.
RESULTS
Bedsharing infants woke more frequently (mean times/night: Bedshare 4.6, cot 2.5) but for less time per awakening. Fifty four percent of the cot infants were still awake 40 minutes after waking compared to 15% of bedshare infants. Total sleep time was not significantly different for the two groups. Video data also revealed that bedshare babies were seldom moved from the adult bed on waking, unlike cot sleeping babies, who were often moved for feeding and other care activities.
CONCLUSIONS
While total sleep time is similar in bedshare and cot sleeping babies the disruption to bedshare babies is considerably less and may contribute to a better quality sleep. Ethics approval: Southern Regional Health Authority Ethics Committee protocol number 96/03/023. The study was funded by the Health Research Council of New Zealand.
KEY MESSAGE
Midwives have a key role in sharing information about infant sleep with families. While bedsharing infants wake more frequently overnight– they do so for less time at each waking and total sleep time is similar to cot-sleeping infants. Context-specific research is important to learn about bedsharing sleep, which has different patterns from cot sleep.
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PA067

Integrating routine inquiry for intimate partner violence: Evidence and practice from Australia and Sweden

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PURPOSE
This presentation examines the practice of routine inquiry about intimate partner violence (IPV) during maternity care in Australia and Sweden. Both countries have established national guidelines that encourage midwives to integrate questions about IPV into standard care for all pregnant individuals. The aim is to highlight the evidence supporting this approach and explore respectful and effective strategies for its implementation.
DISCUSSION
Routine inquiry during pregnancy is a critical intervention for identifying and supporting individuals experiencing IPV. Midwives, as trusted healthcare professionals, are uniquely positioned to conduct these screenings effectively. However, successful implementation requires addressing barriers such as limited training, time constraints, and concerns about causing distress. Insights from Australia and Sweden demonstrate how routine inquiry can be seamlessly integrated into maternity care to improve outcomes for pregnant individuals.
EVIDENCE WHERE RELEVANT
Evidence suggests routine IPV screening significantly enhances the identification of IPV and allows for safe and timely intervention. In Australia, national guidelines advocate for the integration of universal screening within maternity care, underscoring its critical role in ensuring the safety and well-being of pregnant individuals. Similarly, Sweden's National Board of Health and Welfare supports routine inquiry as an essential practice. Studies highlight that comprehensive training for midwives is key to fostering confidence and competence in addressing IPV sensitively. The evidence further links IPV during pregnancy to heightened risks such as preterm birth, low birth weight, and detrimental impacts on maternal mental health, emphasizing the urgent need for this practice to be standard in maternity care worldwide.
KEY MESSAGE
Routine inquiry for IPV in maternity care is a research-

supported intervention that enhances early detection and support. Midwives play a crucial role in this process, and with adequate training and institutional support.
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PA068

"There's a lot of people who end up falling through the cracks" — Exploring clinicians' views of caring for women with disabilities accessing maternity care

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BACKGROUND
It is estimated that 10% of women of childbearing age globally have a disability. Women with disabilities are at greater risk of complications and adverse perinatal outcomes than other women and experience barriers in accessing maternity care. There is limited evidence regarding the experiences of maternity care providers working with women with disabilities during pregnancy.
OBJECTIVES
To explore the views and experiences of clinicians caring for women with disabilities accessing maternity care at a tertiary maternity hospital in Melbourne, Australia.
METHODS
Two focus groups were conducted (October and December 2024) to explore clinicians' views of providing care to women with disabilities in the maternity setting. In total 33 clinicians participated, and included midwives, obstetricians, an occupational therapist, social workers and a student midwife. Focus groups were audio recorded, transcribed verbatim, and analyzed thematically.
RESULTS
Clinicians described numerous systemic and operational barriers to providing care for women with disabilities. Issues included inconsistent identification processes, unclear definitions, and poor documentation. Limited communication within teams, lack of referral pathways, insufficient access to specialist services, as well as time and resource constraints were common concerns. Participants called for improved identification and documentation processes, greater integration with allied health, increased specialist availability, and targeted staff training. Suggestions included dedicated clinics or care teams and regular case coordination meetings, as well as more consistent documentation of care plans.
CONCLUSIONS
Clinicians highlighted the need for standardized processes, better communication, and enhanced multidisciplinary coordination to improve care for women with disabilities. Addressing gaps in identification, documentation, and specialist access is essential. Investment in staff training and dedicated services, along with clinician and consumer co-design, will be critical for achieving more equitable and effective maternity care for women with disabilities.
KEY MESSAGE
Improving maternity care for women with disabilities requires systemic changes, including standardized practices, better team coordination, and addressing critical service gaps.
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PA069

Non-attendance to the routine postpartum check-up in relation to maternal country of birth, reason for migration and length of residence - A Swedish population-based study

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BACKGROUND
Migrant women may encounter multiple barriers to equitable maternity care, particularly postpartum. The postpartum check-up, recommended at 4-16 weeks postpartum, is a key opportunity to assess maternal health, yet disparities in attendance remain underexplored.
OBJECTIVES
This study investigates how maternal country of birth, reason for migration, and length of residence in Sweden are associated with non-attendance at the postpartum check-up.
METHODS
A national population-based register study using data from 192506 births to migrant women and 459403 to Swedish-born women between 2014–2019. Associations were investigated using multivariable logistic regression analyses, reported as risk ratios (aRR) with 95% confidence intervals (CI), adjusted for birth year, maternal age, education level, parity, pre-gestational medical disorders, and healthcare region.
RESULTS
Preliminary findings (not yet published) suggest that non-attendance at the postpartum check-up is associated with maternal country of birth and reason for migration. Compared to Swedish-born women, migrant women from Iran (aRR 1.40, CI 1.36-1.45) and Eritrea (aRR 1.34; CI 1.30-1.38) had the highest risk of non-attendance. Compared with Nordic citizens, women who had migrated as a refugee (aRR 1.42; CI 1.35-1.50) and for family reunion (aRR 1.35; CI 1.27-1.43), had a higher risk for non-attendance. However, the length of residence in Sweden does not appear to significantly influence attendance. Final results will be presented at the congress.
CONCLUSIONS
Non-attendance at the postpartum check-up was associated with maternal country of birth and reason for migration, while length of residence did not influence attendance. Further studies are needed to investigate women's post-partum health needs to ensure equitable access to care.
KEY MESSAGE
Migrant women's attendance at postpartum check-ups varies by country of birth and reason for migration, highlighting the

need for more equitable postpartum care.
Eur J Midwifery 2026;10(Supplement 1):A456

PA070

Examining the impact of modes of birth on long-term postpartum physical and psychological maternal health leveraging natural language processing of unstructured primary care EHR data

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BACKGROUND
Preliminary results: analysis is still in progress. Results will be complete and presented at the ICM conference. Long-term maternal health problems following birth can persist well beyond six weeks postpartum, yet research on outcomes beyond this period remains limited. To date, no nationwide studies have combined large-scale electronic health records (EHR) from perinatal and primary care to assess long-term maternal postpartum health problems.
OBJECTIVES
We aim to examine physical and psychological maternal health outcomes from six weeks to three years postpartum, using a nationwide linkage of perinatal data and general practitioner (GP) EHRs. Our objective is to identify and differentiate long-term postpartum health patterns by birth modes (i.e., spontaneous vaginal, instrumental vaginal, or caesarean section - CS), providing clinically relevant insights.
METHODS
This retrospective, population-based cohort study integrates Dutch perinatal healthcare data (Perined/DIAPER, 2015–2020) with EHRs from 93 Dutch GP practices (2015–2023). The cohort includes women aged 18-49 years who gave birth to a term singleton (37–42 weeks). GP data include structured symptoms and diagnoses (International Classification of Primary Care codes) and unstructured clinical notes, processed using natural language processing to identify the main clinical topic per GP contact. Women were stratified by parity (primiparous and multiparous), and multivariable regression analyses estimated crude and adjusted associations between birth mode and both structured ICPC codes and extracted topics.
RESULTS
We identified 22701 women; 10802 primiparous women (67% spontaneous vaginal, 15% instrumental vaginal, 18% CS; 289234 GP contacts) and 11899 multiparous women (82% spontaneous vaginal, 3% instrumental vaginal, 16% CS; 326,525 contacts). We identified 146 topics.
CONCLUSIONS
This study offers a novel, large-scale perspective on long-term postpartum maternal health using EHRs.
KEY MESSAGE
Findings may inform clinical guidelines, birth planning decisions, and guide timely care-seeking in GP care.
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PA071

Efficacy of auricular laserpuncture in emesis gravidarum: A randomized clinical trial

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BACKGROUND
Nausea and vomiting are common in early pregnancy and can have negative effects on the pregnancy depending on their intensity and frequency. Auriculotherapy is an alternative treatment for reducing symptoms and allopathic medications during this period; however, protocols and types of stimuli are still controversial
OBJECTIVES
To evaluate the efficacy of auricular laserpuncture in gestational nausea and vomiting
METHODS
Randomized, parallel, factorial, double-blind study with 100 pregnant women allocated into four groups (25 in each): intervention (auricular laserpuncture and auriculotherapy), control, and placebo with cotton, followed for fifteen days, seven for analysis of the outcome. Protocol tested for auricular points in the intervention groups: Stomach, Cardia, Central Nervous System, Autonomic Nervous System, Kidney, Subcortex and Occipital, and in the placebo group the points were random: Knee, Ankle, Elbow, Leg, Arm, Neck and Lung. The Pregnancy Unique Quantification of Emesis (PUQE) score and the Grade of Auricular Palpation were used to analyze nausea and vomiting. Approved by the Ethics Committee 5.091.470.
RESULTS
The initial symptoms were moderate in all groups, and compared to the placebo group, the auricular laserpuncture and auriculotherapy groups reduced ($p<0.050$) the PUQE Score scores by -1.3 (95% CI: -2.24; -0.41) and -1.14 (95% CI: -2.11; -0.17), respectively. The use of antiemetics was higher in the control and placebo groups. Before the intervention, most pregnant women in the four groups had Grade II palpation. Pregnant women who underwent auriculotherapy and auricular laser puncture showed a statistically significant reduction in the degree of palpation, which went to Grade I after seven days, indicating stabilization of those points and balance of the corresponding organ.
CONCLUSIONS
Auricular laserpuncture was as effective as auriculotherapy in reducing nausea/vomiting and the use of allopathic medications, with potential for acceptance of auricular laserpuncture by pregnant women. Universal Trial Number:

U1111-1276-2431.
KEY MESSAGE
Auricular laserpuncture reduces nausea and vomiting during pregnancy.
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PA072

Impact of epidural analgesia on the duration of the passive and active phases of the second stage of labour in nulliparous women in Sweden

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BACKGROUND
Epidural analgesia is a common method of pain relief during labour and is associated with a prolonged second stage. While a longer second stage has been linked to adverse birth outcomes, few studies distinguish between the passive and active phases - an important distinction in settings where delayed pushing is practiced.
OBJECTIVES
To examine the effect of epidural analgesia on the duration of the passive and active phases of the second stage of labour, as well as on mode of birth, in nulliparous women.
METHODS
This retrospective observational cohort study included birth records from 1131 full-term nulliparous women who reached the second stage of labour. Descriptive and comparative analyses were conducted, and multivariate regression models were used to adjust for potential confounders. Median durations of the passive and active second stage were compared based on epidural use. Adjusted odds ratios (AOR) with 95% confidence intervals (CI) were calculated for mode of birth.
RESULTS
Analyses are ongoing. Preliminary findings show that 64% of participants received epidural analgesia. The median duration of the passive second stage was 40 minutes without epidural and 110 minutes with epidural (p<0.001). The active second stage lasted a median of 34 minutes with epidural and 37 minutes without (p=0.517). Epidural use was associated with increased odds of non-spontaneous vaginal birth (AOR 2.62; 95% CI 1.77–3.88).
CONCLUSIONS
Preliminary results suggest that epidural analgesia significantly prolongs the passive, but not the active, phase of the second stage. It is also associated with increased likelihood of non-spontaneous vaginal birth. Midwives should provide evidence-based counselling on pain relief and support strategies that promote physiological birth.
KEY MESSAGE
Epidural analgesia prolongs the passive but not active second stage of labour in nulliparous women.
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PA073

'About DAD': Paternal mental health and characteristics in relation to father-infant bonding in the first year postpartum

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BACKGROUND
The first 1000 days of a child's life are crucial for healthy development. While maternal well-being has been widely studied, recent international and Dutch initiatives highlight the need to better understand the impact of paternal depression, anxiety, and paternal characteristics on bonding. Addressing these gaps is essential for developing more inclusive and preventive postpartum care that supports the entire family.
OBJECTIVES
First, to examine associations between paternal depressive and anxiety symptoms and father-infant bonding. Second, to examine how paternal characteristics (education, number of children, age) relate to mental health outcomes and father-infant bonding.
METHODS
A cross-sectional survey was conducted among 198 Dutch fathers within 12 months postpartum. Standardized self-report instruments were used, including the Paternal Postnatal Attachment Scale (PPAS), the Edinburgh Postnatal Depression Scale (EPDS) and the State-Trait Anxiety Inventory (STAI-6). Statistical analyses included Spearman's rank correlations and ANOVA.
RESULTS
Higher depressive (ρ=–0.32) and anxiety symptoms (ρ=–0.25) were significantly associated with lower father-infant bonding (p<0.001). A strong positive correlation was also found between anxiety and depressive symptoms (ρ=0.62, p<0.001). Lower education was significantly associated with higher anxiety symptoms (ρ=–0.17, p=0.016), although effect sizes were small. ANOVA revealed a small but significant difference in depressive symptoms across educational groups (p=0.036). A higher number of children was associated with lower levels of father-infant bonding (ρ=–0.25, p<0.001), while no significant associations were found for paternal age.
CONCLUSIONS
Paternal depressive and anxiety symptoms are associated with reduced father-infant bonding. Although paternal characteristics showed limited associations, lower education emerged as a potential risk factor.
KEY MESSAGE
These findings highlight the need for attention to paternal mental health in postpartum care. This aligns with ICM's mission to promote midwifery care that supports the health and well-being of women and their families.
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PA074

"Heading in the right direction"

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PURPOSE
The State of the Worlds Midwifery report 2021 identified a more restricted scope of practice of midwives in Europe and the Eastern Mediterranean than in lower-middle income countries. The purpose of this initiative was to provide Midwifery Led care for women with suspected breech presentation from 34 to 36 weeks' gestation attending the Midwifery Led Unit in Our Lady of Lourdes Maternity Unit, Ireland. This initiative was to optimise the role of our midwives. To achieve this, midwives were trained and deemed competent to use diagnostic ultrasound to confirm fetal presentation suspected at 36 weeks' gestation onward. Midwives completed a 'Basic Ultrasound Skills Programme'
DISCUSSION
As midwives, the aims are to confirm presentation of baby after 36 weeks' gestation following a suspicion of breech presentation, ensure women are counselled to assist physiological natural rotation of breech presentation to head–down presentation, promote continuity of carer, enabling midwives to provide midwifery services across the full continuum of care. Continuity of Midwifery Care is associated with improved clinical outcomes, greater maternal satisfaction, and improved work experiences for midwives. Case Study "At my 38-week appointment, my midwife felt my baby was breech and was able to do a handheld scan, and confirmed it was bum down. I was recommended specific exercises to help encourage baby to turn naturally. I diligently followed her advice and at the next antenatal clinic we discovered the baby turned naturally. I was thrilled that I didn't require any other interventions, the use of the hand held scan reduced my waiting time and provided me with a continuity of care. My midwives' guidance and support made a significant impact on my pregnancy. I am truly grateful for the exceptional care she provided".
KEY MESSAGE
Empowering and supporting midwives can significantly improve a women's experience in pregnancy, childbirth and beyond.

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PA075

Evidence and involvement: Implementation planning for group postnatal care

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BACKGROUND
Childbearing people struggle to access health care postnatally. Worldwide, 30% do not receive postnatal care in part due to staff shortages, financial constraints and fragmented services. Traditional models of individualized postnatal care are outdated, costly and may not support socially disadvantaged parents at higher risk. Group postnatal care (GPNC) is an alternative to one-to-one care, providing health assessment by a health care professional with collective information sharing, education and peer social support. Implementing this requires an evidence- and user-informed approach.
OBJECTIVES
We aimed to understand the nature and extent of evidence on implementation, effectiveness and appropriateness of GPNC models and its interpretation by key interest holders in a local hospital setting.
METHODS
A rapid scoping review design was utilized following standardized processes. Eligible studies focused on GPNC provision, contained implementation data and were in English or translatable. Implementation data were extracted using the TIDieR framework and narratively synthesized using SWiM guidelines. Two in-person consultation meetings were attended by a range of midwives, physicians, hospital volunteers, board members, researchers, and former patients. Scoping review findings were presented and nominal group technique used to determine collective content, processes and evaluation indicators for a local GPNC program.
RESULTS
We identified 15 studies of GPNC, all of which were offered to small groups. Program onset, duration and frequency varied across studies. Acceptability was most often evaluated positively. After presenting these findings, interest holders indicated that the program should commence two weeks postnatally, run every two weeks for two to three months, with an option to invite partners into selected sessions. Additional health discussion topics not in the literature were also identified.
CONCLUSIONS
The co-production approach allowed the consideration and tailoring of research evidence to the local health service context.
KEY MESSAGE
Integrating co-production into evidence synthesis may make findings more contextually relevant.

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PA076

Birth debriefing: The role and scope of midwives in supporting perinatal psycho-emotional wellbeing

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BACKGROUND
The benefits to new mothers of debriefing their birth experience with a midwife are now well known: evidence confirms that it can help relieve emotional distress, avert psych-emotional trauma, and support transition to parenthood. Who should conduct birth debriefing conversations, however, is a topic of

contention. Information about the process midwives should follow in debriefing conversations, or the relative impact of any particular approach, is less well reported.
OBJECTIVES
The study implemented a birth debriefing guide within a tertiary maternity health service to explore the role of the midwife in facilitating psycho-emotional wellbeing.
METHODS
We employed a type II hybrid effectiveness-implementation design, simultaneously evaluating both the efficacy of the birth debriefing guide and its implementation in a clinical setting, the methodology incorporating both analysis of implementation and birth debrief effectiveness. The study was approved by the Human Research Ethics Committee at the study site. Data were collected from Jan 2025- June 2025. Thematic analysis was used to make sense of the data.
RESULTS
New insights indicate that debrief using our guide was beneficial, helped women understand their birth story, helped them feel stronger and facilitated a plan moving forward. The service confirmed successful implementation of the birth debriefing guide into midwives' clinical practice.
CONCLUSIONS
Context analysis reveals that stakeholders, organizational management, and midwifery staff have embraced the birth debriefing guide as an effective framework that captures the comprehensive scope of midwives' role in providing psycho-emotional care during the postnatal period.
KEY MESSAGE
This study recognizes and formalizes midwifery-led birth debriefing, until now a nebulous yet essential aspect of midwifery practice.
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PA076

Birth debriefing: The role and scope of midwives in supporting perinatal psycho-emotional wellbeing

Kate Buchanan[1], Leanne Graham[2], Backhouse Phoebe[2], Sara Bayes[1]
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PA077

Preparing for possibility: Indonesian women's experiences of planning a vaginal birth after caesarean

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BACKGROUND
The global increase in caesarean section (CS) rates projected to reach 29% by 2030 poses clinical and systemic challenges. In Indonesia, the national CS rate reached 25.9% in 2023, with regional figures surpassing 30%. While Vaginal Birth After Caesarean (VBAC) is a proven and safe alternative for eligible women, it remains underutilized. Little is known about how Indonesian women approach the physical and emotional preparation for a planned VBAC, especially in a context where institutional support is limited.
OBJECTIVES
This study aimed to explore how women in Indonesia prepare themselves for a planned VBAC, focusing on their strategies, motivations, and reflections on readiness.
METHODS
A qualitative phenomenological design was adopted, drawing on the approach of Sundler et al. (2009). Eight women who had experienced successful VBACs within the past five years in Bekasi, West Java, were recruited through purposive sampling. In-depth, semi-structured interviews were conducted in Bahasa Indonesia. Data analysis followed a thematic coding process, with reflexive practices embedded throughout to ensure analytical integrity.
RESULTS
Four core themes emerged from the women's narratives: (1) maintaining balanced nutrition and body wellness; (2) using movement and positioning to support fetal alignment; (3) practising relaxation and mindfulness techniques; and (4) prioritizing routine antenatal monitoring. These strategies

fostered a sense of agency, trust in their bodies, and psychological resilience throughout the pregnancy journey.
CONCLUSIONS
Women preparing for VBAC emphasized the interplay of physical and mental readiness. Their experiences reflect the need for midwives and maternity providers to integrate personalized, supportive counselling into routine care.
KEY MESSAGE
VBAC preparation is an intentional, empowering process. Health systems must recognize and reinforce women's autonomy through evidence-based, culturally attuned midwifery care.
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PA078

Midwives' opinions and experiences on episiotomy: A mixed method study from Türkiye

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BACKGROUND
Despite current recommendations against routine episiotomy, its practice remains widespread; however, numerous factors continue to influence midwives' clinical decision-making regarding its use.
OBJECTIVES
This study aimed to investigate delivery room midwives' views and experiences regarding episiotomy.
METHODS
This explanatory sequential mixed methods study was conducted with midwives in maternity units in two Turkish provinces. The western province ranks among the ten with the lowest fertility rates, while the eastern ranks among the ten highest. In the first phase, a cross-sectional descriptive survey was administered to 149 midwives using a literature-based questionnaire on episiotomy. In the second phase, a phenomenological qualitative study was conducted through in-depth interviews with 11 midwives selected using a purposeful sampling method, based on the quantitative findings. Quantitative data were analyzed using SPSS with descriptive statistics and Chi-square tests; qualitative data were analyzed with MAXQDA, and themes and sub-themes were generated.
RESULTS
The mean age of midwives was 32.88±8.37 years with 10.25±9.55 years of experience. Weekly births averaged 40.12±29.45, with 23.08±20.79 involving episiotomy. Leading reasons for episiotomy were fetal macrosomia (84.6%), primiparity (49.7%), and physician request (19.5%). While 65.1% of midwives made the episiotomy decision themselves, 86.6% considered the perineal condition. A significant difference existed between episiotomy rates in primiparous births and views on routine episiotomy necessity ($p<0.05$). Qualitative analysis identified three themes: midwives' approaches to episiotomy, preference for risk-based decisions over physiological processes, and recommendations to reduce episiotomy rates. Midwives stressed protecting perineal integrity and the need for pregnant women's childbirth preparation education and enhanced midwife decision-making competencies.
CONCLUSIONS
Midwives' decisions regarding episiotomy are influenced by women's compliance, physician guidance, and legal frameworks. Positive approaches aimed at reducing episiotomy rates should be encouraged, and education and awareness programs should be expanded.
KEY MESSAGE
Episiotomy decisions are influenced by clinical, patient, physician, and legal factors; promoting education and midwife competence can reduce unnecessary procedures.
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PA079

The Gambia program for professional development in midwifery

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BACKGROUND
Life-saving skills are essential to improve maternal and newborn survival, but preventing complications and creating supportive environments is equally important. In The Gambia, professional midwives play a key role in reproductive, maternal, and newborn health, yet the country continues to face challenges in maternal and neonatal health and the gaps between theory and practice must be addressed.
OBJECTIVES
To develop and test an innovative professional development model aimed at strengthening: a) clinical midwives' competence and confidence in managing birth emergencies and supporting physiological birth, b) midwifery educators' teaching capacity in critical midwifery skills, and c) midwifery leaders' ability to support these efforts.
METHODS
A pilot intervention was designed, implemented, and evaluated with clinical midwives (n=46), educators (n=17), and leaders (n=6). Focus group discussions informed the intervention development. Evaluation included pre- and post-tests with closed/open questions and observations. Data were analyzed using descriptive statistics and thematic analysis.
RESULTS
The training program significantly improved midwives' knowledge and confidence in managing shoulder dystocia and postpartum hemorrhage, and in promoting normal birth and dynamic birth positions. Participants appreciated the situation-background-assessment-recommendation (SBAR) communication tool and emphasized the importance of knowledge sharing, routine updates, and integrating content into education.
CONCLUSIONS

This pilot project demonstrated the feasibility and value of a comprehensive, team-based approach to strengthening midwifery skills in The Gambia. The integration of emergency care and preventive strategies increased confidence and knowledge. National scale-up could improve maternal and newborn care through sustainable, evidence-based practices. Strengthened leadership is essential for long-term impact.
KEY MESSAGE
- A collaborative training model enhanced midwives' and educators' competence and confidence in both emergency care and physiological birth support. - Leadership support and system-wide integration are crucial to strengthening maternal and newborn care in The Gambia.
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PA080

Contributions of a parenting education program in promoting adaptation to parenthood

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BACKGROUND
The transition to parenthood is a challenging period involving physical, emotional, and social changes, particularly during the baby's first year of life. Parenting education emerges as a key intervention aimed at supporting parents in adapting to their new roles, meeting the demands associated with parenthood, and developing parental competencies. In this context, participation in parenting education programs positively impacts the development of these skills.
OBJECTIVES
To explore parents' perceptions of the contributions of the parenting education program "MaisPaisMaisBebés" in developing parenting skills; to assess parental confidence; to evaluate parental satisfaction; and to identify barriers and suggestions for improvement regarding participation in the program.
METHODS
This is a mixed-methods study involving parents who participated in the "MaisPaisMaisBebés" parenting education program. Qualitative data will be collected through focus groups, and quantitative data will be obtained using two validated instruments for the Portuguese population: the parental confidence scale and the program satisfaction scale. A sociodemographic questionnaire will also be administered.
RESULTS
Four main categories emerged: Perceived contributions of the program to the parenting role; Level of satisfaction with the program experience; Barriers and suggestions for improvement; and impact of the program on the couple's relationship and coparenting. Within each category, several subcategories were identified. Parents recognized the education program as a significant contribution to the development of their parenting competencies, reporting increased confidence in caring for their babies and a better ability to cope with the early challenges of parenthood.
CONCLUSIONS
The "MaisPaisMaisBebés" parenting education program represents a promising intervention to promote adaptation to parenthood. Participants reported meaningful gains in parenting competencies, highlighting increased self-confidence, reduced anxiety, and access to relevant practical knowledge.
KEY MESSAGE
health education, social support, self-efficacy, family relationships, obstetric nursing.
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PA081

One million more midwives, one inclusive future: Exploring midwives' perceptions and experiences in caring for sexual and gender diverse people

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BACKGROUND
Sexual and Gender Diverse (SGD) individuals often encounter barriers to inclusive and affirming maternity care. Midwives are central to providing such care, yet their perceptions and experiences in supporting SGD people remain underexamined in the literature. Understanding these experiences is essential for improving equity and responsiveness in maternity services.
OBJECTIVES
This scoping review aims to explore midwives' perceptions and experiences in caring for SGD individuals within maternity services. The goal is to identify common challenges, areas of confidence, and opportunities for enhancing inclusive practice.
METHODS
A scoping review is being conducted using the Joanna Briggs Institute (JBI) PCC (Population, Concept, Context) framework. Peer-reviewed databases were systematically searched, and studies are being screened and selected using the PRISMA-ScR guidelines. Inclusion criteria focus on literature addressing midwives' experiences and perceptions related to SGD care in maternity contexts.
RESULTS
Preliminary findings from the ongoing review suggest that while midwives express a strong willingness to provide inclusive care to sexual and gender diverse individuals, they often feel underprepared and constrained by cis-heteronormative norms embedded in clinical and educational settings. Emerging themes point to gaps in training, uncertainty in language use, and a lack of institutional support, all of which impact midwives' confidence and ability

to deliver affirming care. Some studies also highlight the emotional labour involved in navigating inclusive care without adequate guidance or mentorship.
CONCLUSIONS
Initial insights indicate a need for targeted education, supportive workplace cultures, and clear practice guidelines to empower midwives in delivering inclusive care. These findings also highlight the importance of conducting further primary research to directly engage midwives and better understand their lived experiences, challenges, and needs in providing care to SGD individuals.
KEY MESSAGE
Midwives are motivated to provide inclusive care but face systemic and educational barriers—addressing these is essential for equitable maternity services.
Eur J Midwifery 2026;10(Supplement 1):A468

PA082

Does the Tommy's Pathway: Clinical decision support tool have the potential to reduce disparities in UK maternity care? Findings from an early adopter implementation evaluation

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BACKGROUND
Tommy's Clinical Decision Support Tool is a web-based application for assessment of risk of preterm birth and placental dysfunction. It offers more accurate assessment than traditional checklist methods, and instantaneous decision support. Its use could increase the number of women enrolled onto the right care pathway and reduce the number who have their pregnancy medicalized. Ultimately reducing variation in care seen in those from ethnic minority and socially deprived groups that contributes to higher rates of preterm birth and stillbirth.
OBJECTIVES
We evaluated implementation of the Tool in five early-adopter NHS hospitals to inform a cluster Randomized Controlled Trial (RCT).
METHODS
We used online surveys, semi-structured interviews and focus groups to investigate: maternity service user and HCP experience; implementation barriers and facilitators; reach, fidelity and unintended consequences. The NASSS framework (Non-adoption or Abandonment of technology by individuals and difficulties achieving Scale-up, Spread and Sustainability) informed design and analysis.
RESULTS
1181 women and 112 HCPs participated, completing 1260 online surveys, 8 focus groups and 29 semi-structured interviews. Findings highlighted the importance of ensuring the Tool was used in routine care management for all eligible service users. This informed development of additional functionality to allow HCPs to register service users who were unable to sign up themselves. Before this feature was introduced the proportion of service users registered on the Tool, was ~70%, compared to ~90% afterwards. Proportions of women from Asian and Black ethnic groups, and those from the most deprived areas (IMD quintiles 1 and 2), also increased after the change, from 14.6%, 5.8% and 40.9% (of all maternity service users), to 16.9%, 14.2% and 52.4%, respectively.
CONCLUSIONS
The Tommy's Tool has the potential to reduce variation in care and ultimately improve outcomes.
KEY MESSAGE
Findings have been used to optimise the Tool and its implementation strategy to improve acceptability, fidelity and reach in the RCT.
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PA083

Perinatal outcomes of women with selected risk factors who planned a home birth in Catalonia (Spain) between 2018-2024

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BACKGROUND
Home births, under midwifery-led care, have been shown to be safe for women with low-risk pregnancies. However, there is limited evidence on the outcomes of home births for women with specific risk factors. This gap in knowledge hinders a comprehensive understanding of the broader applicability of midwifery-led home birthcare.
OBJECTIVES
This study aims to examine perinatal outcomes in women with selected risk factors who planned to give birth at home in Catalonia (Spain).
METHODS
Cross-sectional study, using data from the online data base of the Catalan Association of Home Birth Midwives. The sample included 815 women with one or more of the following risk factors: BMI >30 kg/m2, maternal age >40 years, spontaneous rupture of membranes >24 hours, duration of gestational age between 36-37 weeks or >42 weeks, previous caesarean section, meconium during labour or positive Group B Streptococcus (GBS) status.
RESULTS
Of the 815 planned home births, 72.6% were completed at home, while 27.4% required transfer to the hospital. Overall, 86.3% resulted in spontaneous vaginal births, 4.7% were instrumental deliveries, and 9.1% ended in caesarean section. Postpartum haemorrhage occurred in 11.7% of cases, though only 2.5% required transfer to the hospital. There were no reported maternal admissions to intensive care units. Regarding the neonatal outcomes, 1.8% of newborns were admitted to the neonatal unit, and the neonatal mortality rate was 0.2%.
CONCLUSIONS

These findings suggest that, even among women with selected risk factors, planned home births under midwifery-led care are associated with a high rate of spontaneous vaginal deliveries with low rates of obstetric interventions and adverse outcomes. Nevertheless, the hospital transfer rate remains an important consideration. Further large-scale studies are needed to validate and expand upon these results.

KEY MESSAGE

Planned home births attended by midwives can yield favourable outcomes, even among women with selected risk factors.

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PA084

The effect of midwife-led education based on Pender's Health Promotion Model on the perinatal mental health of immigrant women

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BACKGROUND

Perinatal mental health problems are a global problem on affects particularly immigrant women who are a vulnerable group maternal and infant health.

OBJECTIVES

This study was conducted to evaluate the effect of midwife-led education based on Pender's Health Promotion Model on perinatal mental health in immigrant women. This study was produced from a doctoral dissertation.

METHODS

This randomized controlled experimental study was conducted with 52 intervention and 54 control groups (n=48 at post-test). The study consisted of five interviews. The pre-test was conducted in the first interview during pregnancy and the post-test in the first postpartum month. After the pre-test, the intervention group received three weeks of education (three modules) and the control group received routine clinical care. Both groups were given mid-term tests during the three-week period. Education and mid-term tests were completed during pregnancy and post-tests were performed in the first postpartum month. Data were collected using a personal information form, Edinburgh Postpartum Depression Scale and Perinatal Anxiety Screening Scale. This study is supported by TUBITAK 1002-A Rapid Support Program (Project No:124S467).

RESULTS

While the depression scores of the women in the intervention group did not show a significant difference over time, a significant difference was observed in the scores of the control group. Between the groups, depression scores showed a significant difference in the third and fourth interviews. Anxiety scores of women in the intervention and control groups showed a significant difference over time. There was no significant difference between the groups in terms of anxiety scores.

CONCLUSIONS

The education based on Pender's Health Promotion Model showed a protective and improving effect on the perinatal health of immigrant women.

KEY MESSAGE

It is recommended that educations that will contribute to the improvement of perinatal mental health of immigrant women within the framework of midwifery care models should be planned and implemented in clinical practice.

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PA085

Replanting the birthing trees: Culturally-Responsive, trauma-informed continuity of maternity care for Aboriginal and Torres Strait Islander women – A mixed methods implementation study

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BACKGROUND

Aboriginal and Torres Strait Islander women have given birth in Australia for over 60,000 years. Colonization, violence and oppression has left a legacy of cultural and family disruption, and intergenerational trauma. Pregnancy and birth provide a unique life course opportunity to support families and break cycles of intergenerational trauma, however maternity care in Australia is too often experienced as unsafe and traumatic for Aboriginal and Torres Strait Islander women, resulting in poor health outcomes. Community-led, culturally-responsive, trauma-informed continuity-of-care is urgently needed.

OBJECTIVES

To implement and evaluate a program to improve culturally-responsive, trauma-informed, continuity of midwifery care in selected health services in Australia.

METHODS

A mixed method implementation study, involving parent and service provider interviews, workshops, journalling and pre and post training surveys.

RESULTS

Pre-implementation interviews with Aboriginal and Torres Strait Islander parents and service providers demonstrated a need for an organisation wide approach to improving culturally safe trauma-informed care, with continuity of care central to experiences of safety. Fear of child protection services and serious concerns about CPS practices and policies were major issues raised, and resources were developed to support parents to navigate the CPS. Online and face to face training with over 300 staff across two hospitals demonstrated significant improvements in knowledge, attitudes and practice, and sensitized the organisational readiness of key staff. Workshops resulted in extensive and innovative action plans that have led to substantial care improvements, but there were many barriers and enablers identified. Relationships were critical to success.

CONCLUSIONS

Organisational change to improve maternity care for Aboriginal and Torres Strait Islander women is challenging, but achievable.

KEY MESSAGE
Community and organisational leadership, strong partnerships, and implementation processes can drive improvements in maternity care for Aboriginal and Torres Strait Islander women.
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PA086

Massage during labor: A non-pharmacological strategy to reduce pain and anxiety in primiparous women

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PURPOSE
To assess the feasibility and effectiveness of massage as a practical, non-pharmacological intervention to reduce labor pain, decrease anxiety, and enhance satisfaction among primiparous women.
DISCUSSION
Many first-time mothers experience labor without pharmacological pain relief due to cultural attitudes, economic barriers, or limited anesthesia services. Standard non-drug methods such as deep breathing are widely used but frequently insufficient for significant pain reduction. Massage provides an accessible, low-cost, and culturally appropriate alternative, encouraging meaningful involvement of birth companions. Easy implementation by healthcare providers and family members makes massage suitable even in resource-limited maternity settings.
EVIDENCE WHERE RELEVANT
Two recent randomized controlled trials provide robust Level 2 evidence. The trial by Kaçar and Özcan Keser (2021), involving 210 participants, reported significant pain reduction (VAS scores, p<.001) and increased satisfaction from both mechanical and warm massage interventions. Shahbazzadegan and Nikjou (2022) demonstrated Kimber hand massage significantly lowered pain scores at 7 cm cervical dilation (VAS 4.79 vs. 7.17, p<.0001) and substantially reduced maternal anxiety (STAI from 63.36 to 42.60, p<.0001). Neither trial reported any adverse effects, highlighting the safety and feasibility of massage use in labor.
KEY MESSAGE
Massage is a safe, effective, and culturally adaptable intervention to manage labor pain and anxiety, empowering midwives and birth companions to enhance maternal comfort and birth experiences. If adopted, this care model will be promoted through structured in-service training and antenatal education sessions within our hospital, using a brief, practical massage protocol with low-cost tools (e.g., warm compress, handheld massager, manual techniques). We aim to integrate massage into routine labor support, particularly in resource-limited or high-volume settings lacking epidural access. Collaboration with midwifery educators will facilitate inclusion of non-pharmacologic pain relief skills in curricula, and future evaluations will collect observational data on maternal satisfaction and labor outcomes to support local adaptation and wider dissemination.
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PA087

The effects of a structured childbirth massage programme in improving maternal outcomes

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PURPOSE
Massage therapy has been demonstrated to be effective during pregnancy. Studies show that women who received massage therapy reported decreased depression, anxiety, and leg and back pain. Antenatal Massage Class (AMC) was commenced to provide a two-hour teaching session on the massage programme at or above 36 weeks gestation for couples in a public hospital in Hong Kong in 2016. It was suspended in 2021 due to the COVID-19 pandemic and resumed in October 2023. The programme included prenatal education, hands-on massage techniques for antenatal and labour support and partner involvement training. Women and their partners practise the massage at home and during labour.
DISCUSSION
The quantitative study design was employed to explore the efficacy of a childbirth massage programme in improving maternal comfort, reducing labour pain, and enhancing overall birth experiences. Postpartum women who participated in the AMC and gave birth in Kwong Wah Hospital (KWH) between Jan 2024 and April 2025 were invited to complete a postnatal survey and return before discharge from the hospital. Quantitative statistics were analyzed.
EVIDENCE WHERE RELEVANT
Between January 2024 and April 2025, 111 couples had attended the AMC, 95 women gave birth in KWH, and 64 completed surveys were received before discharge. The survey response rate was 67%. The survey showed that massage had positive antenatal and postnatal effects on pregnant women. All women had practiced antenatal massage, 89% women had improved in sleep quality, and 78% felt relieved from back pain. 80% women received a massage during labor. Among them, 76% women had their anxiety relieved, 67% women had their pain relieved during labor, and 88% women perceived positive birth experiences.
KEY MESSAGE
The results indicated that massage during antenatal and labor improved maternal outcomes, including comfort, and the involvement of partners to support women had a positive impact. Qualitative studies evaluating couples' experience and satisfaction to identify their need for improvement were recommended.
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PA088

Midwifery-Led prenatal home care for women with high-risk pregnancies: First nationwide cross-sectional study in Lebanon

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BACKGROUND
High-Risk pregnancy complications contribute significantly

to maternal and neonatal morbidity. Estimating their prevalence and understanding the challenges faced by pregnant women are essential to designing effective health programs that improve the health-related quality of life of women and children in Lebanon. Midwives play a critical role in providing prenatal home care, especially for vulnerable and hard-to-reach populations.
OBJECTIVES
To explore the major barriers to accessing prenatal care among women with high-risk pregnancies in Lebanon, with particular emphasis on the role of midwives in delivering home-based interventions.
METHODS
This is a secondary analysis of data collected through the "Prenatal Home Care for Women with High-Risk Pregnancies" project, implemented by LOM and supported by UNFPA. The care were provided by trained midwives across all Lebanese governorates. Multinomial logistic regression models were used to explore associations between key prenatal care challenges and high-risk pregnancy status. Ethical approval for the original data collection was obtained. Authors declare no conflicts of interest.
RESULTS
A total of 895 pregnant women identified as high-risk participated in the study. Multiparous women reported higher rates of previous abortions and gestational complications compared to primiparous women. Severe high-risk pregnancies were significantly associated with geographic inaccessibility to health services (OR=8.03, 95% CI [1.78–36.03]) and the high cost of transportation (OR=0.14, 95% CI [0.02–0.86]). Midwives played a key role in reaching women who otherwise had limited access to facility-based prenatal care.
CONCLUSIONS
Improving maternal and fetal health outcomes in Lebanon requires enhancing access to prenatal care for women with high-risk pregnancies. Midwifery-led prenatal home care represents an effective strategy to bridge access gaps and ensure equitable service delivery, particularly in underserved settings.
KEY MESSAGE
Midwives are central to ensuring equitable, community-based prenatal care in Lebanon. Their efforts are essential for supporting high-risk pregnancies, detecting complications early, and improving outcomes for both mothers and infants.
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PA089

Effectiveness of daily mother-infant skin-to-skin contact on sleep quality, maternal confidence, and mother-infant bonding in postpartum women: A pilot study

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BACKGROUND
Skin-to-skin contact between mother and baby can begin when the newborn is born, and continued contact helps with short-term and long-term physiological stability, the establishment of parent-child relationships, and the behavioral development of children.
OBJECTIVES
Purpose: The effects of daily skin-to-skin contact between mother and baby on sleep quality, maternal confidence, and mother-baby bonding in postpartum women.
METHODS
This study was a quasi-experimental design with convenient sampling, and the subjects were natural primiparas. The intervention was daily mother-infant skin-to-skin contact for one month. The experimental group and the control group filled out questionnaires on sleep quality, maternal confidence, and mother-infant connection on the first and 30th days after delivery.
RESULTS
1. Independent T-test results of the experimental group and the control group: There was a significant difference in the change in the maternal-infant bond before and after the intervention, and no difference in other variables 2. Paired T test: There was a significant difference in maternal confidence and maternal-infant bond between the experimental group before and after the intervention.
CONCLUSIONS
According to the results of this study, continuous skin-to-skin contact between mother and baby after childbirth can help promote mother-baby bonding and has positive effects on the baby's future physical and psychological development. As this study is still ongoing, the number of cases received did not reach the power of 0.8, and the results can only preliminarily estimate the potential benefits of skin-to-skin contact between mother and baby.
KEY MESSAGE
skin-to-skin contact, sleep quality, maternal confidence, mother-infant bonding.
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PA090

An innovative AI with web-based birth decision aid on shared decision making in pregnant women who have had a previous cesarean

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BACKGROUND
Taiwan reports one of the world's highest cesarean section (CS) rates and a low rate of vaginal birth after cesarean (VBAC). Concerns over maternal and neonatal risks often discourage VBAC attempts. Shared decision-making (SDM), supported by decision aids, facilitates informed, value-based choices.
OBJECTIVES

This study developed and evaluated an innovative artificial intelligence (AI)-integrated, web-based decision aid designed to enhance SDM for pregnant women with a prior CS.
METHODS
A randomized pretest-post test controlled trial was conducted in a medical center in northern Taiwan. Eligible participants (14–16 weeks' gestation, with one prior CS) were randomly assigned to either the control group (usual care) or the intervention group (usual care plus access to the AI-based decision aid). Primary outcomes included decisional conflict, knowledge, and birth mode preference, assessed at baseline and at 35–37 weeks' gestation. Secondary outcomes included actual birth mode and decision satisfaction, assessed one month postpartum.
RESULTS
Sixty-four women completed the study (33 control, 31 intervention). Baseline characteristics were comparable. The intervention group experienced significantly greater reductions in decisional conflict—especially in feeling informed ($p < 0.001$) and clarity of values ($p = 0.035$). While knowledge scores improved in both groups, the increase was greater in the intervention group. VBAC preference rose to 51.6% post-intervention, compared to 21.2% in the control group. The actual VBAC rate was significantly higher in the intervention group (26.5% vs. 6.1%, $p = 0.021$). Both groups reported high satisfaction with their decisions, and the intervention was rated highly acceptable.
CONCLUSIONS
The AI-integrated web-based decision aid significantly improved decision quality, increased VBAC preference and success, and supported SDM in prenatal care. It offers a scalable solution to promote preference-aligned maternal decision-making.
KEY MESSAGE
An AI-enhanced, web-based decision aid effectively reduces decisional conflict and increases both informed VBAC preference and actual VBAC rates, supporting personalized, evidence-based obstetric care.
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PA092

Association between information acquisition, social support, and loneliness among pregnant women in Japan: A cross-sectional survey

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BACKGROUND
Loneliness among pregnant women is a growing public health concern exacerbated by changes in family structure and limited access to reliable information. Although acquiring information and perceiving social support may help mitigate loneliness, their roles remain understudied.
OBJECTIVES
To examine associations between information acquisition, social support, and loneliness among pregnant women and identify implications for maternal support strategies.
METHODS
A cross-sectional anonymous online survey was conducted in February 2025 among 499 pregnant women (≥20 weeks gestation) in Japan. Collected data included sociodemographic characteristics, sources of pregnancy-related information, preferred format of antenatal education, perceived social support (SSQ6), and loneliness (UCLA LS3-10). Multiple regression analysis identified factors associated with loneliness ($p < 0.05$).
RESULTS
Most information was obtained from partners (77.2%), mothers (54.5%), and friends (45.7%); 4.8% of respondents reported no information source. Face-to-face education was the preferred method (64.9%) for antenatal education, while 25.5% indicated no need for it. The latter group had fewer information sources, lower social support in quantity and satisfaction, and significantly higher loneliness scores ($p < 0.05$). However, "no need for antenatal education" was not a significant predictor of loneliness in the regression analysis ($p = 0.183$). Higher education ($\beta = -0.112$, $p = 0.005$), greater information acquisition ($\beta = -0.125$, $p = 0.003$), larger support networks ($\beta = -0.199$, $p < 0.001$), and higher support satisfaction ($\beta = -0.329$, $p < 0.001$) were significantly associated with lower loneliness.
CONCLUSIONS
Quantity and quality of support and information were inversely associated with loneliness. Women who are unaware of their support needs despite their declining education may represent a hidden at-risk group. Partner support plays a critical role. Tailored outreach and reliable information provision are vital.
KEY MESSAGE
Strengthening partner-inclusive support and ensuring access to reliable information can help reduce loneliness among women unaware of their support needs.
Eur J Midwifery 2026;10(Supplement 1):A478

PA093

Midwifery autonomy meets women's autonomy: Negotiating shared decision-making in birth centres in Belgium

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BACKGROUND
In Belgium, most births occur in obstetric-led units where midwives' autonomy is restricted and their full professional competencies, as legally defined, cannot always be exercised (Vermeulen, 2021). Some midwives choose to work autonomously in extra-hospital settings, attending births at home, in freestanding or alongside midwife-led units.
OBJECTIVES
This study explores how midwives practising autonomously in birth make room for women's autonomy and how decision-making is negotiated.
METHODS
This ongoing qualitative research is based on semi-structured interviews conducted between May and August 2025, in-person or via Teams. To date, seven autonomous midwives working in extra-hospital settings have participated. A grounded theory approach is used for analysis.

RESULTS
These midwives usually accompany the entire labour and childbirth process. They observe that most women do not require them to "deliver" the baby, but rather to be present in a supportive and reassuring way. This continuity of care builds trust in the physiological process of childbirth and confidence in women's capacities. Moving away from a risk-averse medical paradigm, internalized during training, requires experience and repeated observation of physiological birth. This trust also helps build therapeutic alliances. It relies on equality and open dialogue where both the midwife's professional boundaries and the woman's preferences are clearly expressed. Decision-making emerges through clear, complete information, dialogue and negotiations. When women's requests fall outside the midwife's safety limits, referral to another healthcare professional is discussed: this also supports autonomy while ensuring professional integrity, in a spirit of mutual respect.
CONCLUSIONS
Autonomous midwifery practice in birth centres fosters women's autonomy through relational care, informed dialogue, and mutual trust. This autonomy is co-constructed and negotiated, as respect for women's choices must be balanced with respect for the midwife's professional boundaries and sense of safety.
KEY MESSAGE
In Belgian birth centres, therapeutic alliances are based on mutual trust and negotiated autonomy, aiming an equal partnership.
Eur J Midwifery 2026;10(Supplement 1):A479

PA094

Mapping the global expansion of the Birth Experience Study (BESt): A cross-country review of respectful maternity care research

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BACKGROUND
The Birth Experiences Study (BESt) was initiated in Australia in 2021 to address concerns about obstetric violence, disrespect, and lack of autonomy in maternity care. Building on this foundation, the international collaboration (BESt-IC) was formed to implement a shared, co-designed survey across diverse global contexts. Aimed at elevating the voices of birthing people and informing policy, BESt-IC promotes research capacity building, equitable knowledge sharing, and sustainable systems change. It adopts a participatory design approach that centres the experiences of those who give birth.
OBJECTIVES
This poster presents cumulative response numbers and synthesized findings from published country-level studies. It also provides a concise overview of the international progress in applying the BESt framework and highlights the value of shared measures for cross-country comparison in maternity care research.
METHODS
This overview is based on the synthesis of available publications and project documentation within the BESt network. A narrative mapping approach was applied to describe the study's origins, measures, and national-level application. Core measures used across settings include the Mothers on Respect index (MORi), the Mothers' Autonomy in Decision Making scale (MADM), and the Mistreatment Index (MISTI).
RESULTS
As of mid-2025, BESt is active or in preparation in over 15 countries, including Australia, the United Kingdom, Sweden, the Netherlands, Taiwan, Brazil, Denmark, Indonesia, Germany, and Austria. Several teams have completed national data collection and begun dissemination. This poster will provide an overview of country involvement, implementation progress, and synthesize results from published country-level studies focusing on respectful care, autonomy, and disparities.
CONCLUSIONS
BESt enables international collaboration to measure respectful maternity care. This overview highlights opportunities for global benchmarking and system change.
KEY MESSAGE
Shared measures and collaboration are key to improving maternity care worldwide.
Eur J Midwifery 2026;10(Supplement 1):A480

PA095

Impact of continuous support to a small group of women by midwifery students on women's childbirth experience in the public maternity hospital, Mongolia

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BACKGROUND
Despite evidence supporting continuous support during childbirth, has not been considered a priority in many settings, particularly in low- and middle-income countries

such as Mongolia due to overcrowding, limited resources, and infection control concerns.
OBJECTIVES
To explore the effect of continuous support during labor by midwifery students on women's childbirth experience and birth outcomes in a public maternity hospital.
METHODS
Quasi-experimental before and after design was at a public maternity hospitals in the Ulaanbaatar, Mongolia (September 2019-January 2020). Senior midwifery students provided 24/7 continuous support to groups of 2-4 women sharing labor/delivery rooms during a 42-day intervention period. Childbirth Experience Questionnaire (CEQ) and birth outcomes from 420 pre-intervention and 408 intervention participants were collected.
RESULTS
Participants mean age was 28.5 (±5.3) years; most were married with >12 years education and adequate antenatal care. Groups showed no significant baseline characteristics. Labor room duration was significantly shorter for multiparous women in the intervention group (6.2±4.8 vs 5.2±2.4 hours) and those receiving oxytocin augmentation (7.8±5.5 vs 6.8±1.6 hours). No differences were found in oxytocin use, episiotomy, or perineal tears. CEQ domain scores (own capacity, professional support, perceived safety, participation) and overall scores were significantly higher in the intervention group.
CONCLUSIONS
The intervention significantly improved women's childbirth experience, satisfaction, and labor duration. It was well accepted by labouring women, faculty members, students, and hospital health providers.
KEY MESSAGE
This study demonstrates the feasibility of providing low-cost continuous support during childbirth by midwifery students for small groups of women, even in settings with limited space and high patient volume.
Eur J Midwifery 2026;10(Supplement 1):A481

PA096

Multimedia education for early labor: Effects on anxiety among women and their spouses

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BACKGROUND
Childbirth is inherently unpredictable and often causes anxiety among women and their partners. Limited time in routine antenatal care reduces opportunities to provide adequate guidance and emotional support. Multimedia tools can provide timely, accessible, and visually engaging information, which may help reduce anxiety.
OBJECTIVES
To evaluate the effectiveness of a multimedia intervention in improving early labor sign recognition and reducing anxiety among low-risk parturient women and their partners.
METHODS
A randomized controlled trial was conducted involving 84 low-risk primiparous women and their partners, who were randomly assigned to either the intervention or control group. Data were collected at three time points: during antenatal visits after 37 weeks of gestation, at the first hospital visit for labor evaluation, and within one hour after admission. Study instruments included a demographic questionnaire and the State-Trait Anxiety Inventory (STAI). Data were analyzed according to group assignment using appropriate statistical methods.
RESULTS
A total of 84 couples completed the study. At admission, cervical dilation was significantly greater in the intervention group (5.21 ± 1.02 cm) than in the control group (4.17 ± 0.38 cm; $p < .001$). Generalized estimating equation (GEE) analysis revealed that anxiety levels were significantly lower in both women ($B = -8.56$, $SE = 1.74$, $p < .001$) and their partners ($B = -8.90$, $SE = 1.77$, $p < .001$) in the intervention group.
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PA097

A scoping review of certified nurse-midwife and certified midwife care in the United States: Assessing outcomes across six patient care domains

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BACKGROUND
The alarming rise in U.S. maternal mortality and disparities in perinatal, sexual, and reproductive health outcomes underscores the urgent need for effective, equitable, evidence-based models of care. Care by certified nurse-midwives (CNMs) and certified midwives (CMs) care has played a critical role in addressing these disparities.
OBJECTIVES
We sought to conduct a comprehensive synthesis of the impact of CNM/CM care across healthcare quality domains.
METHODS
A scoping review methodology following PRISMA-ScR guidelines was used to assess the association of CNM/CM care and perinatal, sexual, and reproductive health outcomes through the lens of the Institute of Medicine's six

domains of healthcare quality: safety, effectiveness, patient-centeredness, timeliness, efficiency, and equity.
RESULTS
This review included United States-based studies published since 2012 identified via PubMed and CINAHL. Studies were screened for relevance to the six domains and CNM/CM care. Data were extracted into a spreadsheet, grouped by domains, and analyzed using narrative synthesis. A total of 66 studies met inclusion criteria. Within the domains of safety, effectiveness, and patient-centeredness, CNM/CM care was associated with similar or improved perinatal, sexual, and reproductive health outcomes compared to care by physicians, including lower rates of cesarean birth, fewer interventions, improved neonatal outcomes, greater patient satisfaction, and reduced healthcare costs. CNM/CM care also demonstrated potential in mitigating racial and geographic maternal health disparities, though scope of practice restrictions and institutional policies limited their integration.
CONCLUSIONS
Despite this evidence, gaps remain in understanding the influence of CNM/CM care on healthcare quality as it relates to efficiency, timeliness, and equity. Future studies should incorporate standardized outcome measures and explore the role of CNM/CM care within collaborative models to enhance perinatal care quality and accessibility.
KEY MESSAGE
Our findings highlight the importance of expanding CNM/CM integration within the United States' healthcare system to improve care delivery and associated health outcomes, reduce health disparities, and advance health equity.
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The clock is ticking: Midwives' understanding of immediate postpartum and newborn care in Uganda

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BACKGROUND
The immediate postpartum period (first 24 hours after birth) is critical for mothers and newborns. A large proportion of maternal and neonatal deaths occur during this time. Timely, integrated and cost-effective interventions for mothers and newborns designed to suit existing healthcare systems and maximize available human resources have an impact on reducing these mortalities.
OBJECTIVES
The study explored the midwives' understanding of the components of the immediate postpartum and newborn care provided within the first 24 hours after birth in Uganda.
METHODS
This was a qualitative descriptive study conducted among 15 purposively sampled midwives and four midwifery ward managers at a District Hospital in central Uganda. Three focus group discussions and four key informant interviews were conducted. Data were analyzed using Colaizzi's inductive thematic approach.
RESULTS
All participants were females aged between 23 and 59 years. One of the themes "Optimising birth outcomes" emerged. It included subthemes; enhancing newborn survival, enhancing maternal survival, regular monitoring and management of complications, and timing, which reflected midwives' understanding of the components of immediate postpartum and newborn care.
CONCLUSIONS
Midwives understood the value of immediate postpartum and newborn care. However, their views demonstrated varying understandings of the components of immediate postpartum and newborn care. Some participants provided incorrect information about certain practices, which may reflect gaps in clinical practice and the implications for clinical diagnosis and management. There was also uncertainty about the timing and duration of the immediate postpartum period.
KEY MESSAGE
The care interventions identified in this study were not exhaustive compared to the standard WHO care recommendations. This indicates missed opportunities for providing comprehensive, quality maternal and newborn care.
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PA099

Interprofessional workshop on structured information handover in a maternal-fetal medicine unit in Spain

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PURPOSE
The SBAR (Situation, Background, Assessment, Recommendation) method was developed to ensure continuity of care and effective communication between professionals, as well as to promote maternal safety, when transferring information within a Maternal-Fetal Medicine service. To acquire theoretical knowledge and practical skills, an interdisciplinary workshop was held.
DISCUSSION
The workshop took place in a maternal-fetal medicine service at a tertiary hospital in Catalonia, Spain. 8 midwives, 4 student midwives, 6 nurses and 11 healthcare assistants from the obstetric unit (emergency room, delivery room and intermediate obstetric care unit) as well as the antenatal and postpartum wards participated. The training activity included a presentation on the SBAR information transfer method, analysis of information transfer by watching videos simulating clinical situations, and role-playing with SBAR methodology. Following the training, the participants completed a questionnaire designed to evaluate their

satisfaction with the institutional Microsoft Office Forms.
EVIDENCE WHERE RELEVANT
A descriptive analysis was performed using SPSS Statistics v27.0.1.0.26 responses to the ad hoc questionnaire were obtained (89.6% of the total number of attendees): 50% were nurses (n=13), 34.6% were midwives (n=9), and 15.4% were healthcare assistants (n=4). 65,4% of respondents had less than 10 years' experience in the service. The workshop was rated as follows: content 9.31±0.8; teaching staff 9.46±0.7; methodology 9.4±0.8; space 9±1.4; timetable 8.4±2. Overall rating: 9.46± 0.6 out of 10.88.5% (n=23) considered the SBAR method to be applicable and useful for improving the transfer of information between the obstetric unit and the wards' service users.
KEY MESSAGE
The workshop was very well received by the participants. The SBAR method is expected to have a positive impact on women's safety and on the efficiency of information transmission among professionals as a structured communication tool. It needs to be implemented and monitored.
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PA100

"Who is facilitating who?": Providing individualised intrapartum care for high risk women within healthcare institutions

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BACKGROUND
Women who are high risk have been identified as a cohort who have difficulty attaining individualized care in labour and birth. However, there is limited evidence in understanding how healthcare professionals provide individualized care within healthcare institutions.
OBJECTIVES
The aim of this paper is to present findings from a qualitative study that explored midwives and obstetricians' (n=12) experiences of providing individualized intrapartum care for high risk women.
METHODS
Participants were recruited to this study using purposive (n=11) and network (n=1) sampling that used an interpretive descriptive approach. Semi-structured interviews were completed online. Data collection and a constant comparative analysis was conducted concurrently. Ethical approval was provided.
RESULTS
Participants were clear that their role was to facilitate women in labour and birth, yet they often asked women to acquiesce the standardized processes of birth within the institution. A selection of findings from the axial code 'The needs of the many Vs the needs of the individual' will be presented with illustrative quotes. Time frames (and their limits) were often strictly used to manage labour and birth, so healthcare professionals had to navigate these to facilitate women's wishes. There were circumstances, such as some medical conditions, where participants did not feel they could facilitate women's individualized care needs which created limits to what women could achieve for their wishes in birth.
CONCLUSIONS
High risk women need to be able to attain individualized care in the intrapartum period. Whilst HCPs endeavoured to provide individualized care to women, the conditions within the institution did not always allow them to do so. There needs to be clearer separation between what may not achievable because of a medical condition, and what is not facilitated because it is not the normal process within the institution.
KEY MESSAGE
Individualized care may be dependent on HCPs willingness to facilitate it.
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PA101

The impact of birth setting on birth, maternal and neonatal health outcomes in Belgium: A population-based study from a person- and family-centred care perspective

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BACKGROUND
Global evidence supports midwife continuity of care (MCC), yet its implementation remains limited in many high-income countries. In Belgium, a technocratic maternity system restricts midwifery autonomy despite formal recognition. This study explores the relationship between birth setting and maternal and neonatal outcomes.
OBJECTIVES
Compare maternal and neonatal outcomes between intramural (hospital/Midwifery-Led Unit) and extramural (home/birth center) births; examine the influence of sociodemographic and obstetric factors; assess discrepancies between planned and actual birth settings; identify predictors of birth setting and lead caregiver.
METHODS
Retrospective cohort study using data from 47 midwifery practices in Belgium (2020–2023). Outcomes included perineal trauma, Apgar scores, interventions, and referrals. Logistic, baseline-category and cumulative logit models. Concordance between planned and actual birthplace was assessed with Cohen's kappa and Stuart-Maxwell test. Multiple imputation addressed missing data.
RESULTS
Extramural births were associated with fewer interventions: lower odds of episiotomy and of first-, second-, and third-degree perineal tears. Neonatal outcomes were more favorable for extramural births: higher odds of elevated 1-minute and 5-minute Apgar scores, though with modestly

increased odds of estimated blood loss and neonatal resuscitation. Sociodemographic factors influenced outcomes and setting choice. Dutch-speaking women had lower odds of significant blood loss than French-speaking women. Married women had over four times higher odds of episiotomy and used upright birthing positions less frequently. Tertiary education increased the likelihood of an extramural birth and use of positions like squatting. Only about half as many planned birth center births occurred as planned compared to home births, hospital births, and MLUs, where the rate was roughly twice as high.
CONCLUSIONS
Birth setting and care model are linked to outcomes, though not causally. Tailoring care to social and obstetric context promotes equitable, person-centered maternity care.
KEY MESSAGE
Extramural births are linked to fewer interventions and better neonatal outcomes. Risk-stratified research is needed to clarify their effects and guide policy.
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PA102

Diversity and inclusivity in midwifery research: Insights from the postnatal care in Aotearoa New Zealand study

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BACKGROUND
Maternity care in Aotearoa (New Zealand) is fully funded and underpinned by midwifery continuity of care from conception to six weeks postpartum. Yet, little research examines how postnatal care within this model meets the needs of diverse birthing communities. Health research design is seldom informed by the wide diversity of service-users, resulting in findings that fail to include the experiences of marginalised and minority communities.
OBJECTIVES
To develop a roadmap for inclusive midwifery research design guided by the experiences of women, gender-diverse people, and families in Aotearoa.
METHODS
The Postnatal Care in Aotearoa study is a collaboration between midwives and maternity service-user researchers to explore expectations and experiences of postnatal care from a continuity-of-care midwife. A diverse research team engaged with over 20 stakeholder organisations and individuals – including Māori (indigenous people of Aotearoa), Pacific Island, former refugee, migrant, disabled, LGBTQIA+, and rural communities – to co-develop the project's priorities, research questions, and study design.
RESULTS
The researchers' 'insider status' and trusted networks fostered strong stakeholder engagement. Stakeholders affirmed the critical importance of researching postnatal care experiences and shaped a study design that embedded accessibility, inclusivity and cultural safety. Features included easy-to-read and plain language resources, inclusive and affirming language, flexible participant-led interview options, trauma-informed methodologies, and practising continuous consent.
CONCLUSIONS
Initial findings suggest our diverse, networked research team and early engagement with multiple communities supported a research design that centered participant voice and relevance. This approach enabled meaningful participation across groups typically underrepresented in midwifery research.
KEY MESSAGE
Stakeholder co-designed research by diverse and inclusive teams is possible and represents a positive direction for midwifery and maternity care research to take to ensure it remains relevant and transformative for all birthing communities.
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PA103

Amplifying the unheard: An exploration of the voices of socioeconomically disadvantaged women and their perceptions of maternity care in the Netherlands

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BACKGROUND
In high-income countries, such as the Netherlands, women facing socio-economic challenges and their (unborn) children suffer disproportionate adverse outcomes, despite efforts to improve maternity care. Due to their Socioeconomic Position (SEP), almost 25000 children face increased risks of physical and mental conditions. Maternity care has the potential to achieve health benefits if deployed accurately from an early stage. However, achieving tailored care can be a struggle for both health professionals and for women. While the literature mainly focuses on health inequities of ethnic minority women, the needs of deprived majority population women

are often left unnoticed. Although recruiting these women is challenging, it is essential to understand their perspectives to offer customized care.
OBJECTIVES
In this study, we aimed to explore the perceptions of low SEP majority population women regarding the care they receive from health professionals in maternity care and the extent to which they experience this care as competent.
METHODS
We conducted a cross-sectional observational survey study using a digital questionnaire that included text, emoticons, and audio. The research design was approved by the medical ethics committee of the University Medical Center Groningen. Data was collected from March 2024 until May 2025. Descriptive and inferential statistics were performed.
RESULTS
Analyses are ongoing. Preliminary results show that out of 316 women, 32,6% do not always feel worthy of themselves. Women of different educational levels have different perceptions regarding cultural competencies of maternity care professionals ($F(8,286)=2.591$, $p=0.01$).
CONCLUSIONS
Barriers to the inclusion of low SEP women throughout all phases of the study are discussed. Findings reveal challenges and opportunities in voicing underserved groups, offering critical reflections and implications for improving cultural sensitive care and future research.
KEY MESSAGE
Key message: This will be presented as analyses will be finalized at the time of presentation.
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PA104

Comparison of nurses' learning in simulated and traditional clinical settings: Randomized clinical trial

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BACKGROUND
Efforts to prevent and reduce morbidity and mortality due to Postpartum Hemorrhage (PPH) may contribute to addressing the profound inequalities in global maternal and perinatal health. The development of competencies through clinical simulation is considered a facilitating tool in the teaching-learning process.
OBJECTIVES
To assess the learning needs of nurses in a simulated clinical environment compared to a traditional clinical setting.
METHODS
A randomized, blinded clinical trial was conducted at a Brazilian university-affiliated maternity hospital between October 2022 and March 2023. Nurses were allocated into two parallel randomized groups. The control group (n=19) received a traditional lecture (the institution's standard training), while the intervention group (n=18) participated in a simulation-based scenario on PPH management. Pre- and post-intervention knowledge was compared within and between groups. The Clinical Learning Environment Comparison Survey (CLECS) was used, and data were analyzed using R software, version 4.2.0. There are no conflicts of interest. Ethical approval was obtained in Brazil (CAAE 63482722.1.0000.5050, approval number 5.669.224).
RESULTS
A total of 37 nurses participated, with 78.4% having an average age of 40 years. Approximately 91% reported previous experience assisting women with PPH; however, around 30% stated they felt unprepared to manage hemorrhage due to fear or insecurity. Comparative results showed a predominance of the "well achieved" rating, with 75.4% in the intervention group (simulation-based environment) compared to 40.3% of "achieved" ratings in the traditional teaching group. A difference of over 50% was observed in the specific learning needs rated as "well achieved" by nurses.
CONCLUSIONS
The simulated clinical environment proved to be more effective than the traditional teaching setting in meeting the clinical practice learning needs of nurses in managing postpartum hemorrhage.
KEY MESSAGE
The development of nurses' competencies in managing PPH can have a real impact on maternal morbidity and mortality indicators.
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PA105

Domestic abuse as a risk factor for all-cause morbidity and mortality in perinatal women with children's social care involvement

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BACKGROUND
Domestic abuse (DA) is a global public health emergency. In the UK, a disclosure of domestic abuse during the perinatal period is likely to trigger a referral to children's social care, to safeguarding the infant and by extension the mother. Despite clear guidance and evidence, maternity services in the UK are inconsistent in asking about domestic abuse, signposting to relevant support services and identifying those at risk of DA.
OBJECTIVES
To explore maternal morbidity, mortality and and experiences of women who disclose domestic abuse during the perinatal period
METHODS
A mixed methods study was co-designed with lived experience input. Findings from narrative interviews, maternal mortality

surveillance data, a confidential enquiry into maternal deaths of women known to children's social care, and a prospective cohort study of linked healthcare records were triangulated to explore domestic abuse during the perinatal period
RESULTS
Domestic abuse is the most prevalent risk factor among women who die during the perinatal period with children's social care involvement (65%, 205/420). However, the confidential enquiry found that routine DA inquiry is not embedded and professional curiosity to explore women's social circumstances is often missing. Triangulated findings from the enquiry and narrative interviews showed systemic and individual barriers prevent disclosures during pregnancy and the postnatal period, leading to missed opportunities for signposting and support.
CONCLUSIONS
Maternity services have a critical role to play to identify those women and birthing people subjected to DA. Routine inquiry about DA and staff competencies to understand the full breadth of DA is crucial to improve screening and signposting of those at such a vulnerable time for mother and baby.
KEY MESSAGE
- Prevalence of perinatal domestic abuse is consistently high across the various arms of the study - A routine domestic abuse inquiry can be life-saving - Midwives have a critical role to play in identifying, supporting, and signpost those at risk.
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PA106

Barriers and needs of community healthcare providers in perinatal bereavement care: Results from a focus group and journey mapping

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BACKGROUND
Pregnancy and perinatal loss are deeply impactful events, both physically and emotionally. In Flanders, there is a critical gap in structured guidance for healthcare providers to offer psychosocial and interprofessional support after such losses. While the Born in Belgium Professionals (BiB) platform helps identify broader vulnerabilities, it lacks specific tools for perinatal bereavement care.
OBJECTIVES
This study aims to identify key barriers and needs experienced by community healthcare providers in supporting families after pregnancy and perinatal loss. Insights from this study will guide the development of an integrated, person-centered care pathway.
METHODS
A three-phase approach was used. First, a multi-source review was conducted, including scientific and grey literature, professional guidelines, and local service directories, to map available support in Flanders. Second, a focus group was organized with healthcare providers, experts, and support organizations to explore real-life experiences, needs, and care gaps. Third, journey mapping was applied to four personas reflecting different types of loss: termination of pregnancy, intrauterine death, birth asphyxia, and early pregnancy loss. These journeys offer insight into care trajectories across settings.
RESULTS
Initial findings reveal major challenges for community providers: lack of clear guidance, emotional burden, limited collaboration with hospital-based care, and difficulties in accessing psychosocial support. The journey mapping highlights key transition points and unmet needs, serving as a first step in developing a digital care pathway within the BiB platform.
CONCLUSIONS
This project combines qualitative data and human-centered design to lay the foundation for a structured, person-centered care pathway for perinatal bereavement.
KEY MESSAGE
A digital care pathway tailored to community practice can enhance accessible, coordinated, and compassionate bereavement care.
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PA107

The unmarked road to postpartum care: A framework-guided umbrella review of access to healthcare for women in the first year postpartum

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BACKGROUND
Health problems related to pregnancy and childbirth often persist or emerge during the first year after birth, representing a significant public health concern. A more adequate alignment is required between women's needs and healthcare services. The Levesque model provides a comprehensive framework to evaluate individual and systemic factors influencing access to postpartum healthcare.
OBJECTIVES
This umbrella review aimed to synthesize existing evidence on the factors and perceptions influencing women and healthcare providers regarding access to healthcare during the first year after childbirth. Guided by the Levesque model, the review stratifies findings by country income level to identify global patterns and disparities.
METHODS
A systematic search was performed in MEDLINE, CINAHL,

Embase, Web of Science, JBI Evidence Synthesis, the Cochrane Database, Epistemonikos, protocol registries and grey literature. The inclusion criteria encompassed systematic reviews of factors or perceptions of women and/or healthcare providers, accessing general healthcare in the first year postpartum and published after 1998, the year of the first postpartum guidelines of the World Health Organisation. Review quality was assessed using GRADE or ConQual.
RESULTS
Preliminary results: Preliminary findings indicate barriers to healthcare access were predominantly located in the first two demand-side dimensions of the Levesque model. Women frequently normalized their symptoms or did not recognize them as health problems. Limited symptom recognition hindered the identification of symptoms as warranting care, leading to delayed or absent care-seeking.
CONCLUSIONS
The barriers identified in the initial stages of the Levesque model underscore the importance of raising awareness regarding what constitutes non-normal health problems. Addressing this gap is essential to improving access and achieving healthier outcomes for women in the first year postpartum.
KEY MESSAGE
Raise awareness of health problems in the first year after childbirth to improve access to healthcare.
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PA108

Redefining early labour: A multi-criteria approach to onset, transition and duration in relation to birth interventions and outcomes

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BACKGROUND
The latent phase of labour is increasingly recognized as a critical period influencing childbirth outcomes and maternal experience. Yet, clinical definitions of onset, duration, and transition to active labour remain inconsistent.
OBJECTIVES
To investigate how the latent phase begins, how transition to active labour occurs, and how the cumulative duration of the latent phase is associated with labour interventions and outcomes.
METHODS
We conducted a prospective study in 2023 at a Danish tertiary hospital including women with term, singleton pregnancies and spontaneous labour onset (n=1526). Postpartum questionnaires were combined with hospital birth records. Transition to active labour was defined by one of four mutually exclusive criteria: (1) cervical dilatation 4–6 cm with painful contractions; (2) clinical diagnosis before 4 cm; (3) pre-admission documentation of intensifying contractions; or (4) intensifying contractions noted without a concurrent cervical exam.
RESULTS
Labour most often began with contractions, followed by rupture of membranes or bleeding. In 67% of women, transition was defined by cervical dilatation; in 33%, by other signs. One in five transitioned before hospital admission. Median latent phase duration was 13.1 hours for primiparous and 5.9 hours for multiparous women. Longer latent phases were associated with increased dystocia-related interventions. A significantly increased risk of caesarean section was only observed for durations in the ⩾90th percentile (adjusted OR 4.01 primiparous; 5.75 multiparous).
CONCLUSIONS
A novel multi-criteria definition enabled a more nuanced understanding of early labour. Extended latent phases were associated with more interventions, but only extremely prolonged durations correlated with higher caesarean risk. These findings support more individualized assessments and caution against strict reliance on time or cervical measurements alone.
KEY MESSAGE
Refined clinical criteria and individualized assessment are needed to support evidence-based early labour care.
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PA109

An innovative model of midwifery care within a hospital system: How midwifery across disciplines and acuity levels can impact women's healthcare

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PURPOSE
To demonstrate how broad-scope midwifery care and education presents unique opportunities for the delivery and impact of midwifery model health care in a variety of settings that would otherwise lack this holistic perspective.
DISCUSSION
The University of Michigan (UM) Nurse-Midwifery group was established in 1983 with two members and has since grown in both number (47) and scope. A tertiary care, hospital-based practice encompassing midwifery, nursing, OB/GYN resident and medical student clinical care and education, the UM midwife group has expanded from traditional midwifery continuity of care practice to include a unique range of in- and out-of-hospital collaborations with other health care professionals. These collaborations and practice settings include pediatric, generalist, and high risk OB disciplines and have become essential to the operation of the OB/GYN department. Inpatient, these roles include the Midwife Laborist supporting physician labor and birth care and education, Midwife Postpartum Rounder, Midwife Labor and Delivery Triage Coordinator, and Maternal-Fetal Medicine Antepartum Midwife Rounder. Outpatient, midwives provide high risk prenatal care with MFM specialists, and the Virtual

OB Triage team staffs a video-visit clinic seven days a week managing postpartum hypertensive disorders and seeing urgent pregnancy and postpartum concerns. Our Early to Home program provides care to patients discharged as early as six hours postpartum, including one to two home visits by a midwife for mother and baby. Midwives in our Sexual Assault Nurse Examiner program provide care to people who have experienced sexual assault and present to the Emergency Room, and provide Trauma Informed Care education to department members.
EVIDENCE WHERE RELEVANT
Research shows that women who feel safe, accompanied, and supported throughout their childbearing journey have better outcomes through midwifery.
KEY MESSAGE
The UM model of midwifery care integrated across multiple and varied spaces demonstrates positive impact on systems and quality of care, expanding access and improving outcomes.
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PA110

Maternal and neonatal transfers from midwife-led birth centres in Switzerland: A nationwide population-based analysis

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BACKGROUND
Midwife-Led Birth centres (MLBCs) aim to provide safe, low-intervention care to women with low-risk pregnancies. In Switzerland, the proportion of births taking place in MLBCs has increased over time, from 0.5% (n=338) in 2010 to 1.9% (n=1503) in 2022. Ensuring perinatal safety remains a priority for midwives. Neonatal transfers represent a key indicator of perinatal safety, as they typically reflect complications that exceed the resources or scope of care available in MLBCs.
OBJECTIVES
We aimed to describe the frequency of maternal and neonatal transfers after births in Swiss MLBCs and to identify factors associated with these transfers.
METHODS
We analyzed data from the medical statistics database from the Swiss Federal Statistical Office, encompassing all 14281 births in MLBCs between 2010 and 2022. Cases with incomplete data (n=292) were excluded. We used Random Forest and multivariable logistic regression to identify characteristics associated with neonatal transfer, adjusting for gestational age, maternal age, and maternal nationality.
RESULTS
Maternal transfers were rare (0.3%). Neonatal transfers occurred in 2.0% of births occurring in Swiss MLBCs, aligning with the national average (2.6%). Their main indications were hypoxia (0.8% of Swiss MLBC births) and respiratory distress (0.4% of Swiss MLBC births). Predictive modelling identified primiparity, and small for gestational age (SGA < 3rd percentile) as the most influential factors. Logistic regression confirmed significantly increased odds of neonatal transfer in cases of primiparity (AOR 1.68 CI 1.30-2.18), and SGA (AOR 2.32 CI 95% 1.16- 4.15).
CONCLUSIONS
Swiss MLBCs achieve low neonatal transfer rates, comparable to international standards, reflecting the appropriate selection of eligible women. SGA and primiparity are key factors for anticipatory care.
KEY MESSAGE
These findings support the importance of risk-based selection and monitoring protocols to ensure safety in low-intervention birth settings and highlight the value of identifying predictors to optimize care pathways.
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PA111

Prospective audit and feedback approach within the Easy-Net network program: Effectiveness in improving obstetric practice and reducing cesarean section rates in the Italian Calabria Region

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BACKGROUND
Italy reports one of the highest cesarean section (CS) rates in Europe, with wide regional disparities. In the Calabria Region, CS rates are among the highest, often lacking clinical justification. Audit and Feedback (A&F) is a proven strategy for promoting adherence to evidence-based practices and improving care quality.
OBJECTIVES
To evaluate the effectiveness of a structured, multi-level A&F intervention in reducing inappropriate CS rates and supporting obstetric practice improvement in the Calabria Region, within the "Easy-Net" Network Program (NET-2016-02364191).
METHODS
The project was conducted in 3 phases: (1) pre-intervention analysis of birth registry data; (2) implementation of an A&F strategy targeting healthcare professionals (HCPs) and pregnant women, including monthly A&F meetings with external facilitation, training, and a regional communication campaign; (3) post-intervention assessment and SWOT analysis. Mixed methods included quantitative data analysis, surveys assessing HCPs' knowledge, attitudes and practices, alongside qualitative insights from mothers and HCPs on CS decision-making.
RESULTS
Pre-intervention data showed CS rates exceeding 38% in several facilities, with inter-regional variation. Most HCPs

reported limited prior exposure to A&F, insufficient access to routine data, and inconsistent application of the Robson classification. Post-intervention data from 2023 indicates a decline in CS rates (35.8%), with the most significant reductions observed in Robson groups involving primiparous and labour induction, aligning with A&F activities, training efforts, and newly developed regional protocols for appropriate labour induction and physiological pregnancy care.

CONCLUSIONS

A structured A&F approach, complemented by communication strategies and HCP training, shows potential to reduce inappropriate CS and improve perinatal care. Integrating mothers' and HCPs' perspectives was essential for fostering sustainable improvements.

KEY MESSAGE

Prospective, participatory A&F interventions appears feasible and impactful in reducing inappropriate CS and enhancing perinatal care.

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PA112

Midwifery continuity of care in the Nordic countries – A scoping review

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BACKGROUND

Midwifery Continuity of Care (MCoC) throughout pregnancy, birth, and the postnatal period has been associated with improved outcomes and increased satisfaction among women. In the Nordic countries, maternity care during pregnancy, birth and postpartum is fragmented and organized across both primary and hospital care, offering few alternative care options. Research on MCoC in the Nordic context is limited, especially concerning continuity models that provide targeted care for women with vulnerabilities, such as fear of birth and mental ill health.

OBJECTIVES

To map, identify, analyze and describe studies on women and their infants receiving MCoC in the Nordic countries.

METHODS

Literature searches of electronic bibliographic databases were conducted in CINAHL, PubMed, Embase.com, CENTRAL via Cochrane Library Online and PsycInfo. Reference lists from included articles were searched for relevant literature. No language or publication date limitations were applied, and all study designs were considered eligible. A structured overview of key concepts will be provided by identifying, describing, and categorizing recurring patterns.

RESULTS

The initial search yielded 5080 articles. After title and abstract screening, 56 articles remained for full-text assessment. Further analysis is ongoing and will identify how MCoC is defined and implemented across studies, the characteristics of the care models, women targeted, and health- and medical outcomes for women and infants. Preliminary findings suggest variation in the definition and implementation of MCoC models. The extent to which outcomes are reported also differs. A detailed synthesis of the findings will be presented at the conference.

CONCLUSIONS

This scoping review will contribute to a better understanding of how MCoC has been implemented and evaluated in the Nordic countries. The findings will identify existing gaps in the literature and suggest implications for future research.

KEY MESSAGE

Evidence on MCoC in the Nordic countries is limited. This scoping review will help identify opportunities to strengthen MCoC models, particularly for women with vulnerabilities.

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PA115

Working in a regional midwifery group practice: A solution to recruitment, retention and improved outcomes

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PURPOSE

I would like to share the practicalities of working within this model and how we have managed to overcome the various challenges that have arisen over the years particularly with recruitment and retention of midwives.

DISCUSSION

The Orange Midwifery Group Practice (OMGP) has been running for 11 years. This low-risk, publicly funded model provides midwife-led continuity of care in pregnancy, birth, and up to six weeks after the birth. The model has changed over the years, with a focus on flexibility to ensure retention of midwives and effective collaboration within the multidisciplinary team that provides care to women. Working in a model that provides excellent outcomes and has the ability to change with the needs of the midwives working within the model improves recruitment and retention of staff. Midwifery led, continuity of care models in regional cities have unique challenges and require innovative solutions to ensure midwives wish to work, and remain working in the model. Surrounding towns and regional cities have not been able to sustain their Midwifery Group Practice models due to, in part, staff recruitment and retention. Orange Midwifery Group Practice has maintained services for over 11 years.

EVIDENCE WHERE RELEVANT

Evidence suggests that outcomes for midwifery-led continuity of care models are excellent and that midwives have a great deal of satisfaction working in these models (Collins et al., 2010; Hewitt et al., 2022; Hildingsson et al., 2021).

KEY MESSAGE

Midwifery-led, continuity of care models in regional cities have unique challenges and require innovative solutions to ensure midwives wish to work, and remain working in the

model.
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PA116

Janitri's intrapartum monitoring device in maternal healthcare delivery: Insights from a pilot study in Kono District, Sierra Leone

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PURPOSE
Introduction: This project evaluates Janitri' s Keyar DT intrapartum monitoring device, which electronically tracks labour parameters from the mother and baby, allows real-time display and remote sharing, underscores risk factors, and prompts regular entries to ensure continuous assessment and documentation. The pilot was conducted across four health facilities, to determine whether the integration of advanced intrapartum monitoring technology can lead to timely detection and management of labour complications.
DISCUSSION
Approach: The project covered a one-year period from May 2023 to May 2024. We acquired ten Keyar monitors, deploying three in PHUs and four in KGH, trained 82 staff members and hired a national Project Officer for ongoing technical support, supplemented by virtual support from Janitri in India. Midwives monitored progress on screens in the labour ward, with information shared to lead clinicians' mobile devices for interpretation when thresholds were crossed.
EVIDENCE WHERE RELEVANT
Results: During the pilot study, 1050 entries of women in labour were made across the four facilities. Deliveries not included were monitored using alternative devices, admitted for elective caesarean sections, or arrived in the second stage of labour. One intrapartum fetal death was reported. Additionally, 175 referrals were made to KGH, 50% were delivered by emergency caesarean sections. 38 newborns was referred to the Special Care Baby Unit (SCBU) for further management – all of whom were subsequently discharged. Regular prompts for data entry ensured improved adherence to intrapartum, postpartum protocols and complete digitalized labour records.
KEY MESSAGE
Interpretation: Findings suggest that implementing Janitri' s intrapartum monitoring devices in additional healthcare facilities across Sierra Leone could yield similar positive outcomes. The device has demonstrated significant utility in monitoring labour and managing complications, in settings with a scarcity of skilled workers. By facilitating timely and accurate decision-making, Janitri' s technology has the potential to enhance maternal and neonatal health outcomes in resource-limited settings.
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PA117

Method of birth and neonatal nursey admissions in multiparous women following induced labour compared with expectant management in Victoria, Australia 2018-2022

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BACKGROUND
Shared and informed decision making is limited by the lack of available data to inform multiparous women about their odds of various methods of birth and infants' needs for additional care following induced labour or expectant management.
OBJECTIVES
To report caesarean births and neonatal nursery admissions following induction compared with expectant management in multiparous women and childbearing persons.
METHODS
Retrospective cohort study of births in Victoria, Australia, 2018-2022, in women with one or more previous births (no previous cesarean), singleton pregnancy, cephalic presentation at or beyond 37 weeks' gestation, and not planning a cesarean birth. Multiple regression considered the adjusted odds of caesarean birth and of the infant being admitted to the Special/Intensive Care Nursery following induced labour compared with expectant management, by gestational week.
RESULTS
There were 134046 births meeting inclusion criteria: of these, 43.1% were induced, while 56.9% were expectantly managed. Overall, there was a small increase in the adjusted odds of having a caesarean birth following induction (8.1%) or expectant management (7.6%), adjOR 1.05, 95%CI 1.01 – 1.10. This increase was only noted at Week 40 (adjOR 1.4. 95%CI 1.27 – 1.63) and from 41 weeks onwards (adjOR 1.6, 95%CI 1.42 – 1.81). The odds of overall admissions to the Special/Neonatal Intensive Care unit were increased following induction (10.5%) compared with expectant management (7.1%) (adjOR 1.4, 95%CI 1.40 – 1.47. The increase was most prominent in week 37 (adjOR 2.9, 95%CI 2.73 – 3.13), with equivalent odds from 41weeks onwards (adjOR 1.0, 95%CI 0.84 – 1.14).
CONCLUSIONS
Timing of induction impacts on caesarean births and nursery admissions.
KEY MESSAGE
Understanding risks and benefits of timing induction versus expectant management for the optimal outcomes can be better considered when such data are available and used for shared decision making.
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PA118

A maternity telehealth call centre model for antenatal, postnatal and neonatal care: Insights and advantages

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PURPOSE
To evaluate the efficiency of Meuhedet's innovative phone-based maternity telehealth model and identify factors associated with its effectiveness. This model, developed prior to the COVID-19 pandemic and increasingly utilized since,

aims to improve access to care, enhance maternal/fetal health outcomes, and relieve pressure on the health system by providing timely, remote midwifery support alongside standard in-person perinatal services.
DISCUSSION
The service offers telephone and chat consultations by trained midwife-agents, available daily from 08:00 to 24:00. Integrated access to open-source medical records ensures continuity and safety of care, while remote physician coordination enhances the model's scope. The model supports women with a wide range of perinatal and neonatal concerns such as fetal movement, pain, breastfeeding and emergent symptoms. By handling queries remotely, the model prevents unnecessary hospital visits and optimizes midwives' time and patient reach.
EVIDENCE WHERE RELEVANT
Between February 2024 and January 2025, 21743 pregnant women (average age 30.4 years) used the service. Monthly averages included 10260 calls and 2040 chats. Response rates were 94% for calls and 74% for chats. The average wait time was 77 seconds, with an average consultation duration of 6.5 minutes. Data collected included resolution rates (by phone), call-back rates, physician referrals, emergency referrals, and health concerns such as vomiting, diarrhea, abdominal or back pain, bleeding, reduced fetal movement, and newborn/breastfeeding support.
KEY MESSAGE
A tele-midwifery call centre model can safely and efficiently expand access to perinatal care. Fast, qualified responses by midwives contribute to better maternal, fetal and newborn outcomes by addressing concerns early and potentially reducing hospital visits, fear of childbirth (FOC), interventions/unnecessary cesarean deliveries and short- and long-term risk factors that could impact future pregnancies. This model demonstrates a scalable, effective approach to improving care access and quality within strained or overburdened healthcare systems.
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PA120

Exploring 'sense of self' in motherhood: Methodological reflections on concept analysis in midwifery research

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BACKGROUND
Despite the significance of transition into motherhood, Perrykkad, O'Neill, and Jamadar (2024) report that minimal research exists on how transitional changes influence women's 'Sense of Self' following birth. Furthermore, Parratt and Fahy (2011) highlight a lack of midwifery theory that specifically addresses women's experiences of change associated with their 'Sense of Self'. Given that the concept remains poorly defined in the literature, this paper explores methodological approaches for conducting a concept analysis that focuses on 'Sense of Self'. Several analytical methods are outlined for conducting concept analysis, not just in midwifery research, each with particular methodological strengths and limitations.
OBJECTIVES
To determine the most suitable approach for analysing 'Sense of Self' in the context of maternity.
METHODS
A systematic review was conducted to identify and compare different concept analysis methodologies used in midwifery. Databases searched included MEDLINE, Scopus, PubMed, CINAHL, Maternity and Infant Care, PsycInfo, and Web of Science.
RESULTS
The five most commonly applied methodologies were identified: Walker and Avant's method (2014), Rodger's evolutionary (2000), and the principle-based approach by Penrod and Hupcey, 2005), Dimensional analysis by Caron and Bowers (2000), and the Hybrid Model by Schwartz-Barcott and Kim (2000). Among these, Rodgers's evolutionary approach emerged as the most epistemologically and ontologically appropriate for analysing. Sense of Self', due to its dynamic, context-sensitive orientation and emphasis on the concept development over time.
CONCLUSIONS
A critical evaluation of the approaches highlights that not all are equally effective for analysing 'Sense of Self'. Rodgers' evolutionary method offers the strongest alignment with the conceptual nature of 'Sense of Self' in maternal research.
KEY MESSAGE
Rodgers' evolutionary method offers the strongest alignment with the conceptual nature of 'Sense of Self' in maternal research.
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PA121

Women's and maternity care providers' perceptions and barriers and facilitators of waterbirth: A mixed-methods study of tertiary hospitals in Abuja, North Central Nigeria

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BACKGROUND
Globally, waterbirth is recognized as a birthing option that offers women benefits. Despite evidence-based benefits, its implementation remains limited in African settings, including Abuja, Nigeria, where waterbirth is yet to be introduced.
OBJECTIVES
To examine perceptions about waterbirth among women and maternity care providers and to explore maternity care providers' perspectives of potential barriers and facilitators to waterbirth in tertiary hospital settings in Abuja.

METHODS
A convergent parallel mixed-methods design that involved cross-sectional quantitative and descriptive qualitative approaches. Multi-staged sampling techniques were used to select a sample size of 416, made up of 331 women, 48 midwives and 29 obstetricians. Sampling for qualitative part was purposive and continued until data saturation. It consisted of 13 midwives and 10 obstetricians. Data were collected through semi-structured questionnaires and in-depth interviews. Quantitative data were analyzed using SPSS version 27 and qualitative data manually, using the Braun and Clarke six steps of thematic analysis.
RESULTS
There were positive perceptions regarding waterbirth across the three groups of respondents, with the midwives having the most positive perception. Qualitative results were grouped into two themes: potential barriers and potential facilitators to the implementation and use of waterbirth. Potential barriers were various personal factors, lack of local evidence, institutional constraints, and cultural beliefs, among others. Potential facilitators were the availability of services, training, sensitization, waterbirth resources, protocols/guidelines, and institutional support.
CONCLUSIONS
Institutional support, funding, provision of infrastructure, including protocols/guidelines and training of providers are critical to successful waterbirth implementation and use. Equally, important is public sensitisation to increase awareness and demystify waterbirth.
KEY MESSAGE
The integration of waterbirth practices into Nigeria' maternal healthcare is feasible and current study provides baseline understanding of maternity care provider's views regarding potential barriers and facilitators.
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PA122

Neonatal assessments in black, Asian and minority ethnic newborns: Apgar scoring and detection of cyanosis and jaundice

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BACKGROUND
Ethnic inequalities in neonatal healthcare are increasingly recognized; with concerns around practices primarily developed on White babies and normalized to diverse populations regardless of applicability.
OBJECTIVES
To review neonatal assessments which include assessing skin colour, particularly Apgar score, cyanosis, and jaundice in Black, Asian, and minority ethnic newborns.
METHODS
A mixed methods approach comprised of policy review, systematic reviews and stakeholder interviews with 24 parents and 33 healthcare providers.
RESULTS
Within the literature neonatal mortality increased with low Apgar scores in all ethnicities. Neonatal mortality was lower in Black infants with an Apgar score ≤3 than White infants. However, more Black infants received lower scores. Healthcare provider interviews suggested inconsistent Apgar scoring, including inadequate assessment of individual components. Relevance of the terms 'pink' and 'blue' for darker pigmented infants was disputed. However, 'pink', 'blue' and 'pale', were widely used within policies without adequate differentiation for different skin tones. Literature revealed poor visual detection of cyanosis in all infants, with pulse oximetry preferred. Occult hypoxaemia was however higher in Black (9.2%) compared to White infants (7.7%). Interviews confirmed inadequate visual cyanosis detection and concerns over more severe hypoxia in darker pigmented infants. The literature suggested transcutaneous bilirubinometers (TCB) detected jaundice more accurately than visual assessment, with no consistent pattern regarding TCB accuracy in dark vs. light pigmented neonates. Interviews noted healthcare providers employed a lower threshold for testing minority ethnic neonates to prevent missing jaundice. Several parents reported professionals dismissed their concerns about jaundice. Many healthcare providers described lacking confidence to assess darker pigmented infants.
CONCLUSIONS
Assessments such as Apgar score, cyanosis and jaundice are particularly difficult in darker pigmented neonates. Skin colour should not be relied upon in isolation.
KEY MESSAGE
To reduce inequalities healthcare provider education, guidelines and policies should highlight limitations of visual assessment and terms 'pink', 'blue' or 'pale' for global majority neonates.
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PA123

Supporting parents' recognition of neonatal illness: A grounded theory study in Kenya

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BACKGROUND
In many low- and middle-income settings, where high neonatal mortality remains a pressing issue, the critical task of detecting early signs of illness falls primarily on parents, who may not be adequately equipped with the knowledge or support to do so with confidence. In Kenya, little is known about parents' knowledge acquisition and care-seeking behaviours, or about effective interventions to support them in recognising illness symptoms.
OBJECTIVES
To explore the context and social processes influencing Kenyan parents' recognition of neonatal illness and subsequent care-seeking behaviours.
METHODS

The study applies Charmaz's constructivist grounded theory approach. Ethical approval was provided by the Liverpool School of Tropical Medicine, UK, and the University of Nairobi, Kenya. In-depth interviews are being conducted with parents of young infants and health professionals, following purposive and theoretical sampling. Non-participant observations of interactions between parents and health professionals are triangulating the findings. Concurrent analysis applies constant comparative methods, coding processes, field notes, and memo writing.

RESULTS

Data collection began in January 2025, with 70 interviews and 66 observations conducted to date. Emerging findings indicate that systemic and educational shortcomings leave parents poorly equipped with consistent, actionable knowledge, creating critical gaps in their understanding of both normal newborn health and danger signs. As a result, parents seeking care for a sick baby struggle to navigate a complex landscape of conflicting advice, trust judgments, and practical barriers to timely and appropriate care.

CONCLUSIONS

Our emerging theory suggests that interventions to improve neonatal outcomes must move beyond simple information provision to address the complex interplay of systemic barriers in healthcare, health worker practices, and the social realities parents navigate.

KEY MESSAGE

The most critical intervention is not merely information, but empowering parents with actionable knowledge—the confidence to understand advice, the trust to believe it, and the systemic support to act on it.

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PA124

Lessons from translating task shifting policy on PAC and FP services into action: Opportunities and challenges in primary and secondary health facilities in Pakistan

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PURPOSE

This abstract shares lessons from implementing Pakistan's task-shifting policy by enabling midwives to provide postabortion care (PAC) and family planning (FP). It focuses on the role midwives play in expanding access to essential care, the opportunities and challenges they face.

DISCUSSION

Pakistan's maternal mortality ratio remains high at 186 deaths per 100000 live births with unsafe abortion as one of the key contributors (11%). Despite over 27000 registered midwives, their role in providing PAC and FP services remains limited, particularly in secondary-level health facilities. Task-shifting allows trained midwives to offer these services in areas where doctors are unavailable or overburdened, expand access to care and minimize delays. Since 2018 to 2025, Ipas conducted women-centered PAC trainings for midwives including values clarification for action and transformation to overcome provider bias, on-site mentoring and supported them with seed supplies. Despite the government policy allowing midwives to provide PAC services (including medical abortion and MVA), they continue to face barriers in offering these services. In secondary care hospitals, they often face resistance from doctors who do not allow them to perform these duties despite having the mandate from the government standards and guidelines for safe uterine evacuation. This requires continuous advocacy to change perceptions of midwives' professional capabilities, strengthening pre-service and in-service training.

EVIDENCE WHERE RELEVANT

Ipas Pakistan trained 370 midwives since 2018 who helped to provide 49% of the total PAC and PAFP services delivered to 42553 clients, demonstrating their effectiveness in safe uterine evacuation (including MA and MVA) and contraceptive services.

KEY MESSAGE

In-service training, supervision, opportunity to practice and trust in their abilities are vital to empower midwives to lead and contribute in improving PAC and FP services to reduce maternal mortality and morbidity associated with unsafe abortions.

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PA125

Effects of warm birth and warm compresses on mothers with normal labor at Jinja Regional Referral Hospital

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BACKGROUND

Childbirth is a significant life event that can be associated with pain among women worldwide, and managing it effectively is critical for maternal satisfaction and well-being. Although pharmacological interventions are often used, non-pharmacological methods such as a warm compress and a warm bath are gaining attention because they are cost effective and efficient. These methods have also been shown to provide comfort to laboring women.

OBJECTIVES

This study aimed to investigate the effects of a warm compresses on among women in labor at Jinja Regional Referral Hospital.

METHODS

A randomized controlled trial was conducted among 240 women in active labor being monitored using the WHO labour guide with a cervical dilatation of ≥5cms. The trial was conducted between September 2024 to February 2025 at Jinja Regional Referral Hospital. Participants were randomly assigned to either an intervention group (receiving a warm compresses) or control group (receiving standard care). The outcomes of interest were pain intensity, anxiety levels, and maternal satisfaction which were assessed using the visual Analog Scale (VAS). Data on pain intensity, duration of labor were collected through direct observation and medical records

RESULTS

During the period 240 mothers were randomized; 120 controls and 120 were in the intervention group. Seven mothers dropped off due to discomfort and 233 successfully completed the trial. The results showed that women in the

intervention group experienced significant reductions in pain intensity and anxiety levels compared to the control group. Additionally, maternal satisfaction was significantly higher in the intervention group.
CONCLUSIONS
This study provides evidence that using a warm compress is an effective non-pharmacological method for pain relief, anxiety reduction, and promoting maternal satisfaction during labor.
KEY MESSAGE
Healthcare providers should incorporate warm birth compresses into their standard care protocols for women in labor. Further research could explore the long-term effects of warm compresses on maternal and neonatal outcomes.
Eur J Midwifery 2026;10(Supplement 1):A508

PA126

Maternal and neonatal indicators of planned home birth in Portugal (2018–2025)

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BACKGROUND
In Portugal, demand for planned home birth has increased in recent years. Although legal, it remains outside the National Health Service and is primarily supported by independent midwives. The lack of national data limits professional reflection, visibility, and informed dialogue.
OBJECTIVES
To describe maternal and neonatal outcomes of planned home births attended by midwives between 2018 and 2025, and to support quality improvement and recognition of autonomous midwifery care.
METHODS
Observational, descriptive, exploratory quantitative study, including a retrospective cohort study (2018–2022; n=656) and three prospective cohort studies, with data collection in 2023 (n=157), 2024 (n=212), and 2025 (currently ongoing). The study population consists of women who planned a home birth attended by twelve independent midwifery teams. Variables cover sociodemographic and obstetric characteristics, labour and birth outcomes, neonatal indicators, and hospital transfers. Participation was voluntary, and informed consent was obtained. No conflicts of interest were declared.
RESULTS
The retrospective phase not only highlighted the importance of clinical documentation and peer learning but also helped clarify key concepts and standardize definitions among participating midwives. It allowed for the completion and refinement of some data entries, contributing to greater consistency and reduced bias in the overall results. Preliminary findings show high rates of spontaneous vaginal birth, low levels of intervention, positive neonatal outcomes, and timely hospital transfers when necessary.
CONCLUSIONS
Planned home birth, when attended by qualified midwives, was shown to be safe for these selected pregnant women and their babies and could be considered a viable option to strengthen autonomous midwifery practice in Portugal, while expanding women's choices.
KEY MESSAGE
Planned home birth in Portugal, when attended by qualified midwives was shown to be safe for these selected pregnant women and their babies.
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PA127

Promoting postpartum health and quality of life: Foundations for a continuity of care nursing programme

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BACKGROUND
The postpartum period is a critical phase involving complex biopsychosocial adjustments. Despite its recognized importance, postnatal care often remains fragmented and insufficiently centered on women's needs. The absence of structured follow-up may compromise maternal well-being and overall outcomes. Evidence-based nursing interventions that promote continuity of care and maternal quality of life are therefore essential.
OBJECTIVES
To assess women's experiences of postnatal care and their perceived quality of life using culturally validated instruments. The ultimate aim is to inform the development of a structured educational nursing programme tailored to the postpartum period.
METHODS
A cross-sectional study is ongoing in a Portuguese healthcare unit. Preliminary data from 239 postpartum women aged 19 to 46 years (M=32.76; SD=4.95) were analyzed. Two validated instruments were applied: the Postnatal Care Experience Scale (PCES), originally developed in China and adapted according to Beaton et al. (2007), measures general experience of postnatal care; and the Maternal Postpartum Quality of Life Questionnaire (MAPP-QOL), which evaluates perceived quality of life across five domains (psychological/ baby, socioeconomic, partner relationship, family/friends, and health/functioning). Internal consistency was assessed using Cronbach's alpha.
RESULTS
Preliminary analyses show excellent internal consistency for both tools: α=0.953 for the PCES and α=0.960 for the MAPP-QOL. The instruments were well accepted, and completion rates were high. Their combined use enables a multidimensional understanding of women's postnatal

needs and supports the development of continuity-based care strategies.
CONCLUSIONS
These findings confirm the psychometric reliability of both tools and their relevance for assessing postnatal experience and quality of life. Results support the design of nursing-led interventions that are structured, holistic, and responsive to maternal needs.
KEY MESSAGE
Postpartum care must be guided by women's lived experiences. Validated tools support tailored nursing programmes to strengthen maternal well-being and continuity of care.
Eur J Midwifery 2026;10(Supplement 1):A510

PA128

Midwives in the shadows: The continuing effects of long-Covid on NHS maternity staff

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PURPOSE
The purpose of this presentation is to raise awareness of the ongoing plight for midwives who contracted Covid 19 and still struggle with long-Covid symptoms. Statistics indicate that 2 million people in the UK self-reported long-Covid, with 30% of those reporting symptoms lasting 3 years or more (ONS, 2024). However, even 5 years on from the Covid 19 global pandemic, there is still no internationally agreed definition of long-Covid and no evidence-based treatment (Greenhalgh et al., 2024). The aim is to dispel myths about long-Covid, put forward some solutions to improve midwives' conditions in practice and suggest strategies to maximise retention of the midwifery workforce.
DISCUSSION
Increasing numbers of midwives are leaving the NHS but there is no clear breakdown of why midwives are retiring early or leaving the profession (NMC, 2025). The exact number of midwives with long-Covid is unknown. Unfortunately, occupational health and human resources departments do not have a standardized approach to managing long-Covid in the United Kingdom. The lack of structured support for midwives with this condition has therefore caused a significant impact on attrition. Models of good practice exist in professions such as medicine to ensure flexible workplace adjustments using personalized plans (BMA, 2023). There evidently needs to be fair, equitable treatment and support across professions.
EVIDENCE WHERE RELEVANT
British Medical Association (2023). The long-term impact of Covid-19 on doctors. London: BMA.
Greenhalgh T, Sivan M, Perlowski A, Nikolich J (2024). Long COVID: a clinical update. The Lancet. 401, 10453, pp 707-724.
NMC (2025). Professionals who left the NMC register in 2024/2025. London: NMC. Office for National Statistics (2024). Self-reported COVID-19 infections, England and Scotland. London: ONS.
KEY MESSAGE
Investment in supporting frontline NHS midwives with symptoms of long-Covid will benefit and positively impact individual midwives, the NHS, birthing women, their babies and the economy.
Eur J Midwifery 2026;10(Supplement 1):A511

PA129

Stakeholder perspectives on task shifting to prevent mother-to-child transmission of hepatitis B: A qualitative exploration of a midwife-led model in Vanuatu

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BACKGROUND
In Vanuatu, management of hepatitis B is limited to hospital settings whilst antenatal care is decentralized to primary care settings, overseen by nurses and midwives. Scale up of interventions to prevent mother-to-child transmission (PMTCT) of hepatitis B requires task shifting of care for hepatitis B during pregnancy.
OBJECTIVES
This study aims to understand stakeholder perspectives on task shifting hepatitis B interventions to midwives to prevent mother-to-child transmission of hepatitis B in Vanuatu.
METHODS
Semi-structured interviews in English or Bislama were conducted with policy makers and key stakeholders involved in hepatitis B care at the national and provincial level. Interviews were recorded, transcribed and then translated with any identifying factors coded. A thematic analysis was undertaken.
RESULTS
A total of 12 interviews were conducted. Key findings focused on acceptability, feasibility and sustainability. The importance of PMTCT was recognized. The need to improve access and coverage through task shifting was supported. Nurses and midwives are seen to be highly trusted by the community and are already providing antenatal care, which supports acceptability. Supportive policies, guidelines and networks are required to enable nurses and midwives to provide PMTCT, many of which already exist. In order to be sustainable, an enabling environment is needed including resourcing (HR, financing, supplies); formalising task shifting; pathways for communication and referrals; and client awareness and health education.
CONCLUSIONS
In general, there is support for the expansion of midwife-led interventions to prevent mother-to-child transmission of hepatitis B. However, there is a need for training, capacity strengthening, continuing engagement across all levels, human resourcing, financing, and strengthening

of supply chains. Strengthening of these health system-level components will improve PMTCT efforts and broader maternal and child health.
KEY MESSAGE
Nurse or midwife-led hepatitis B care during the peripartum period may be feasible and acceptable in Vanuatu.
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PA130
Virtual maternity care in Sydney, Australia: User experiences of a new model of care
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BACKGROUND
Virtual models of maternity care that reduce admissions to 'bricks and mortar' settings are now being embedded in health services. Long periods of inpatient admission to hospital have negative impacts on the mental health and wellbeing of pregnant women. Evidence demonstrates the potential for reduced burden to systems and individuals and increased maternal satisfaction.
OBJECTIVES
Virtual maternity care is identified as a strategic government priority to meet the diverse needs of the Australian population. The recently implemented Virtual Maternity Ward at the Royal Hospital for Women (RHW) is the first of its kind in Sydney. This study aimed to pilot test user experiences, cost, carbon emissions and methods, to inform the design of future larger studies.
METHODS
Routinely collected outcomes data and qualitative interview data were collected from 40 women, partners/support people and clinicians. The analysis was guided by the domains of the 'Quality framework for remote antenatal care' constructed by Hinton et al. (2022).
RESULTS
Women who traditionally may have required inpatient admission due to a pregnancy complication were offered hybrid care, via midwifery home visits, telehealth and periodic visits to the clinic. Midwives provided frequent care and support to women, escalating care to obstetric team if required. The setting is a well-resourced population, hence, further research is needed that focuses on equity and inclusion for disadvantaged populations.
CONCLUSIONS
Virtual maternity care is a promising option for many women with pregnancy complications, however, there is a crucial need for further research on whether virtual models of maternity care can meet the socially, culturally and geographically diverse needs of the Australian population.
KEY MESSAGE
Virtual maternity care is emerging in Australia as a strategy to reduce the burden on 'bricks and mortar' health services and improve experiences for women and families.

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PA131
Assessing pain coping in labour: Inter-rater reliability of the "3R" pain coping scale among midwives
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BACKGROUND
Coping with labour pain is a multidimensional process influenced by physical, emotional, and cultural factors. Assessment tools often focus on pain intensity, but evaluating a woman's coping ability may offer a more holistic perspective. The Pain Coping Scale "3R" assesses coping based on relaxation, rhythm, and ritual.
OBJECTIVES
To estimate the inter-rater reliability of the Pain Coping Scale "3R" when used by midwives to assess women's coping ability during different phases of labour.
METHODS
A cross-sectional study was conducted through an online platform. A total of 59 Italian midwives with experience in intrapartum care assessed 15 short videos showing labouring women during three phases of labour: active first stage, passive second stage, and active second stage. After each video, participants completed the Pain Coping Scale (range 0–10), based on observed behaviours. Intraclass Correlation Coefficient (ICC) was calculated to assess agreement between raters.
RESULTS
A total of 885 Pain Coping Scales were completed. The midwives showed excellent agreement in assessing coping across all labour phases, with ICCs of 0.992 in the active first stage, 0.993 in the passive second stage, and 0.986 in the active second stage (all $p<0.001$). The active second stage showed slightly more variability, likely due to the dynamic nature of this phase and the onset of active pushing. Overall, midwives consistently identified both high and low levels of coping.
CONCLUSIONS
The Pain Coping Scale "3R" demonstrated excellent inter-rater reliability and may be a useful tool for midwives to assess coping with pain in labour.
KEY MESSAGE
This tool may contribute to more individualised care, encourage the use of non-pharmacological approaches, and support informed decision-making among women.
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PA132
Postnatal care services as Japan faces a declining birth rate: Transitions and issues
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PURPOSE

The objective of this study was clarify transitions and issues in postnatal care services as Japan faces a declining birth rate.

DISCUSSION

Japan's birth rate continues to decline. The total fertility rate for 2024 was 1.22; in Tokyo for the same year, it was 0.99. As the birth rate declines, acceptance of postnatal care for mothers and their babies is increasing, and postnatal care services are garnering attention. These services were initiated as a model project in 2014 and legislated in 2019. In 2021, local municipalities were obligated to make an effort to provide such services under the revised Maternal and Child Health Act 2021. Various reforms had been implemented until this point, including the creation and revision of guidelines, changes to those eligible for such care, and the period of coverage. The usage rate was 6.1% in 2021 and 15.8% in 2023. Care services related to breastfeeding and childcare accounted for 98.6% of the cases. Local municipalities implementing such services experienced an increase from 29 facilities in 2014 to 1543 facilities in 2023, and the budget also increased. However, a diverse range of issues has emerged and includes low usage rates, differences by municipality in the frameworks for offering systems, and postnatal mental health responses and coordination.

EVIDENCE WHERE RELEVANT

An investigation of reports by corporations and government agencies (e.g., Ministry of Health, Labour and Welfare and the Children and Families Agency) and manuscripts by midwives related to postnatal care was conducted.

KEY MESSAGE

Many mothers and children require postnatal care. Enhancing support systems to enable mothers and children to select the care that they require is important so that they can spend the postnatal period in peace—psychologically, physically, and socially—as a result of meeting with and forming a continuous relationship with a midwife before the birth of their children.

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PA133

Different perineal cleaning and disinfection preparations before vaginal birth to maternal/neonatal infections and cost effectiveness: A randomized controlled trial

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BACKGROUND

Perineal preparation during labor aims to minimize infection risks. While povidone-iodine is widely used, it may disrupt vaginal microbiota and neonatal colonization. With rising healthcare costs, reevaluating its efficacy is essential.

OBJECTIVES

This randomized controlled trial compared povidone-iodine disinfection versus clean water cleansing during vaginal delivery, assessing postpartum infection rates, neonatal oral microbiota, and cost-effectiveness.

METHODS

Conducted at a Taiwanese medical center (Nov 2024–May 2025), the study enrolled 126 low-risk women (58 povidone-iodine, 68 clean water). Outcomes included maternal temperature, WBC, CRP, REEDA scores, neonatal microbiota, and costs. Data were analyzed using t-tests and generalized estimating equations (GEE).

RESULTS

Clinical equivalence was observed between methods. The povidone-iodine group had marginally higher maternal temperatures ($p<0.05$), though all values were subclinical. No significant differences were found in inflammatory markers (CRP) or wound healing (REEDA scores). Clean water preparation was significantly more cost-effective (NT$2.77 vs. NT$106.91 per procedure) and time efficient. Neonatal oral microbiota analysis revealed similar colonization patterns, with a slight increase in potentially harmful bacteria in the povidone-iodine group, suggesting clean water may offer ecological benefits for early microbiome development.

CONCLUSIONS

For low-risk births, clean water cleansing provides equivalent infection prevention while reducing costs and procedure time. The findings support adopting clean water as the standard perineal preparation method in routine vaginal births, reserving antiseptics for high-risk cases. This approach aligns with antimicrobial stewardship and cost-effective care without compromising safety.

KEY MESSAGE

Clean water perineal cleansing matches povidone-iodine's efficacy in low-risk births, is cheaper/faster, and may benefit neonatal microbiota. Recommends water as standard for uncomplicated deliveries.

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PA134

A cross-sectional study on women's attitude toward the preference for Caesarean Section deliveries in Andhra Pradesh, India

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BACKGROUND

Caesarean Section (CS) rates have been rising steadily worldwide, including India, due to several factors affecting women's preference.

OBJECTIVES

The present study aimed to identify women's attitudes towards the preference of C-section births in Andhra Pradesh.

METHODS

The study carried out cross-sectional survey among 553 postnatal women in four districts of Andhra Pradesh. Data were collected using the questionnaire developed based on the Attitude Toward Birth Method Selection (ATBMS) scale from June 20 to August 16, 2024. The study used descriptive statistics, including the Chi-squared test, Exploratory Factor Analysis (EFA), and multivariate logistic regression for the statistical analysis.
RESULTS
Of the 564 post-natal women approached, 98% participated in the study. The study found that the proportion of C-sections increases with age. Mothers aged 16-20 had the lowest C-section rate at 26.6%, while mothers aged 21-25 and above 25 had C-section rates of 39.6% and 41.1% respectively (p=0.020). The more children, the lower the C-section rate (p=0.001). In addition, those who had a history of C-section had a much higher probability of having another C-section (92.7%) compared to those with a history of normal vaginal delivery (4.63%) (p=0.000). The Chi-square analysis revealed notable associations between socio-demographic variables such as increasing age, previous history of C-sections, higher income, and private healthcare facilities associated with increased likelihood of CS.
CONCLUSIONS
The study found that age, number of children, previous history of C-section, attitudinal aspects such as physical and sexual health concerns, convenience, healthcare support, and sociocultural norms affect the choice of current C-section. These findings underscore the complex association of factors influencing CS choices.
KEY MESSAGE
Factor analysis shows that post-natal women's attitudes, such as 'Sexual and physical attitude' and 'Fear of childbirth', are prominent factors, followed by 'Preference of convenience & trust in health providers' in determining the mode of delivery and are significant predictors of CS choices.
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PA135

Be-MORE: Improving sexual and reproductive health literacy and access to care for women in a refugee camp - Pilot project

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PURPOSE
Be-MORE, a pilot project of the midwifery faculty, is a midwife-led open safe space for women in an urban refugee camp. Women can discuss their perception and needs around their sexual and reproductive health (SRH). Our goals are to improve the SRH literacy and access to adequate care for female refugees, increase longtermly their health outcomes and to provide evidence for an innovative new practice model, combining research, education and practice.
DISCUSSION
Be-MORE is offered two half-days per week, covering SRH topics such as family planning, menstrual health, perinatal care, child nutrition, including the choice of care models. Body-mind interventions supplement the program. Women can easily consult midwives about their needs. If additional specific medical needs need to be met, triage within the midwives' interprofessional network is initiated. Translational services are provided through various options, such as apps and phone translation.
EVIDENCE WHERE RELEVANT
SRH is essential for the wellbeing and life quality of women and their families. Access to SRH services increases equality, equity and social development (1) Refugees are specifically vulnerable due to their biography and socioeconomic status (2) In Switzerland, the access to SRH services is limited for refugees (3) Midwives have specific skills and competencies to improve SRH of their people in care and to provide community education about topics related to perinatal health (4) Be-MORE is a comprehensive project aligned with the professional framework of midwifery
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KEY MESSAGE
Midwifery faculties have the potential to combine applied scientific knowledge with clinical expertise to support marginalized populations. By developing innovative solutions, we can establish evidence-based best practices for care and education. This approach not only enhances sustainability but also benefits the health system as a whole.
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PA136

Enhancing birth experiences and outcomes: The impact of midwifery-led care in a South Indian tertiary hospital

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BACKGROUND
Midwifery-Led Units (MLUs) provide women-centered, respectful care, minimising medical interventions and enhancing birthing experiences, while integrating the midwifery model into existing health systems to improve maternal and newborn outcomes. In addition, establishing midwifery-led birthing centers will ensure respectful maternity care. In 2019, a tertiary hospital in South India established the first co-located MLU to integrate professional midwives into the healthcare system.
OBJECTIVES

To showcase the impact of a co-located MLU on birth experiences, maternal and neonatal outcomes and highlight the need for such units across India.
METHODS
A retrospective analysis was conducted from July 2019 to December 2024 to assess birth outcomes, transfer rates, and maternal birthing positions. We used a robust methodology, including data collection from patient records and employed descriptive statistics for analysis.
RESULTS
Over the course of 65 months, 1839 women received care at the MLU. Of these, 70% had spontaneous vaginal births. 30% required transfers to the Obstetric-Led Unit, where birth outcomes included 51.8% spontaneous vaginal births, 28% assisted vaginal births and 20% c-sections. Most common reasons for transfers were request for epidural analgesia, meconium-stained liquor and fetal bradycardia. 84.5% of women chose upright position, 11.8% opted left lateral position and 3.4% other positions (including all fours, squatting and standing). Perineal outcomes showed 48.3% had first-degree tears, 26.8% had second-degree tears, and 0.6% experienced third-degree tears. Additionally, 21.6% of women had an intact perineum, while 23% underwent an episiotomy. 354 mothers opted for water birth, and 704 opted for hydrotherapy.
CONCLUSIONS
The MLU model is a safe, evidence-based option for low-risk pregnancies. Scaling this model across similar settings in India could transform maternity care and reduce unnecessary interventions.
KEY MESSAGE
Midwifery-led care promotes positive birth experiences, including respectful and less-interventional births for low-risk women. This underscores the importance of our research and its potential impact on India's maternal and neonatal health.
Eur J Midwifery 2026;10(Supplement 1):A519

PA137

The role of prenatal preparation in shaping childbirth experience: A cross-sectional study among primiparous women in Flanders

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BACKGROUND
Childbirth experience significantly impacts women's short- and long-term well-being. Around 16–21% of women report a negative birth experience. Prenatal preparation is increasingly seen as a potential protective factor.
OBJECTIVES
Assert if different forms of prenatal preparation - consultations with midwives or gynecologists, prenatal classes, and online information-seeking - are associated with birth experience.
METHODS
In a cross-sectional retrospective study, 432 primiparous women reported on their birth experience (measured with CEQ 2.0) and prenatal preparation. Hierarchical linear regression was conducted in SPSS 29, controlling for birth mode, complications, location, epidural use, and time since birth.
RESULTS
Most participants prepared for childbirth in multiple ways. On average, women visited the gynecologist 8 times and the independent midwife 3 times. They attended an average of 4 information sessions, and the majority (86.3%) also searched for information online. The average total score on the CEQ 2.0 was 3.03 (theoretical range 1–4). The number of consultations with the gynecologist (B = .002, p = .96) or midwife (B = –.04, p = .47), attended classes (B = .05, p = .41), and frequency of online information-seeking via informational websites (B = –.08, p = .09), pregnancy apps (B = .04, p = .46), or other online sources (B = –.02, p = .76) were not associated with childbirth experience. Class format (digital vs. face-to-face; individual vs. group) also showed no association. However, longer consultations with the gynecologist (B = .13, p < .01) or midwife (B = .14, p < .01) were associated with a better childbirth experience.
CONCLUSIONS
While the quantity of preparation did not predict better birth experiences, the length of professional consultations did. Future research should explore which content components (e.g., addressing fear, coping, or partner involvement) enhance the effectiveness of prenatal preparation.
KEY MESSAGE
Findings highlight the importance of longer, personalized prenatal consultations for improving birth experiences.
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PA138

Strengthening community health promotion through the baby-friendly community health services best practice: Experience from the EU Joint Action PreventNCD

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PURPOSE
The EU Joint Action PreventNCD (2024–2027) provides a unique platform for advancing health promotion strategies across Europe. In particular, Task 6.5 promotes the implementation of the Baby-Friendly Community Health Services (BFCHS) Best Practice, expanding the WHO/UNICEF Baby-Friendly Hospital Initiative into community settings, enhancing the role of midwives and other community health professionals in supporting breastfeeding and responsive parenting. This contribution shares the experience of adapting and piloting

the BFCHS Best Practice in seven countries (Greece, Italy, Lithuania, Norway, Slovenia, Spain, and Ukraine) with the objective strengthening the protection, promotion and support of breastfeeding and reducing social inequalities in health, addressing the commercial determinants of health, and promoting early childhood development as a means of preventing non-communicable diseases (NCDs).
DISCUSSION
Led by the Italian National Institute of Health and the Norwegian Directorate of Health, Task 6.5 integrates midwifery leadership into public health systems through multidisciplinary and trans-sectoral collaboration. Pre-implementation activities—including stakeholder mapping, context analysis, and health equity audits—are ensuring contextual adaptation and long-term sustainability. The BP highlights the strategic role of midwives and other professionals as community health promoters, reinforcing their capacity through targeted training programmes delivered via an e-learning platform.
EVIDENCE WHERE RELEVANT
Preliminary results from the implementation sites demonstrate the model's adaptability to different health systems and sociocultural contexts. The involvement of midwives and community professionals has enhanced local ownership and cultural responsiveness, supporting more equitable access to breastfeeding-friendly environments and early-childhood care. Challenges remain in addressing the commercial determinants of health, including through the healthcare system itself.
KEY MESSAGE
Integrating midwives as leaders, together with other key professionals, in community-based health promotion through the BFCHS not only strengthens maternal and child health services, but also contributes to strengthening the support of breastfeeding and health inequalities and preventing NCDs. The PreventNCD experience affirms the value of sharing knowledge and co-developing scalable, evidence-informed practices at European level.
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PA139

Respectful maternity care from the point of view of midwife, student and mother

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BACKGROUND
Respectful maternity care is defined as care that maintains dignity, privacy, and confidentiality of pregnant and birthing women, ensures freedom from harm and mistreatment, and enables informed choice and continuous support during labor and birth When women feel supported, respected, safe, and able to participate in decision-making, they may be more likely to have positive birth experiences.
OBJECTIVES
This research is aimed to determine levels of respectful maternity care from the point of view of midwives, students, and mothers.
METHODS
The research is being conducted in two mother-friendly state hospitals in Adana-Türkiye. In this study where midwife, student, and woman interaction is evaluated, the sample consists of students and midwives who provide care to the same woman. Data are collected with Midwives' Knowledge and Practice of Respectful Maternity Care Scale, Students' Perception of Respectful Maternity Care Scale, and Respectful Maternity Care Scale.
RESULTS
The data collection process of the study is ongoing and the comprehensive analysis research results will be shared in the congress.
CONCLUSIONS
Respectful maternity care, which focuses on the individual, cultural, and medical needs of women, is vital to improving access to quality maternal healthcare.
KEY MESSAGE
Students should learn how to maintain patient dignity and respect in their educational processes. Therefore, in order to support the professional development of both current midwives and future midwives, education should be strengthened and evidence-based practices should be encouraged. It is important that midwives take the lead in adopting respectful maternity care, together with evidence-based practices, that will enable the mother and fetus/newborn to experience this process positively. This approach will help improve the health outcomes of both individuals and communities.
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PA140

Transitioning to midwifery-led care models: Barriers and facilitators to the shift from doctor-led to midwifery-led care

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BACKGROUND
Midwifery-led care models are widely recognized for their numerous benefits, yet their adoption remains limited across many countries due to various systemic and contextual challenges. These models are associated with improved maternal and neonatal outcomes, long-term sustainability, satisfaction, and favourable economic impacts. Nevertheless, shifting from traditional doctor-led or shared-care approaches to midwifery-led models often encounters resistance.
OBJECTIVES
This qualitative systematic review aimed to explore and

synthesize existing evidence on how key stakeholders perceived the barriers and facilitators to implementing midwifery-led care models in their own contexts.
METHODS
The review was conducted following the Joanna Briggs Institute (JBI) methodology for qualitative evidence synthesis. It included a comprehensive search across multiple databases, independent screening and quality appraisal by two reviewers, structured data extraction, and thematic synthesis. The Consolidated Framework for Implementation Research (CFIR) was used to categorize findings, and the ConQual approach assessed the confidence in the evidence.
RESULTS
Seven studies met the inclusion criteria. From these, 14 distinct findings emerged—five facilitators and nine barriers—reflecting the views of a range of stakeholders, including women, midwives, physicians, and educators. The findings were mapped across four CFIR domains: the innovation itself, the outer setting, the inner setting, and individual characteristics. Key themes included financial considerations, cultural norms, regulatory and policy frameworks, perceived urgency for change, interpersonal dynamics, organisational infrastructure, information accessibility, and individual competence. These results highlight the complex, multi-level factors influencing implementation efforts.
CONCLUSIONS
Successful and sustainable integration of midwifery-led care models requires tailored, context-sensitive strategies guided by implementation science. Particular emphasis should be placed on stakeholder engagement and policy reform to address existing barriers and leverage enablers effectively.
KEY MESSAGE
This review offers unique, evidence-based insights into the challenges and enablers of transitioning from doctor-led to midwifery-led care models, synthesising stakeholder perspectives. It provides critical guidance for policymakers and health systems to develop context-sensitive strategies for sustainable implementation.
Eur J Midwifery 2026;10(Supplement 1):A523

PA142

One aspect of midwifery care—Being with woman: A descriptive study of women´s perspective on midwifery presence at birth

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BACKGROUND
The use of many interventions during childbirth is increasing worldwide. Increased knowledge on the meaning of midwifery presence and support in labour is of importance as it is associated with improved birth outcomes.
OBJECTIVES
To learn about women's perceptions of the midwifery practice of "being with woman" during instrumental vaginal birth or emergency cesarean section.
METHODS
The translation and adaption of the Positive Presence Index (PPI) was conducted at a mixed risk birth unit in Iceland. The descriptive, correlational design used a convenience sample of 400 women of mixed risk. The main outcome measure was a 29-item seven-response Likert scale questionnaire, the Positive Presence Index (PPI), administered to women after birth. This included questions such as; number of midwives attending, presence of personal support persons and support to use coping/comfort techniques. Birth characteristics were also collected. Descriptive statistics was used to present the result and ANOVA for the analysis of variance to determine differences in PPI scored for all independent variables.
RESULTS
In the study sample emergency cesarean sections accounted for about 9% of all deliveries and instrumental births (vacuum extractions and forceps) 9,5%. Preliminary data show that there is a difference in the perception of the midwifery practice of "being with woman" depending on the mode of birth. This is an ongoing study and further analysis will be presented at the conference.
CONCLUSIONS
As higher rate of interventions has been reported worldwide it is of importance to explore how women who experience instrumental birth experience the aspect of midwifery care-being with women. Our study findings will hopefully inform policy and planning of midwifery care during birth.
KEY MESSAGE
This study will add to the knowledge about the midwifery practice of "being with woman" during instrumental birth and cesarean section and as such strengthen the knowledge base of how midwifery presence can affect birth outcomes.
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PA143

Keeping afloat: A PNG Midwifery Leadership Buddy Program initiative to improve the readiness and safety of rural and remote midwives and primary health clinicians

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PURPOSE
This poster presentation outlines the development, implementation, and lessons learned from a Papua New Guinea (PNG) Midwifery Leadership Buddy quality improvement project. Supported by Rotary, Australian College of Midwives, the PNG Midwives Society, and Australian Doctors International, this project addresses gaps in rural and remote maternal and newborn care and ensures supervisor safety.
DISCUSSION
In West New Britain, midwife shortages challenge the provision of quality, comprehensive maternal and newborn care in rural and remote communities, requiring nurses and community health workers with limited midwifery training to provide care. This capacity gap results in 'missed care,' contributing to poor maternal and infant health outcomes. In response, a PNG Midwifery Buddy trio worked with midwives,

nurses, community health workers, and local stakeholders to develop two complementary solutions. First, they created the ANC, PNC and Newborn Care Guide, a clinic poster providing staff with an easy-to-use reference summarizing required care at each visit. Content includes prompts for history, examination, tests, treatment, education, and planning, aligning with PNG clinical guidelines and training manuals. Second, recognizing Safe Motherhood teams must travel by river and ocean to reach many remote clinics, the partnership provided life jackets to ensure safe transportation, addressing a critical supervision access barrier.
EVIDENCE WHERE RELEVANT
Feedback from participating clinicians demonstrated improved confidence in care delivery and adherence to clinical protocols, while life jacket provision enabled safer access to difficult-to-reach communities.
KEY MESSAGE
This dual-approach quality improvement project exemplifies the power of midwifery partnerships in developing simple but impactful solutions addressing both clinical capacity and safety barriers to enhance community midwifery care and improve maternal and newborn health outcomes. The ANC, PNC and Newborn Care Guide design can be easily adapted by midwives in similar contexts worldwide, and templates will be available to delegates for workplace adaptation.
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PA144

Building a global group care community of practice to strengthen midwifery collaboration and innovation

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PURPOSE
Communities of Practice (CoPs) offer a powerful mechanism to promote global collaboration, knowledge exchange, and collective action. In midwifery-led models of care, CoPs can be particularly valuable in scaling evidence-based midwifery models such as group care. This session will describe the experience of launching and sustaining a global group care CoP on the World Health Organization's Implementing Best Practices (IBP) platform, as a subgroup of the Nursing and Midwifery CoP.
DISCUSSION
We will explore the process of building the CoP—from initial stakeholder engagement and platform selection to defining focus areas and facilitating participation. The session will highlight both challenges (e.g. platform limitations, time zones, and engagement fatigue) and opportunities (e.g. shared learning, interdisciplinary participation, and momentum from global guidance such as the WHO antenatal care and postpartum care recommendations). Strategies to foster a vibrant and inclusive CoP will be shared, including co-led discussion threads, resource-sharing, and interactive virtual convenings.
EVIDENCE WHERE RELEVANT
Midwifery-led models of care such as group care have been shown to improve health outcomes, enhance patient satisfaction, and reduce disparities—particularly when care is continuous, community-based, and centered on relationships. Emerging engagement data, member feedback, and examples of cross-country collaboration will illustrate the CoP's potential impact in introducing, scaling, and sustaining group care. The session will also draw on literature highlighting the role of CoPs in health systems change and professional development.
KEY MESSAGE
Effective, well-facilitated CoPs can be a catalyst for advancing midwifery-led models like group care by supporting global knowledge exchange, peer support, and systems transformation.
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PA145

TeamBirth as an effective and scalable model for advancing respectful maternity care globally

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BACKGROUND
TeamBirth is a person-centered intrapartum care model designed to strengthen communication, teamwork, and shared decision-making during labor and birth across diverse settings, from midwife-led birth centers to major academic hospitals. Grounded in core midwifery principles of respect for human dignity, autonomy, and collaboration, TeamBirth uses structured bedside huddles—bringing together the woman giving birth, her nurse, and midwife or obstetrician—to transparently discuss and document care plans on a shared planning board. Since 2018, TeamBirth has been implemented in over 200 hospitals in the United States and Sweden, including statewide rollouts in Oklahoma, Washington, and New Jersey.
OBJECTIVES
To assess the association between exposure to a TeamBirth huddle during labor and patient-reported autonomy in decision-making in maternity care settings in New Jersey.
METHODS
Postpartum patients (N=3518) receiving care across participating midwife-led birth centers and hospitals in New Jersey completed a survey assessing demographic and clinical characteristics, exposure to TeamBirth huddles, and the My Autonomy in Decision-Making (MADM) scale (score range: 6-42). Multivariable linear regression models were used to examine differences in mean MADM scores among those who did and did not report experiencing a huddle. Subgroup analyses explored differences in scores across racial/ethnic groups.
RESULTS
Participants who experienced a TeamBirth huddle reported significantly higher autonomy scores (b=2.94, p<.001). This

association was consistent across Hispanic (b=2.24, p=.003), White (b=3.05, p<.001), Asian (b=3.30, p=.02), and Black (b=3.71, p<.001) participants, indicating TeamBirth's potential to promote equity and enhance respectful maternity care.
CONCLUSIONS
Findings from New Jersey reinforce recently published results from Oklahoma, suggesting that TeamBirth is an effective, scalable model for advancing patient autonomy and equitable maternity care. By aligning with core midwifery principles, TeamBirth helps ensure all women are heard, supported, and respected throughout labor and birth.
KEY MESSAGE
TeamBirth has strong potential for adaptation across diverse care settings and geographies to advance respectful, person-centered maternity care at scale.
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PA146

Predictors for successful breastfeeding: Results from a Swiss national cohort study

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BACKGROUND
Breastfeeding offers numerous well-established health benefits for mothers and their children. Nevertheless, weaning during the first weeks and months after birth remains common in Western countries. To better support mother-child dyads in maintaining breastfeeding for longer durations, it is crucial to understand the factors that contribute to its continuation and success.
OBJECTIVES
To identify predictors of successful breastfeeding and compare them across birth places.
METHODS
We are conducting a prospective cohort study in 81 Swiss maternity units, including hospitals, private clinics, and birth centres. Of approximately n=5900 eligible women who gave birth during a six-week recruitment phase, nearly n=2800 agreed to participate so far. Medical data are extracted from clinical records. Additionally, self-completed questionnaires are distributed after birth, with follow-ups at two, six, and twelve months postpartum. Descriptive and multivariable statistics applying weighting methods to ensure the representativeness of results will be used.
RESULTS
Preliminary findings show that 93% of mothers initiated breastfeeding. Rates of exclusive breastfeeding at discharge vary depending on the type of maternity institution. The identification of predictors associated with breastfeeding success (exclusive or partial breastfeeding, weaning) at birth, as well as at two and six months postpartum, will provide insight into key socio-demographic, perinatal, and care-related determinants relevant to breastfeeding promotion. Furthermore, the prevalence of, and factors associated with continued breastfeeding at twelve months postpartum will contribute to additional knowledge.
CONCLUSIONS
Predictors for successful breastfeeding will be discussed in the context of midwifery care in the different type of maternity institutions.
KEY MESSAGE
Understanding factors contributing to successful breastfeeding is essential to providing better support for mothers and their infants.
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PA147

Exploring maternal experiences of midwifery led home visits in Iceland: A qualitative study in progress

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BACKGROUND
The early postpartum period is a critical time for maternal recovery, emotional adjustment, and the establishment of infant bonding and breastfeeding. In Iceland, early discharge from hospital places increased emphasis on midwifery led home care. However, little qualitative research exists on how Icelandic women experience this care.
OBJECTIVES
To explore how mothers in Iceland experience midwifery led home visits after childbirth, with the aim of identifying supportive, insufficient, or missing elements of care that impact maternal wellbeing and adjustment.
METHODS
This is a qualitative study informed by interpretive phenomenology. Participants are recruited through purposive sampling and include women who gave birth in the past 6–12 months and received at least one home visit from a midwife within the first 8–10 days postpartum. Semi-structured interviews are being conducted and analyzed using reflexive thematic analysis (Braun and Clarke). Participant diversity in age, location, cultural background, and socioeconomic status is ensured to capture a broad range of perspectives.
RESULTS
Preliminary results: Early interviews indicate that women highly value relational continuity, emotional reassurance, and hands on breastfeeding support. Many feel empowered by the personalized nature of care. Challenges include variability in service availability, unmet informational needs, and gaps in continuity between hospital and community care.
CONCLUSIONS
Preliminary findings highlight the value of personalized, continuous postpartum care delivered by midwives. These insights may guide service improvements and inform national policy to support maternal health and satisfaction in the postpartum period.
KEY MESSAGE
Midwifery led home visits are vital to the emotional, physical,

and informational support of postpartum women. Ensuring consistency and individualized care can enhance maternal outcomes and satisfaction.

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PA148

Effect of father-sensitive birth education on prenatal paternal attachment level

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BACKGROUND

Childbirth preparation programs contribute to strengthening the role of fathers as participating, caring and emotionally supportive parents beyond the traditional and patriarchal role.

OBJECTIVES

This study aims to examine the impact of the "Father-Sensitive Childbirth Preparation Program" (FS-CPP) on the prenatal attachment levels of expectant fathers.

METHODS

This study was designed as a single-blind, randomized controlled trial, conducted between February 1-October 1, 2024, in Mersin, Türkiye. Total of 99 expectant fathers, whose partners were in their first pregnancy with 20-32 gestational weeks and who were becoming fathers for the first time, were included. Participants were randomized into two groups: the FS-CPP group (n=50) and the standard Childbirth Preparation Program (CPP) group (n=49). Both groups received a total of 12 hours of childbirth preparation education, consisting of four sessions, each lasting three hours. The FS-CPP group received the "Father-Sensitive Childbirth Preparation Program," while the control group received the standard "Childbirth Preparation Program." Descriptive characteristics of the participants were collected using the "Descriptive Information Form," and pre-test and post-test data were collected using the "Prenatal Father Attachment Scale" (PFAS). Data were analysed using descriptive statistics and t-tests for dependent and independent groups.

RESULTS

The results revealed that the expectant fathers in the FS-CPP group showed a significant increase in their total PFAS scores as well as in the subscales of "Quality of Attachment" and "Time Spent in Attachment" following the intervention ($p<0.001$).

CONCLUSIONS

These findings suggest that midwives, as key providers of family-centered care during the prenatal period, can make significant contributions to the development of interventions that promote paternal involvement and strengthen attachment in childbirth preparation services. The FS-CPP is considered an effective method for enhancing prenatal attachment levels in expectant fathers.

KEY MESSAGE

Counseling-based approaches that go beyond the transfer of information and support emotional awareness and attachment should be adopted in preparing fathers-to-be for parenthood.

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PA149

Exploring the paradox of medicalised maternity care in Ghana: A focused ethnography

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BACKGROUND

Global efforts to improve maternal and neonatal outcomes are promoting facility-based maternity care, particularly in lower-middle-income countries such as Ghana. While strategies to reduce maternal and neonatal mortality emphasize hospital-based deliveries, there have also been reports of increased medicalization even for low-risk births.

OBJECTIVES

This study aimed to examine how and why medicalized childbirth practices occur in two Ghanaian public health facilities and assess their impact on the provision, experience, and outcomes of care, using the WHO Quality of Care Framework.

METHODS

A focused ethnographic study was conducted in two public health facilities in Ghana. Data collection involved non-participant observation, document analysis, and semi-structured interviews with maternity care providers. Thematic analysis generated four core themes.

RESULTS

The findings revealed significant deficiencies in the practical provision of maternity care. Interventions such as intravenous fluids and urethral catheterization were routinely administered to low-risk women, often without clinical indication. Care was inconsistent, provider-centered, and unsupported by formal clinical guidelines. Infrastructural inadequacies, including staff shortages and limited material resources, further constrained the timely and appropriate delivery of care. Providers commonly framed childbirth as inherently risky and justified medical interventions based on institutional norms and fear of blame, rather than evidence-based guidance. Interprofessional dynamics, hierarchical decision-making, and power imbalances influenced decisions regarding the use of medical interventions. These factors contributed to the exclusion of women from decision-making processes and a lack of respectful, person-centred care. Collectively, these conditions compromised quality across all domains of the WHO Quality of Care Framework: provision of care, experience of care, and outcomes

CONCLUSIONS

Medicalization in Ghana's maternity facilities is driven by institutional norms, resource constraints, professional perspectives and power hierarchies. Addressing this requires structural investment, midwifery empowerment, and a shift towards woman-centered, evidence-based care.

KEY MESSAGE

Improving quality requires more than protocols. Midwife-led, respectful, and relational care must be prioritized to rehumanize childbirth.

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PA150

The association between the trend in body

mass index and the trend in postpartum hemorrhages and manual placental removal: A Dutch cohort study

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BACKGROUND
There is a global increase in Postpartum Hemorrhage (PPH) and Manual Placental Removal (MROP), for which is no sufficient explanation. Additionally there is a trend towards increased Body Mass Index (BMI) among childbearing population. The relation between these is unclear (1-4). Midwife-led care demonstrates improved outcomes for women; home-birth, in particular may be an ameliorating factor (5-7).
OBJECTIVES
To investigate the association between BMI and PPH and MROP in midwife-led care in the Netherlands.
METHODS
This retrospective cohort study used the VeCas database, containing representative data for the midwife-led population in the Netherlands (8). Informed consent prior to inclusion in the database was obtained. Births (singleton and term) in midwife-led care between 2013 and 2022 were included (n=29,021). Uni- and multivariable logistic regression analyses examined associations between year and PPH ≥ 1000 mL and MROP, and BMI categories and PPH and MROP.
RESULTS
The incidence of normal- and underweight decreased from 69% to 61%, and from 3.7% to 3.4%. The incidence of overweight and obesity class I increased from 20% to 25% and from 5.7% to 7.9% (p-value <0.001). PPH and MROP rates increased, respectively 1.9% to 3.5% (OR1.9,(95%CI(1.32-2.74) and 1.5% to 4.5% (OR3.0(2.05-4.44), compared to the reference year. Adjusted OR's with and without BMI didn't materially alter (p-value <0.001). Increasing BMI category was associated with higher OR's for PPH in obesity class II OR 1.63(1.09-2.45) and MROP (2.96(2.10-4.16), with greater increase in MROP observed.
CONCLUSIONS
This study confirms the upward trend in both BMI and the incidence of PPH and MROP in healthy childbearing women. No evidence was identified linking the rise in BMI to the ongoing increase in PPH and MROP.
KEY MESSAGE
Critically evaluate third stage management, as overtreatment may contribute to rising PPH and MROP rates. Emphasize watchful attendance (9) and inform women about the protective effect of home birth.

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PA151

Women's experiences of childbirth in Kiboga, Uganda

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PURPOSE
To explore the childbirth experiences of women who gave birth at Kiboga District Hospital in Uganda by analyzing their birth stories, including their perceptions and personal feelings.
DISCUSSION
Childbirth experience is part of the social cultural roles of women in Kiboga and can have long-term implications for a woman's health and wellbeing. Skilled birth attendance and healthcare facility delivery are effective means of reducing maternal mortality. Many women in Uganda (~35%), still give birth at home without a skilled birth attendant or are delayed in coming to the health facility for care. Up to 70,000 lives (women and babies), are lost every year in Uganda due to complications during pregnancy, childbirth and in the first few months afterwards. Twenty women, ages 19 to 43 years, were interviewed in a semi-structured in-depth interview within 24 hours of childbirth with the help of a local professional translator.
EVIDENCE WHERE RELEVANT
Qualitative interpretive and descriptive analysis revealed two main themes that each consisted of several subthemes: Cultural Norms of Childbirth (Women's Status, Submissiveness, and Silence/Acceptance) and the Childbirth Process and Its Impact (Loss, Coping and Overcoming Difficulties, and Physical Well-Being).
KEY MESSAGE
Women need to feel supported and valued to deal with their childbirth experiences. Incorporating the professional support of experienced midwives in an enabling environment and providing access to a sufficiently equipped health care facility may improve the mental and physical state of women who give birth in Uganda and help them return to optimal functioning.

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PA152

The influence of structural racism and discrimination on preterm birth: A meta-analysis of studies among black women in the United States

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BACKGROUND
Black birthing people in the United States experience a significantly higher rate of Preterm birth (PTB) compared to White birthing people (14% vs 9%). Racism exists in three

forms: internalized, interpersonal, and structural.
OBJECTIVES
The purpose of this study was to examine the association between structural racism and PTB among Black birthing people, by racism metric, and to measure the effect of structural racism and discrimination on PTB.
METHODS
Six databases were searched for the racism terms (e.g. residential racial segregation), measurement terms (e.g. neighborhood composition) and PTB terms. Sixty studies met the inclusion criteria (published in English, and measured association between racism and premature birth (< 37 weeks gestation) and were meta-analyzed. Heterogeneity (I-square statistics) and Odds ratios (ORs) were calculated using a random effects model. Studies with low-risk of bias were divided into sub-groups for further analysis.
RESULTS
Racism was associated with a 7-15% increased risk of PTB [OR 1.11, 95% CI 1.07-1.15] analyzing all 60 studies and a 7-26% increased risk of PTB [OR 1.16, 95% CI 1.07-1.26] in the 14 low-risk of bias studies. Racial segregation was not associated with PTB [OR 1.05, 95% CI 0.98-1.13]. Structural measures [OR 1.23, 95% CI 1.07-1.42) and area deprivation [OR 1.40, 95% CI 1.11-1.77) were significantly associated with PTB.
CONCLUSIONS
Our findings demonstrated that structural racism and experiences of racial discrimination increased the risk of PTB among Black birthing people, with higher odds among structural racism measures, such as area deprivation. This analysis was limited by the variety of metrics, levels, and dimensions of racism.
KEY MESSAGE
Racism and structural discrimination should be evaluated in future studies of PTB. Researchers and clinicians must continue to develop multifactorial assessments and interventions to mitigate the harmful effects of racism and discrimination. Legislation that protects access to care is an example of a strategy to address structural racism.
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PA153

Work and health factors associated with midwives' intention to leave: Findings from nationwide cross-sectional and prospective studies in Sweden

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BACKGROUND
Midwives play a critical role in achieving global goals for sexual and reproductive health, yet midwifery shortages are a growing concern worldwide.
OBJECTIVES
This study aimed to analyze work and health-related factors associated with midwives' intentions to leave their current position or the profession entirely.
METHODS
A nationwide web survey was conducted among Swedish midwives in 2020 (n=5076) and repeated in 2023 (n=4398). The analyses included cross-sectional data (n=3696) and prospective data (n=531/406) from participants responding at both time-points. Uni- and multivariable logistic regressions examined associations between variables including: possibilities for development, quality of work, role conflict, recognition, self-rated health, and burnout, and two outcomes: intention to leave current position and intention to quit midwifery.
RESULTS
Cross-sectional analyses showed that 56% of midwives had an intention to leave their current position. Higher quality of work, recognition, and development opportunities were associated with lower intention to leave the current position, while role conflict and burnout increased the likelihood. In prospective analyses (n=531), quality of work, recognition, and lower burnout at baseline predicted lower intention to leave at follow-up. When excluding those already intending to leave at baseline (n=406), only quality of work remained a significant predictor. Regarding intention to quit midwifery,42% of midwives had thought of quitting midwifery altogether. Recognition and development opportunities were protective factors, while burnout increased the risk. Prospectively, recognition and self-rated health at baseline predicted lower intention to quit among those not already intending to leave.
CONCLUSIONS
Quality of work, recognition, and health are key factors in midwives' retention. Recognition, in particular, emerges as a simple yet powerful factor—a humble but meaningful wish from a professional group essential to global health systems.
KEY MESSAGE
To retain midwives, healthcare systems must improve working conditions and meaningfully acknowledge their professional contributions.
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PA154

From phones to frontlines: A qualitative exploration of healthcare providers' perceptions on mHealth feasibility for antenatal care in rural Pakistan

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BACKGROUND
Maternal mortality remains a major public health concern in Pakistan, with a significant number of deaths preventable through timely Antenatal Care (ANC). In rural settings, limited access to skilled care highlights the need for innovative solutions. Mobile Health (mHealth) has shown promise in improving ANC coverage globally, yet its feasibility in rural Pakistan remains underexplored.
OBJECTIVES

This study explored the perceptions of Community Midwives (CMWs) and Lady Health Workers (LHWs) on the feasibility of using mHealth to improve antenatal care in a rural district of Pakistan.
METHODS
A qualitative descriptive design was employed using three Focus Group discussions (FGDs) with 22 participants (8 CMWs and 14 LHWs) in Tando Allah Yar, a rural district in Sindh, Pakistan. Data were collected using a semi-structured interview guide, transcribed, translated, and analyzed thematically following Creswell's qualitative data analysis framework. Ethical approvals were obtained from the Aga Khan University ethical review committee and written informed consent was obtained.
RESULTS
Two overarching themes emerged: (1) familiarity with mobile technology and (2) foreseeing challenges yet demonstrating willingness. Participants commonly used phones for communication, learning, and referrals. Despite minimal prior exposure to mHealth tools, they expressed strong willingness to adopt such innovations. Anticipated barriers included poor smartphone access, limited digital literacy, weak internet connectivity, language issues, cultural stigma, and strained inter-cadre collaboration. Nevertheless, participants recognized the potential benefits of mHealth in improving ANC coverage, maternal health outcomes, and coordination between providers.
CONCLUSIONS
While community health workers in rural Pakistan see the value in mHealth, implementation must address infrastructure, cultural, and relational barriers. Their openness to using mHealth tools presents a strong foundation for designing inclusive and context-sensitive digital interventions.
KEY MESSAGE
This study highlights the importance of frontline provider perspectives in shaping digital health strategies aimed at improving ANC in underserved rural settings.
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PA155

Oxytocin prophylaxis for postpartum hemorrhage prevention among physiologic births under midwifery care in Ontario, Canada (2015-2022)

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BACKGROUND
While oxytocin prophylaxis is recommended for all births to prevent Postpartum Hemorrhage (PPH), its effects following physiologic birth remain uncertain.
OBJECTIVES
To estimate the causal effect of oxytocin prophylaxis versus physiologic care during the third stage of labour on PPH following physiologic birth.
METHODS
We conducted a population-based cohort study of all individuals in Ontario, Canada (2015-2022) under midwifery care during the third stage of labour with a low-risk physiologic birth. Outcomes were PPH and PPH requiring transfusion. Covariates were selected using causal diagrams. Propensity scores were estimated and used to apply inverse probability of treatment weighting. Adjusted relative risks (aRR) and 95% confidence intervals (CI) were estimated using modified Poisson regression. Analyses were stratified by parity. The study was approved by the Hamilton Integrated Research Ethics Board.
RESULTS
The final analytic cohort included 51397 physiologic births (nulliparous: n=13862; parous: n= 37535). Oxytocin prophylaxis was administered in 84.1% of nulliparous and 83.5% of parous births. Among nulliparas, PPH occurred in 4.8% births and PPH requiring transfusion in 3.0 per 1000 births. Compared to physiologic care, the aRR of PPH and PPH with transfusion with oxytocin prophylaxis was 1.17 (95% CI, 0.93-1.46) and 0.89 (95% CI, 0.37-2.14), respectively. Among parous individuals, PPH occurred in 3.9% births; transfusion was rare (1.7 per 1000 births). The aRR of PPH and PPH with transfusion was 1.33 (95% CI, 1.12-1.57) and 0.90 (95% CI, 0.44-1.84), respectively.
CONCLUSIONS
Oxytocin prophylaxis was associated with a modestly increased risk of PPH compared to physiologic care, with more precise estimates among parous individuals. Estimates for PPH requiring transfusion were imprecise and did not demonstrate clear benefit.
KEY MESSAGE
Physiologic third stage care is a safe option for low-risk physiologic births under midwifery care in Ontario, Canada.
Eur J Midwifery 2026;10(Supplement 1):A537

PA156

Hydration patterns during labour among low-risk nulliparous women

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BACKGROUND
Knowledge of intrapartum hydration, i.e., women's oral intake and Intravenous (IV) administration is lacking. Recent research indicates that IV fluid therapy during labour is widely used, also on vague indications.
OBJECTIVES
Therefore, we aimed to describe hydration patterns (oral and intravenous) among low-risk nulliparous women in spontaneous labour, the indications for intravenous fluid administration, and how these patterns relate to labour outcomes.
METHODS
We used data on hydration patterns from the DRIPP-study, a Danish prospective clinical observational study on low-risk nulliparous women recruited from November 2020 to August

2022 at Copenhagen University hospital-Rigshospitalet. Additional data from patient records were extracted, including e.g., indications for IV fluid and labour outcomes. Descriptive statistics were applied.
RESULTS
A total of 244 nulliparous low-risk women were included. Among these, 5.3% did not receive any fluids. Oral intake was reported among 91.8% (mean volume: 1206.4 mL [12.5, 4122.5]), and IV fluid in 63.1% (mean: 1358.6 mL [2.7, 3826.0]). The most common indications for IV fluid were augmentation (35.6%), epidural preload (24.7%), and antibiotic therapy (15.3%). Additional analyses are ongoing. This research is still in progress, therefore the results are preliminary.
CONCLUSIONS
This study provides valuable insight into the hydration patterns during labour among low-risk nulliparous women with spontaneous onset of labour, revealing considerable variation in both the amount and type of oral and IV-administrated fluid. It also highlights significant variability in the clinical indications for IV fluid use.
KEY MESSAGE
Insufficient IV fluid registration raises concern for patient safety. Further research should focus on both the barriers for accurate documentation and the clinical impact of IV administration.
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PA157

Pregnant women's interest in digital care options

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BACKGROUND
Pregnant women have access to a wide range of online information and a growing number of mobile health applications. However, research on women's perceptions of digital care options as a complement or alternative to conventional maternity care remains limited.
OBJECTIVES
To explore pregnant women's interest in digital care options during pregnancy and the postpartum period.
METHODS
A national online survey was conducted with 2268 pregnant women. Data were analyzed using epidemiological methods and qualitative content analysis of open-ended responses.
RESULTS
Preliminary findings indicated that 49% of respondents preferred digital consultations with a midwife, 45% wanted access to a midwife outside regular office hours, 37% favored digital parental education, and 21% expressed a desire for access to a midwife while traveling to the labor ward. Additionally, 13% wanted digital postpartum follow-up. Factors such as parity, fear of childbirth, area of residence, and distance to the labor ward were commonly associated with interest in digital care options. The qualitative analysis suggested that while digital services were appreciated, they were not seen as a complete substitute for in-person encounters.
CONCLUSIONS
Many pregnant women express interest in digital care options during and after pregnancy. However, these options are generally viewed as a complement rather than a replacement for physical encounters with healthcare professionals.
KEY MESSAGE
Women's interest in digital care services may drive changes in the organization and delivery of maternity care.
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PA158

Community midwifery and infant mental health in Ireland: Utilising the full scope of practice

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PURPOSE
This presentation explores an innovative community midwifery role within an infant mental health team, demonstrating how midwives can extend their practice beyond current obstetric boundaries to support families throughout the perinatal continuum and early childhood.
DISCUSSION
Ireland's current maternity care system exemplifies global challenges: hospital-based, obstetric-led care with restricted midwifery autonomy, fragmented services, and minimal postnatal support. Women experience discontinuity of care and isolation especially after hospital discharge. The International Confederation of Midwives' scope sees midwives providing care and promoting well-being well beyond this restricted view. Working within an area-based childhood programme in a socially disadvantaged community, the midwife is a member of an infant metal health team. Infant mental health (IMH) encompasses a child's capacity to experience and regulate emotions, form secure relationships, and explore their environment—foundations for healthy social-emotional development. The multidisciplinary field of IMH recognizes that interventions often begin too late and end too soon. The midwife can offer an important addition to the team by providing antenatal education, building a trusting relationship and continuing to work with the families after birth. Integrating an IMH perspective into holistic midwifery practice can enrich the midwife's role and promises long-lasting impact for families. The approach emphasizes collaboration with primary healthcare, maternity hospitals, social services, and community supports.
EVIDENCE WHERE RELEVANT
Substantial research demonstrates links between prenatal experiences and childhood outcomes. Community-based, relationship-centered care models show improved maternal satisfaction, reduced interventions, and better psychosocial outcomes compared to fragmented care systems.
KEY MESSAGE
This sustainable community-building model addresses modern isolation and disconnection. While in Ireland it is currently requiring departure from clinical practice,

ideally this approach would integrate both community and clinical midwifery roles. Wider adoption of this model could transform perinatal care, supporting families holistically from pregnancy through early childhood.

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PA159

Mood-Monitoring and Motherhood (MMaM) study: A scoping review of self-assessment tools and techniques used to track maternal mood and to enhance opportunities for improved care

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PURPOSE

This presentation represents Phase One of the Mood-Monitoring and Motherhood (MMaM) study, comprising a scoping review exploring the international evidence on women's self-monitoring of mood during the perinatal period. The overall aim is to identify the evidence base supporting, or limiting, the integration into midwifery care, of self-monitoring of mood. Specific objectives are to identify implications for midwives' practice, education and leadership in mental health promotion; identify priority areas for future research and inform future MMaM phases.

DISCUSSION

A scoping review methodology informed by Arksey and O'Malley's framework and JBI has been adopted. Comprehensive searches of multiple databases were conducted and data charted. The review maps existing studies and literature from high, middle, and low income countries. Studies include a range of digital and paper-based tools used by women to self-track mood in pregnancy and/or postpartum. The presentation will present findings including common approaches, target populations, theoretical underpinnings, and reported outcomes. It will also highlight significant gaps, including the lack of research involving midwives, limited consideration of diverse and under-served populations, and limited intervention durations. These findings will be discussed in relation to midwifery's unique potential to lead preventative mental health care and advocate for inclusive, culturally safe innovation.

KEY MESSAGE

This presentation offers midwives a synthesis of international knowledge on maternal self-monitoring of mood in the perinatal period, highlighting both the promise and the limitations of current evidence. By engaging with this review, midwives will be inspired to adopt, adapt and champion tools that promote mental health, autonomy, and continuity of care. Midwives can take knowledge back to their own communities to lead change, in line with ICM's vision of empowering "One Million More Midwives".

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PA160

Can we identify women who will need additional support in the early (latent) phase of labour?

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BACKGROUND

The early (latent) phase of labour can be difficult for women. For some women high levels of fear and negative thoughts about pain (pain catastrophising) can undermine their ability to cope in labour. If we could identify these women, then support could be provided to increase confidence and self-efficacy in early labour.

OBJECTIVES

The study was designed to identify the prevalence of pain catastrophising and whether it impacts on early labour admission.

METHODS

A pragmatic, quasi-experimental study. Primigravid women, experiencing an uncomplicated pregnancy in England, were recruited between 25-33 weeks gestation. Participants completed two online questionnaires, (1) on recruitment, (2) at 3 weeks postnatal. The antenatal questionnaire includes the Pain Catastrophizing Scale (PCS) and the Wijma Delivery Expectancy Questionnaire (WDEQ-A). Prevalence data, socio-demographics, and latent labour experiences were analysed using descriptive statistics. Chi-square tests were used to test independence between relevant categorized variables.

RESULTS

28.1% of women had pain catastrophising (PCS ⩾20), while 7.6% had a high pain catastrophising score (PCS ⩾30). 10.6% of women reported fear of childbirth (FOC score of ⩾85). Although not statistically significant, there was a trend for women who pain catastrophize to present to hospital for admission during early labour. Fear of childbirth (score ⩾85) was highly associated ($p<.001$) with PCS at both the lower (⩾20) and higher (⩾30) thresholds.

CONCLUSIONS

The PCS can be used as a screening tool to identify those women who have heightened fear around pain and who may also go on to develop clinically relevant fear of childbirth. Further studies are needed to confirm the acceptability of the PCS as a screening tool with women.

KEY MESSAGE

Women were already demonstrating fear of childbirth and fear of pain at 25-33 weeks gestation. The PCS could be used to predict which women might benefit from strategies to build confidence in self-managing pain in early labour.

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PA161

Identifying non-users of a public pregnancy app: Who are they and why don't they use this health care service?

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BACKGROUND

The use of digital tools for information and communication is

increasing in health care systems. Evidence within maternity care on health promotion and prevention when digital tools are applied is sparse. To prevent digital tools from increasing inequality in health, knowledge about pregnant non-app users is needed.
OBJECTIVES
The study objective is twofold: 1) Who are the pregnant women not using a pregnancy-app offered by the public hospital? 2) Why do women not use the digital pregnancy information service (Emento-app) offered by a Danish public hospital? And how do they describe information needs and experiences with healthcare professionals?
METHODS
The study is a mixed-method study and consists of 1) a descriptive study of pregnant non-users of the Emento app. Odds ratios (OR) with 95% Confidence intervals for possible associations between specific variables and the use of Emento app will be presented 2) a qualitative interview study including 22 women purposively sampled to ensure diversity in, e.g., parity, ethnicity, level of education, connection to antenatal care sub-areas. Data were transcribed verbatim and analyzed with the method of reflective codebook analysis.
RESULTS
(preliminary qualitative results): From 01.11.2024 to 31.04.2025, the non-user group consisted of 176 women, and the middle to highly engaged user group consisted of 1050 women. Various sources met women's information needs and the quality of women's interactions with healthcare professionals influenced how information needs were met.
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PA162

Pregnant women's perceptions and information requirements regarding labor analgesia in Japan: Qualitative analysis of posts on a social networking platform

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BACKGROUND
Although the rate of labor analgesia in Japan is gradually increasing, it remains low-approximately 10%-due in part to prevailing cultural beliefs, such as "childbirth should be painful." In Japan, painless delivery is primarily performed using epidural analgesia, which is the most common method of labor analgesia.
OBJECTIVES
In this study, we investigated pregnant women's perceptions and information requirements regarding labor analgesia in Japan, using a qualitative analysis of online discussions.
METHODS
A total of 239 posts from "Women's Park," a user-generated online forum operated by Benesse Corporation, were analyzed. Posts were coded, grouped by thematic similarity, and qualitatively analyzed. This study was approved by the Research Ethics Review Committee, and no conflicts of interest were reported.
RESULTS
Six categories were identified. Women expressed conflicting emotions, such as: "I want labor analgesia because I'm sensitive to pain, but I'm also afraid of the procedure itself." Key concerns included the choice of delivery method, selection of facilities offering labor analgesia, associated costs, and detailed information about the process. Uncertainties about whether labor analgesia required prior reservation and concerns about medical interventions (e.g., planned induction) contributed to hesitancy. Additional costs, such as anesthesia fees, were also identified as barriers to decision-making.
CONCLUSIONS
Pregnant women in Japan actively turn to social networking platforms to gather and share information about labor analgesia. Moreover, after making a decision, many continue to seek reassurance through the experiences of others, which reflects persistent anxiety.
KEY MESSAGE
Midwives should play a key role in enhancing pregnant women's health literacy by helping them assess the reliability of online information and supporting appropriate, informed decision-making regarding labor analgesia.
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PA163

Associations of breastfeeding preferences and breastfeeding self-efficacy with maternal factors during pregnancy

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BACKGROUND
In Japan, the exclusive breastfeeding rate at one month postpartum declined to 29.7% in 2023. As many women prefer for combination feeding, enhancing antenatal breastfeeding education has become essential. Since breastfeeding preferences and self-efficacy are key predictors of breastfeeding behavior, understanding their associations with maternal factors during pregnancy is crucial for effective support.
OBJECTIVES
To examine the associations of breastfeeding preferences and breastfeeding self-efficacy with various maternal factors during pregnancy.
METHODS
A web-based survey was conducted with pregnant women at 24–32 weeks' gestation receiving antenatal care at the hospitals promoting breastfeeding. Participants completed the Japanese version of the Breastfeeding Self-Efficacy Scale (BSE) and reported their feeding preferences. Additional variables included employment status, depressive symptoms, and the Feelings for Baby Questionnaire (Bonding Scale). Data were analyzed using descriptive statistics, t-tests, and ANOVA.
RESULTS
Of 85 eligible women, 53 (65.4%) responded. Most were in

their 30s (60.4%), primiparas (60.4%), and employed (90.6%). Regarding feeding preferences, 37.7% intended to breastfeed, 30.2% preferred to breastfeed if possible, and 32.1% planned to use both breast milk and formula. None preferred to use formula alone. Mean BSE scores were highest in women who intended to breastfeed (47.2, SD 9.1), compared to the other groups (34.2, SD 8.5; 34.8, SD 12.1). BSE scores were negatively correlated with bonding scores (r = −.38). The highest mean bonding score (4.8) was seen in the planned to combination feeding group, showing a non-significant but notable trend.
CONCLUSIONS
Women who preferred breastfeeding had higher self-efficacy. Breastfeeding self-efficacy was associated with both feeding preferences and bonding. Enhancing self-efficacy and bonding during pregnancy may promote breastfeeding.
KEY MESSAGE
Breastfeeding preferences are closely linked to self-efficacy and maternal bonding. Antenatal support should target both.
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PA164

Navigating continuity: Stories of wellbeing, strength and support from Pacific midwives in Aotearoa New Zealand

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BACKGROUND
Pacific Lead Maternity Carer (LMC) midwives in Aotearoa New Zealand are central to providing culturally safe Continuity of Care (COC). However, as an underrepresented workforce, they are often asked to shoulder disproportionate workloads. Navigating roles as healthcare providers, cultural custodians, and family members, Pacific midwives work within systems that frequently lack adequate cultural and structural support, placing pressure on their wellbeing and that of their families.
OBJECTIVES
This doctoral research explores the impact of LMC practice on the wellbeing of Pacific midwives, focusing on how they navigate intersecting professional, familial, and cultural responsibilities.
METHODS
Guided by the Fijian framework Tanoa Ni Veiqaravi, and employing Veivosaki Yaga as a methodology and method, in-depth face-to-face conversations were held with ten Pacific LMC midwives and their families in 2024-2025. Reflexive thematic analysis, grounded in Pacific values of relationality, reciprocity, and collectivism, highlighted both systemic challenges and culturally rooted strategies of resilience and support.
RESULTS
Preliminary findings highlight the deep commitment Pacific midwives bring to their work and communities. This dedication enables them to navigate the complexities of COC, while also revealing the significant personal and structural demands involved. Their practice, grounded in cultural values, contributes meaningfully to both Pacific communities and the broader maternity system - yet this value remains under-recognized within mainstream structures. Families emerge as key supporters, expressing pride and a strong sense of collective ownership in the purpose and impact of midwifery.
CONCLUSIONS
Pacific LMC midwives uphold a model of care grounded in cultural connection and community commitment. However, their wellbeing can be compromised by structural inequities and the cumulative pressures of multiple roles. Supporting this vital workforce requires recognition of the relational nature of Pacific wellbeing, and the implementation of Pacific-led, family-inclusive, and culturally grounded solutions.
KEY MESSAGE
Supporting Pacific midwives' wellbeing requires Pacific-led solutions rooted in collective care and connection to family and community.
Eur J Midwifery 2026;10(Supplement 1):A546

PA165

Disrespectful care during childbirth and poor emotional well-being one year postpartum: A Swedish nationwide survey and register-based cohort study

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BACKGROUND
The postpartum period represents a critical phase for women's mental health, with few modifiable risk factors identified.
OBJECTIVES
To assess whether experiences of disrespectful care during childbirth are associated with poor postpartum emotional well-being.
METHODS
This study used data from the Swedish Pregnancy Survey distributed at two months and one year postpartum to all women who gave birth in Sweden, linked to the nationwide Swedish Pregnancy Register, providing comprehensive medical data. Women who gave birth between October 2020 and August 2023 and completed both surveys were included. Exclusion criteria were planned cesarean section, preterm birth, or non-cephalic presentation. Disrespectful care was assessed via six items in the two-month questionnaire: involvement in shared-decision making, guidance to cope with pain, support during labor, midwife presence in the delivery room, respectful treatment, and information. Postpartum emotional well-being was self-reported one year after birth on a 5-point Likert scale and scores ≤2 were defined as poor.

Associations were analyzed using multivariable logistic regression and principal component analysis.
RESULTS
Of 68006 women included, 13.8% reported poor emotional well-being at one year postpartum. These women more frequently experienced disrespectful care, including limited involvement in decision-making (adjusted odds ratio [aOR] 3.86; 95% confidence interval [CI] 3.58–4.15), inadequate guidance to cope with pain (AOR 3.10; 95% CI 2.88–3.33), lack of support (AOR 3.96; 95% CI 3.64–4.29), insufficient midwife presence (AOR 3.14; 95% CI 2.88–3.43), lack of respectful treatment (AOR 5.15; 95% CI 4.58–5.79), and poor information (AOR 3.82; 95% CI 3.54–4.11). Similar patterns were found using a composite score combining the six types and intensity of disrespectful care experienced during childbirth.
CONCLUSIONS
All type of disrespectful care during childbirth appear to be associated with poor postpartum emotional well-being.
KEY MESSAGE
Promoting respectful care during childbirth may help reduce adverse maternal mental health outcomes.
Eur J Midwifery 2026;10(Supplement 1):A547

PA166

What do Aotearoa New Zealand's health professionals think about tongue-tie - presenting the quantitative results of the New Zealand Tongue-tie survey

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BACKGROUND
Ankyloglossia or tongue-tie is a congenital condition where there is an imbalance in floor-of-mouth fascial roles so that their provision of tongue stability impacts tongue mobility, resulting in a clinically significant functional disorder. Ankyloglossia can contribute to a range of functional difficulties, such as the ability to breastfeed.
OBJECTIVES
The study objective was to engage Aotearoa New Zealand's health professionals in a dialogue about tongue-tie, describe their opinions and practices, and identify what shapes their knowledge of this congenital condition.
METHODS
Using dialectical pluralism as the philosophical standpoint, I conducted a mixed research study to investigate my research question. The design of this study is novel in the health and social science disciplines. It is an 'explanatory concurrent' mixed research study where all the data is collected via a single survey instrument containing both Likert scale and open-ended questions. The study is mixed in its analysis and inference stages.
RESULTS
This study generates knowledge about what shapes the attitudes and beliefs of the many health professionals involved in caring for families where the breastfeeding experience is compromised by neonatal tongue-tie. This presentation will focus on presenting the quantitative results of the study.
CONCLUSIONS
Treatment for problematic neonatal tongue-tie should be provided within a multidisciplinary team approach by skilled and appropriate health professionals.
KEY MESSAGE
Midwives should maintain their knowledge about breastfeeding and continuously upskill to be able to provide the dyad with the best possible support, advice about good fit and hold, and problem solving.
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PA167

"Love is in the air": Narratives from the first three days of first-time motherhood

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BACKGROUND
New mothers experience childbirth as an existential event and wish to learn to navigate emotional challenges. Current pregnancy care is, however, often risk-oriented and focus on physiological dimensions, whereas aspects related to strength or experiences of the existential life changes are not equally explored.
OBJECTIVES
Hence, there is a need to explore existential aspects and paradoxical thoughts about meaning, love, and strength postnatally among new mothers.
METHOD
18 explorative semi-structured interviews with first-time mothers were conducted between 1-3 days postnatally while still admitted to the postnatal unit in the Capital Region of Denmark. The interviews were conducted from a phenomenological approach applying reflexive thematic analysis. Existential psychology and narrative medicine were applied as conceptual framework.
RESULTS
Preliminary results. We identified a theme describing the overwhelming feeling of a new kind of love in the liminal transitioning into first-time motherhood; "Moving into higher realms - soft and full of love".
CONCLUSIONS
The mothers expressed satisfaction with being interviewed which prompted reflection in the first days postnatally. Thoughts about motherhood were present for all informants. We discussed how reflective conversations about motherhood in itself seemed inspiring and were welcomed by informants. The study proposed a novel conception of love, informing clinical midwifery practice to consider including existential aspects.
KEY MESSAGE
Midwives should consider engaging in conversations around existential aspects postnatally with first-time mothers before

discharged from the postnatal ward. Ethics and conflicts of interest. The study was approved by the Capital Region's health lawyers and is, in accordance with Danish research law, registered as an active health science research project. The informants provided written consent before participation. The authors declare no conflicts of interests.

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PA168

Transforming neonatal jaundice detection: Results from a mixed-methods randomized controlled feasibility study in a resource-limited Mexican setting

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BACKGROUND

Neonatal jaundice is a common and often mild condition, but about 10% of cases can develop into severe forms that may lead to irreversible brain damage or even death if not detected and treated promptly. The rate of severe cases is higher in resource-limited settings due to restricted access to reliable diagnostic tools.

OBJECTIVES

Evaluate the feasibility of using Picterus Jaundice Pro, a smartphone-based tool for detecting neonatal jaundice, in a resource-limited Mexican healthcare setting.

METHODS

A randomized controlled trial and qualitative assessment were conducted. Newborns were assigned either to standard visual assessment alone (control group) or to visual assessment plus Picterus Jaundice Pro (intervention group). Key outcomes included the number of positive screenings, successful emergency room referrals (bilirubin ⩾ 14.6 mg/dL [250 µmol/L]), treatment requirements, and treatments received. Feasibility was measured by recruitment rates, device usability, and adherence to the study protocol.

RESULTS

Between January and June 2024, 542 newborns participated (273 in the control group, 269 in the intervention group). Use of Picterus Jaundice Pro significantly increased (proportional difference [95% Confidence Interval]): positive screening rates (0.299 [0.230–0.362]), successful referrals (0.112 [0.058–0.166]), treatment needs (0.045 [0.008–0.082]), and treatments received (0.038 [0.003–0.072]). The device was found to be user-friendly, integrated smoothly into clinical workflows, and achieved high protocol adherence. However, 11% of referrals were not completed due to logistical challenges and parents' low perception of risk.

CONCLUSIONS

Picterus Jaundice Pro improves screening for neonatal jaundice in low-resource environments, but overcoming systemic barriers and increasing awareness among parents and healthcare professionals is essential to achieving better outcomes for newborns.

KEY MESSAGE

The use of smartphone-based tools like Picterus Jaundice Pro in settings with limited resources greatly improves the early detection and care of newborn jaundice. These mHealth solutions are vital for closing healthcare gaps in places where standard diagnostic equipment is lacking.

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PA169

Breastfeeding at one year, prevalence and associated factors in a prospective study of primiparous women in Sweden

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BACKGROUND

Exclusive breastfeeding of infants for the first six months of life is a global public health goal and offers well-established and significant benefits for infant health and development, as well as health benefits for women. Breastfeeding within the first two hours after childbirth greatly increases the likelihood of successful, long-term breastfeeding. However, there is limited knowledge about immediate postnatal care given during the first two hours after birth, initiation of breastfeeding, skin-to-skin care and women's experience.

OBJECTIVES

The aim of this study was to investigate breastfeeding duration during the first year and factors associated with breastfeeding at one year after birth.

METHODS

This is a prospective longitudinal cohort within a follow-up to a randomized controlled trial conducted at five obstetric units in Sweden. Data were derived from questionnaires sent to women at one month and one year postpartum. Multivariable logistic regression analysis was used to analyze factors associated with breastfeeding at one year after birth, and Kaplan-Meier analysis estimated breastfeeding duration.

RESULTS

The prevalence of breastfeeding at one year after birth was 31 % in this cohort of 1736 women who gave birth to their first child. Exclusive breastfeeding during the first four months (AOR; 3.00; 2.36-3.82), not having Swedish as native language (AOR; 1.92; 1.49-2.49), experiencing a very positive first breastfeeding session (AOR; 1.58; 1.27-1.98) and having a university education (AOR; 1.57 1.20-2.05), were associated with breastfeeding at one year.

CONCLUSIONS

Immediate postpartum care resulting in a positive first breastfeeding experience and exclusive breastfeeding during

the first four months had an impact on breastfeeding duration at one year after birth. Future research should include sociodemographic background and how postpartum care can be improved to support women achieve their breastfeeding goals and thereby promote breastfeeding.
KEY MESSAGE
This study contributes to the scientific knowledge of key factors that influence breastfeeding duration.
Eur J Midwifery 2026;10(Supplement 1):A551

PA170

Designing for better outcomes: A mixed methods study of pregnancy care models, preterm birth, and system-level influences in Alberta, Canada

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BACKGROUND
Preterm birth (PTB), i.e. birth <37 weeks' gestation, is a leading cause of neonatal morbidity and mortality. Alberta has one of the highest rates of PTB in Canada. While midwifery-led care is associated with improved perinatal outcomes, the relationship between care model and PTB risk, and system-level factors shaping this relationship, remains understudied in Alberta.
OBJECTIVES
To compare PTB risk between midwifery, family physician, and obstetrician-led care models in Alberta, and explore contextual factors that may contribute to risk differences.
METHODS
This explanatory sequential mixed-methods study included: (1) a retrospective cohort analysis of 348485 singleton births (2012–2022) using linked provincial administrative datasets; (2) 40 qualitative interviews with care providers (n=12), key informants (n=11), and people with lived experience (n=17). For the quantitative phase, risk ratios for PTB were calculated using adjusted log-binomial regression. For the qualitative phase, thematic analysis was used to explore how care models operate within the health system and influence clients' experiences and birth outcomes.
RESULTS
Quantitative findings showed significantly lower adjusted PTB risk among midwifery compared to family physician (RR 0.58, 95% CI 0.53–0.64) and obstetrician (RR 0.27, 95% CI 0.25–0.30) care recipients. Qualitative themes included: access and entry into care, time and workload, payment models, philosophies of care, and continuity. Midwifery care was consistently associated with emotionally safe, relationship-based care and earlier engagement, factors perceived to reduce stress and adverse outcomes. Systemic barriers in physician-led models included delayed entry and access, fragmented care and communication, and time-constrained visits.
CONCLUSIONS
Both care model and health system structures influence PTB risk. The midwifery care model may offer protective relational and organizational features that merit broader health system planning and policy integration.
KEY MESSAGE
Reducing PTB requires contextual system-level investment in midwifery and collaborative care structures prioritizing continuity, relational, equitable, and timely access to high-quality pregnancy care across all models.
Eur J Midwifery 2026;10(Supplement 1):A552

PA341

Evaluation of a teaching instrument to build obstetric competencies in the classroom

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BACKGROUND
Obstetric assessment is a vital skill for delivering safe, timely, and patient-centered care during pregnancy, childbirth, and the postpartum period. Teaching this skill requires pedagogical strategies that align with international standards, including those established by the International Confederation of Midwives (ICM).
OBJECTIVES
Diseñar y validar una herramienta didáctica que identifique desafíos y experiencias en la enseñanza de la evaluación obstétrica desde la perspectiva docente, para apoyar el diagnóstico pedagógico y mejorar la enseñanza clínica en salud materna.
METHODS
Estudio secuencial de métodos mixtos. Revisión bibliográfica integradora de cinco bases de datos resultó en la selección de 24 artículos, con análisis completo; enero y febrero de 2024. Estos sirvieron de base para una fase cualitativa que incluyó entrevistas con docentes, las cuales se analizaron mediante codificación temática inductiva. Las categorías resultantes guiaron el desarrollo de un instrumento tipo Likert. El instrumento fue validado por expertos y se realizó una prueba piloto con una muestra intencional de siete matronas profesionales-docentes en marzo de 2024. El análisis cuantitativo incluyó estadística descriptiva y el alfa de Cronbach.
RESULTS
El instrumento demostró una alta fiabilidad (α=0,84-0,96). Las estrategias más utilizadas fueron el análisis de casos, la práctica clínica y la retroalimentación basada en rúbricas. La simulación y las TIC con menor frecuencia. Se observaron barreras estructurales y una baja integración de la tecnología. El apoyo emocional y la mentoría académica fueron muy valorados.
CONCLUSIONS
El instrumento fortalece la educación en partería al identificar los desafíos de la enseñanza y orientar las mejoras que mejoran la calidad de la atención materna y neonatal.
KEY MESSAGE
Herramienta validada, diseñada específicamente para la enseñanza de la evaluación obstétrica. Se alinea con las competencias esenciales de la ICM y contribuye a mejorar

la toma de decisiones, reducir la omisión de atención y fortalecer la seguridad materna y neonatal.
Eur J Midwifery 2026;10(Supplement 1):A553

POSTER SESSION 2 (GROUP A)

PA172

Exploring the suitability for midwifery-led units in a Croatian context: A retrospective hospital-based study using Icelandic guidelines

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BACKGROUND
Midwifery-led units (MLUs) are widely recommended by evidence-based guidelines as safe and beneficial for straightforward pregnancies. However, Croatia's maternity care remains entirely obstetric-led, without access to continuity of care and with restricted midwifery autonomy. Although 447 qualified midwives possess the competencies to autonomously provide care during physiological births, their roles are underutilized. Implementing MLUs could improve maternal outcomes, support care continuity, reduce workload pressures, and lower costs. Determining the proportion of women eligible for MLUs is essential for planning and policy.
OBJECTIVES
This study aimed to determine the proportion of women eligible for birth in MLU according to Icelandic MLU guidelines and assess the need for introducing MLUs into the Croatian healthcare system. Secondary aims included analysing the prevalence of contraindications and evaluating midwifery staffing needs.
METHODS
A retrospective study was conducted at the General Hospital Pula, including all women who gave birth between January and December 2024 and met the inclusion criteria.
RESULTS
Out of 1239 women included in the study, 604 (48.7%) met all the criteria for giving birth in a MLU and had no recorded contraindications. The most common contraindications were a gestational diabetes (20.3%), chronic medical conditions (20.0%) and previous caesarean section (10.3%). The least common contraindications were placenta previa (0.2%) and smoking (0.1%). Given the number of eligible births, 23 midwives would be needed to provide care in this setting.
CONCLUSIONS
Nearly half of women giving birth could be cared for in MLUs, indicating strong potential for this model in Croatia. Frequent contraindications highlight the need for preventive health programs and cautious caesarean use. Establishing MLUs would enhance women's autonomy, promote midwifery-led care, and align with maternity care standards.
KEY MESSAGE
Integrating midwifery-led units into Croatian maternity care is clearly feasible and would be offering strengthened midwifery roles, enabling continuity of care, and greater support for women's choice in childbirth.
Eur J Midwifery 2026;10(Supplement 1):A554

PA173

Considerations on psychological support for grief due to after early miscarriage in Japan: Background-Based differences in mental health status based on background (Report 2)

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BACKGROUND
As late marriage and childbirth become more common in Japan, age-related increases in miscarriage rates are predicted to increase. Grief following a miscarriage can significantly impact mental health and increase the risk of depression and psychological distress.
OBJECTIVES
This study aimed to clarify the mental health differences among women who experienced early miscarriage and generate evidence to guide tailored psychological support.
METHODS
Data were collected via a web-based survey of 400 women who had experienced early miscarriage. The survey was conducted from April to May 2025 with Institutional Review Board approval. Mental health status was assessed using the Kessler Psychological Distress Scale (K6). Background variables collected included age, number of miscarriages, and parental status (presence or absence of children).
RESULTS
The mean K6 score was 7.32 (SD = 6.36), with 21.0% of participants meeting the criteria for severe psychological distress (K6 score ⩾13). Women reporting three or more miscarriages showed a significantly higher proportion of severe distress ($p = 0.015$). Participants without children recorded significantly higher distress scores (mean = 9.25, SD = 6.63) than those with children (mean = 6.68, SD = 6.15; $p < 0.001$). Age and time since miscarriage produced no significant differences.
CONCLUSIONS
Women with a history of early miscarriage show experience higher greater psychological distress compared to than the general population. The While the risk of severe mental health problems increases with the number of miscarriages, while having children may have confer a protective effect.
KEY MESSAGE
Grief following early miscarriage exerts a lasting negative impact on mental health regardless of elapsed time, underscoring the need for individualized psychological support.
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PA174

Development of a scale for assessing child-rearing anxiety in multiparous women at one month after delivery and review of the scale's reliability and validity

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BACKGROUND

Postpartum child-rearing anxiety significantly affects maternal mental health, especially among multiparous women, who face different psychological challenges than primiparous mothers. The first month postpartum is a crucial period for mothers to adapt to their child-rearing environment. Assessing anxiety at this stage is essential for providing appropriate support.

OBJECTIVES

To develop a scale for assessing child-rearing anxiety in multiparous women one month postpartum and to evaluate the scale's reliability and validity.

METHODS

We defined the structural concept of child-rearing anxiety one month postpartum and created measurement items. Then, we conducted a questionnaire survey with postpartum women who gave birth at University A. Data from 140 multiparous women were analyzed through item analysis, exploratory factor analysis, Pearson's correlation analysis, and Cronbach's alpha coefficient evaluation. (Ethics approval number: 2017-11-Rapid-16)

RESULTS

A total of 254 responses were collected (response rate, 65.0%). The mean age of participants was 33.7±4.1 years. Out of 18 items, 2 were removed because of floor effects and 2 because of ceiling effects. Exploratory factor analysis led to the removal of 4 more items, resulting in a final 10-item scale with 3 factors: (1) "Community Child-Rearing Resources," (2) "Life with a Newborn," and (3) "Continuation of Breastfeeding." Factor contribution rates were 26.92%, 29.11%, and 26.40%, respectively. The between-factors correlation coefficient r ranged from 0.33 to 0.48, and the total child-rearing anxiety scale score had a weak correlation with EPDS (r=0.47). Cronbach's alpha coefficients were 0.83 overall, 0.83 for factor 1, 0.69 for factor 2, and 0.80 for factor 3.

CONCLUSIONS

The postpartum child-rearing anxiety scale for multiparous women comprises 10 items in a 3-factor structure, and its reliability and validity are confirmed.

KEY MESSAGE

postpartum one month, child-rearing anxiety, multiparous women, scale development

Eur J Midwifery 2026;10(Supplement 1):A556

PA175

The most important criteria for a good midwife: Voices of Yemeni women from far off the main road

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BACKGROUND

A growing number of countries in Africa and Asia document a large shift towards facility-based deliveries. These increases have often not led to the improvements in health outcomes predicted by health policy researchers. The reason for this has been attributed to poor quality care. In many low-income settings traditional care continues to attract women in spite of the availability of modern childbirth care. Attempts to integrate local tradition and cultural perceptions of safety with skilled delivery are still scarce.

OBJECTIVES

To explore and contextualize the perceived needs, preferences and wants of women of reproductive age in pre-conflict Yemen, a high maternal mortality country with a persistent high home-birth rate.

METHODS

We interviewed 220 women with childbirth experience in five governorates of rural/ urban Yemen through a structured closed- and open-ended questionnaire. A multistage sampling process was used. Interviews were conducted in the home of each woman by a local midwifery team. The question "What are the most important criteria for a good midwife?" was analyzed using a qualitative research approach.

RESULTS

Women's opinions rested on values inherent in Yemeni culture. Solidarity, support and shared authority between midwife, the woman in childbirth and women in the community were cornerstones. Ethics and the equal treatment of clients were essential to all women. The showing of patience, kindness and sisterhood translating into a willingness to share professional knowledge with clients was important to urban women. Rural women emphasized long experience and a midwife's good reputation in the community. Helpfulness, humility and being of service were particularly important to rural women who described these qualities as key.

CONCLUSIONS

Patient-centered and respectful care is derived from listening to women and integrating locally perceived needs in the transition towards facility deliveries. This is crucial for maternal and neonatal care strategies and women's survival.

KEY MESSAGE

Midwifery is an intrinsic part of culture.

Eur J Midwifery 2026;10(Supplement 1):A557

PA176

The role of vigilance in promoting patient safety and wellbeing for women in labour: A narrative literature review

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BACKGROUND

Despite maternity service inquiries identifying vigilance as essential for safety, current conceptualisations focus narrowly on risk detection rather than exploring how vigilance can balance safety with positive birth experiences.

OBJECTIVES

To examine safety paradigms in maternity care, explore how vigilance operates within risk-normality tensions, evaluate evidence on vigilance as a balancing tool, and identify pathways toward woman-centered vigilant practice.

METHODS
Narrative review following Greenhalgh et al.'s storylines methodology, analysing 68 sources from 1992-2024 through systematic database searching and manual tracking. Literature included empirical studies, policy documents, theoretical works, and vigilance research across healthcare contexts. Iterative thematic analysis identified three key storylines.
RESULTS
Three storylines emerged: Safety Paradigms showed Safety-I approaches (focused on failures) dominating maternity services, while Safety-II approaches (learning from successes) remain underutilized. Vigilance Through Risk Lens revealed how risk-focused vigilance becomes operationalized as surveillance technologies and defensive practices, potentially undermining physiological and relational conditions necessary for positive birth experiences. Vigilance as Watchful Attendance identified alternative conceptualizations emerging from phenomenological and feminist scholarship. Concept analysis revealed vigilance as fundamentally relational rather than surveillance-oriented, encompassing caring expressions enhanced through collaborative engagement.
CONCLUSIONS
Vigilance operates at paradigmatic intersections where normality, biomedical, and risk frameworks create "fateful moments" requiring practitioners to navigate competing demands. Current approaches often reflect these tensions rather than achieving integration.
KEY MESSAGE
Vigilance may benefit from reconceptualization toward "relational vigilance" that could integrate safety consciousness with woman-centered care. Safety-II frameworks might illuminate how successful teams achieve safety while supporting positive birth experiences. Further research could explore how relational vigilance is experienced to inform training models that balance safety with well-being.
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PA177

Supporting informed choice and personalized care in London maternity services: A co-produced framework for women, birthing people and staff

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PURPOSE
The London Regional Maternity Team has co-created a personalised care and choice framework to support women, birthing people, and maternity staff when navigating care requests that fall outside clinical recommendations. This project aims to promote informed, respectful, and collaborative decision-making, ensuring high standards of care while recognising women's rights to choice and control.
DISCUSSION
Regional engagement highlighted challenges for both service users and maternity staff when discussing care options outside standard guidance. Women reported requests driven by anxiety about childbirth, previous negative experiences, or concerns about safety and staffing. Inconsistent access to home birth services, variation in policies, and lack of clear resources for informed decision-making were common themes. Seven multidisciplinary focus groups, including midwives, obstetricians, paramedics, doulas, and women, explored these issues in depth.
EVIDENCE WHERE RELEVANT
Alongside stakeholder engagement, an extensive literature review of international research, policy, and practice was conducted to shape the project. The framework is underpinned by UK law, human rights principles, and an evidence-based approach, ensuring it is both robust and culturally sensitive to London's diverse communities.
KEY MESSAGE
Personalized care is not about disregarding clinical guidance but enabling meaningful, informed conversations that respect choice and promote safety. The new London Framework and Toolkit provides maternity staff with guiding principles, an informed decision-making tool, and practical resources to confidently facilitate personalized care. It also supports multidisciplinary collaboration, staff wellbeing, and knowledge sharing. Co-production has been central to this work, ensuring women's voices, expert knowledge, and frontline experiences shape solutions that work in practice.
Eur J Midwifery 2026;10(Supplement 1):A559

PA178

Reimagining rural and remote midwifery: Challenges and opportunities for sustainable models of care

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PURPOSE
Midwifery-led models of care in rural and remote Australia offer safe, effective alternatives to increasingly unsustainable doctor-led maternity services.
DISCUSSION
This presentation draws from the work of the QNMU Rural and Remote Midwifery Group Practice Workgroup, which identified systemic workforce challenges—ranging from excessive caseloads, travel burden, and lack of administrative support, to critical gaps in leadership and recognition of complexity. We explore viable solutions, including tailored caseload caps, midwifery-specific leadership structures, embedded relief staffing, and revised industrial agreements reflective of rural and remote classifications.
KEY MESSAGE
The findings offer a framework for stabilising and scaling midwifery-led care, ensuring women in rural and remote communities receive safe, culturally responsive, and equitable maternity services.
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PA179

Midwives autonomy and job satisfaction

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BACKGROUND
Midwives, by constantly applying individualized care for a woman, have a significant impact on the well-being of the mother and newborn. In order to ensure professional patient care, it is important that specialists are independent and feel satisfaction with their work.
OBJECTIVES
The aim was to analyze the autonomy and job satisfaction of midwives working in delivery departments.
METHODS
A total of 38 midwives participated in the study. The study data were statistically analyzed using the SPSS/w 29.0 statistical software package. To determine the relationships between non-parametric characteristics, Spearman's correlation coefficient (r) was used. A statistical significance level of $p<0.05$ was applied to all analyses.
RESULTS
The overall level of autonomy among midwives is high. 28.9% of midwives have experienced professional burnout. The vast majority are satisfied with their profession and work, but 13.2% are dissatisfied with their work-life balance. Most often, 68.4% lack better working conditions. Nevertheless, 60.5% of midwives would choose this profession again. As work intensity increased, also increased personal autonomy, independent performance of actions, trust in midwifery care. As deficiencies in the work environment increased, the number of independently performed actions and decisions made decreased.
CONCLUSIONS
Slightly less than a third of midwives, due to environmental and personal factors, experience less autonomy. Almost all midwives in delivery departments work under high intensity, often feel overworked. Overwork can lead to professional burnout, which almost a third of the study participants have encountered. Most midwives would like to see improved working conditions and a smaller proportion - more support from the team. Shortcomings in the work environment lead to a lower number of independently performed actions, procedures and decisions. Greater midwives' autonomy was associated with higher job satisfaction.
KEY MESSAGE
As midwives autonomy increases, job satisfaction increases also.

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PA180

Bridging the gaps- Estonian doulas and midwives opinions on supporting women together

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BACKGROUND
Evidence shows that women benefit from continuous, one-to-one support during labour and birth, improving outcomes and satisfaction (Bohren et al., 2017). In Estonia, maternity care is structured around hospital-based midwifery, where continuous support from is not guaranteed unless the woman hires a individual midwife or a doula. Doulas provide emotional, informational, and psychosocial support, but their role is not regulated within the Estonian healthcare system, which limits their integration and restricts access to hospital births.
OBJECTIVES
This research aimed to explore the experiences, roles, and mutual expectations of doulas and midwives in Estonia to understand their cooperation.
METHODS
A qualitative research was conducted in 2022. Semi-structured in-depth interviews were conducted with midwives who worked in L&D (n=6) and doulas (n=6) using purposive sampling. Thematic analysis was applied to the interview transcripts to identify recurring themes and perceptions.
RESULTS
Both doulas and midwives highlighted the importance of respectful, continuous care that extends beyond physical monitoring to psychosocial and emotional support. Midwives acknowledged the benefits of doulas in enhancing women's birth experiences but noted concerns about unclear competencies and lack of regulation. Doulas reported varied collaboration with midwives, particularly in private care settings. Hospital policies and inconsistent doula training create barriers to integrating doulas into maternity care. Both groups emphasized that women often seek more personal and continuous support than the current system provides.
CONCLUSIONS
Women in Estonia need continuous, respectful care, but the current maternity care model does not support this need unless additional services are privately hired. Doulas and midwives can provide complementary care, but national policies must clarify doulas roles and ensure equitable access to continuous support.
KEY MESSAGE
Women need more than medical care — they need constant presence throughout childbirth. Midwives and doulas can work together to meet this need, but system-level and legislative changes are required to ensure role clarity and quality.

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PA181

Effect of midwife-led continuity of care education on labor fear, birth preferences, and postpartum trauma in primiparous women: A randomized controlled study

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BACKGROUND
The midwife-led continuity of care model (MLCCM) offers a woman-centered approach that can positively impact the birth process. Given the high cesarean section rates and widespread fear of childbirth in Turkey, it is crucial to investigate the effects of MLCCM on childbirth fear, birth preferences, and postpartum trauma perception.
OBJECTIVES
This study aims to examine the effects of education

provided within the MLCCM framework on childbirth fear, birth preferences, and postpartum trauma perceptions of primiparous pregnant women.
METHODS
The study was designed as a single-blind, randomized controlled longitudinal trial. A total of 92 pregnant women (46 in the intervention group, 46 in the control group) who attended prenatal check-ups at Adana City Hospital and met the inclusion criteria were included. The intervention group received a four-module education program, while the control group received standard clinical care. Data were collected using the "Wijma Delivery Expectancy/Experience Questionnaire" and the "City Birth Trauma Scale" and were analyzed statistically.
RESULTS
Before the intervention, there was no significant difference in childbirth fear between the two groups ($p>0.05$). However, after the intervention, the childbirth fear levels of the intervention group significantly decreased ($p<0.05$). In the postpartum period, PTSD symptoms in the intervention group were significantly lower compared to the control group ($p<0.01$). The vaginal birth rate in the intervention group (69.6%) was significantly higher than in the control group (24.4%) ($p<0.000$).
CONCLUSIONS
Education based on the midwife-led continuity of care model was found to be effective in reducing childbirth fear, promoting vaginal birth, and minimizing postpartum trauma symptoms. Integrating this model into the healthcare system may improve women's birth experiences and help reduce cesarean section rates.
KEY MESSAGE
Midwife-led continuity of care education effectively reduces childbirth fear and postpartum trauma, while significantly increasing vaginal birth rates among first-time mothers.
Eur J Midwifery 2026;10(Supplement 1):A563

PA182

Navigating the spectrum of engaged care and exhaustion: The occupational well-being of Dutch midwives across clinical setting and career stages - A cross-sectional survey study

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OBJECTIVES
This study examines work engagement and burnout among Dutch midwives, identifying contributing factors.
METHODS
A cross-sectional online survey was conducted among 995 practicing midwives.
RESULTS
Nearly 40% of midwives reported high work engagement. Community midwives experienced significantly lower client-related burnout than hospital midwives. Key drivers of engagement included the positive impact of work on personal life and a sense of hope. For community midwives, job variety and passion also played a role. Work-related and personal burnout were more frequently observed among community midwives aged over 40 with more than four years of professional experience, whereas personal burnout was more prevalent among hospital-based midwives aged over 30.Community midwives faced additional stressors, including emotional burdens, demands of regional collaboration, and challenges related to work-life balance.
CONCLUSIONS
Work engagement among Dutch midwives is high, with low levels of client-related burnout. However, age and experience increase the risk of burnout, particularly among community midwives who balance multiple responsibilities. Tailored strategies—such as promoting hope, supporting work-life balance, and fostering adaptable work environments—are crucial for reducing burnout and enhancing retention.
KEY MESSAGE
Maternity care systems must evolve to offer flexible working conditions that align with midwives' needs at different career stages.
Eur J Midwifery 2026;10(Supplement 1):A564

PA183

Experiences and attitudes behind the conscious delay of sexual activity after birth

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BACKGROUND
The postpartum period represents a critical time for intimate relationships, yet factors influencing women's decisions to consciously delay resuming sexual activity after childbirth remain poorly known. Understanding these determinants is essential for healthcare providers supporting women's reproductive health and relationship well-being during the postpartum transition.
OBJECTIVES
To identify predictive factors associated with conscious postponement of first sexual intercourse after childbirth and develop a statistical model explaining this behavioral decision among postpartum women.
METHODS
A cross-sectional survey was conducted with 350 postpartum women (1-12 months) in committed relationships. Data were collected using a custom questionnaire and the Rosenberg Self-Esteem Scale (Polish version), examining childbirth experiences, emotional responses, and sexual activity during pregnancy and postpartum. Logistic regression analysis was performed to identify optimal predictive models.
RESULTS
The analyses enabled presentation of a predictive model that includes three independent variables with statistically significant influence ($p<0.000001$). Model fit was modest (R^2Pseudo=0.12, R^2Nagelkerke=0.20, R^2Cox-Snell=0.15) with good calibration (Hosmer-Lemeshow test, $p=0.42$). Three

factors significantly increased odds of conscious sexual postponement: more negative birth experience evaluation (OR=1.55, 95%CI[1.00;2.41]), higher frequency of sexual activity after previous births (OR=1.14, 95%CI[1.03;1.27]), and greater need for self-respect (OR=1.31, 95%CI[1.07;1.60]).
CONCLUSIONS
Women's conscious decisions to postpone postpartum sexual activity are influenced by their birth experience evaluation, previous postpartum sexual patterns, and self-esteem needs. These findings suggest that negative birth experiences and higher self-respect needs contribute to deliberate delays in sexual resumption.
KEY MESSAGE
Negative birth experiences and the need for self-respect play a significant role in women's postpartum sexual decisions. Previous postpartum sexual patterns may influence sexual behavior after subsequent births and should be discussed in perinatal care. Midwives and medical staff should consider both emotional and sexual aspects of birth experience when caring for patients.
Eur J Midwifery 2026;10(Supplement 1):A565

PA184

The mentor mothers program from Cape Town to Rosengård, Malmö mentor mothers/ Yalla Lotsarna: Building trust through respect and reciprocity – A vital part of good encounters

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PURPOSE
The poster will present how we can get inspiration and new knowledge from exchange of experience where the context is both similar and different from ours.
DISCUSSION
I´m a midwife working in Malmö at the breastfeeding clinic and BB-Hemma (postnatal care at home).As a midwife, I have contact with a project in Malmö called Yalla Lotsarna. Together with them I participate in a breastfeeding-café. The main purpose is to talk about breastfeeding. Often it develops into talks and discussions about women's health in general. Yalla Lotsarna are available for migrants and newcomers who are expected to become a mother or is a mother of 0-5 years old child. Yalla Lotsarna work based on individual needs and conditions to strengthen women/mothers in their role as a mother and make various social functions available. Their focus is to create relationships based on trust, confidence and respect for women in fertile age. Yalla Lotsarna give empowerment and opportunities to create a good life for the women and their children. Yalla Lotsarna are inspired by an organization in Capetown South-Africa: Mentor Mother Program Philani.
EVIDENCE WHERE RELEVANT
The Mentor Mother Program Philani takes a holistic approach to primary health care. This community-based program focuses on bringing a supportive and informative primary healthcare intervention into the homes of families. Mentor Mothers guide mothers through the rehabilitation of their underweight children, support pregnant mothers to improve birth outcomes, decrease the number of children born with a low birth weight and assist in the prevention of a number of infectious diseases.
KEY MESSAGE
Together with Yalla Lotsarna I visited Philani in November 2024. After the visit and three years on site experience I am convinced that this kind of exchange is a good example how midwifery experience may be shared and gain significance in society.
Eur J Midwifery 2026;10(Supplement 1):A566

PA185

Breastfeeding journeys and satisfaction with healthcare support among Estonian women: Experiences related to mastitis

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BACKGROUND
Breastfeeding journeys can be strongly influenced by healthcare support, especially when challenges such as mastitis arise. Consistent and effective professional guidance — particularly from midwives — can help women overcome difficulties and continue breastfeeding as planned. This study explored the relationship between women's breastfeeding journeys, experiences of mastitis, and satisfaction with healthcare services in Estonia.
OBJECTIVES
To examine how experiences of mastitis and perceived healthcare support influence breastfeeding continuation and maternal satisfaction in Estonia.
METHODS
A quantitative study was conducted using an anonymous online survey with open and closed questions. Convenience sampling recruited 127 women who had given birth and initiated breastfeeding; after applying eligibility criteria, data from 124 respondents were analyzed. Quantitative data were analyzed using Chi-square tests ($p < 0.05$).
RESULTS
Most women who experienced mastitis (87.3%) continued breastfeeding after recovery, while 12.7% weaned earlier than intended. Mastitis often occurred within 12 weeks postpartum. Satisfaction with healthcare support was significantly linked to breastfeeding continuation ($p=0.00$). Inconsistent information or insufficient support — especially from midwives — increased the likelihood of early weaning. The lowest support levels were reported during maternity hospital stays, where conflicting advice caused confusion. Clear, consistent guidance from healthcare providers — led by midwives — throughout maternity and postnatal care was crucial to sustaining breastfeeding.
CONCLUSIONS
Strengthening midwives' role in providing coordinated, collaborative, evidence-based breastfeeding support — starting in the maternity hospital and continuing through postnatal care — can positively influence breastfeeding journeys and reduce early weaning caused by mastitis. Clear and consistent midwifery guidance, in collaboration with other healthcare providers, is key to helping women

overcome challenges and sustain breastfeeding.
KEY MESSAGE
Midwives play a key role in supporting breastfeeding women through mastitis by providing consistent, collaborative guidance from maternity to postnatal care, helping prevent early weaning and promote positive experiences.
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PA186

Sexual assault referral centers for survivors of rape in Finland - National acute treatment and follow-up protocol

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PURPOSE
The Istanbul Convention requires member states to establish support centers for victims of rape, as part of broader efforts to combat violence against women and domestic violence. In response, Finland has developed a nationally coordinated model of Sexual Assault Referral Centres (SARCs) to provide timely, multidisciplinary care for survivors of sexual violence.
DISCUSSION
SARCs in Finland offer free, 24/7 services to individuals over the age of 16, regardless of gender, without the need for a referral. Services are entirely voluntary and include medical and forensic examinations, trauma-informed counseling, and follow-up care such as treatment for sexually transmitted infections and potential pregnancy. A police report is not required for adults, although reporting is encouraged. SARCs are located within hospital obstetrics and gynecology departments. Midwives and nurses play a central role in coordinating care and managing follow-up. They are experienced in discussing sexuality and other sensitive topics with patients. All new staff receive simulation-based training in trauma-sensitive communication and examination techniques. Standardized protocols and systematic monitoring support quality and continuous development.
EVIDENCE WHERE RELEVANT
The first Finnish SARC was established in Helsinki in 2017, and there are now 25 centers nationwide. Since then, more than 6000 survivors of rape have received assistance. Research shows that the majority of clients are women under 30, and most seek care within three days of the assault. Approximately half of the clients visit a SARC before reporting the assault to the police. The implementation of specialized services and the provision of early psychosocial support have improved the quality of care and play a key role in supporting survivors' recovery.
KEY MESSAGE
The Finnish SARC model demonstrates how nationally coordinated, trauma-informed services can effectively support survivors of sexual violence while strengthening collaboration between healthcare and legal systems. Ongoing research and development ensure that services remain evidence-based and responsive to the needs of survivors.
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PA187

C-Safe: Optimising safe, positive mode of birth in lower middle-income countries: a pilot implementation-effectiveness study

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BACKGROUND
Caesarean Section (CS) rates are rising around the world. C-Safe aims to optimize both safe, positive vaginal and CS births. It includes a training and intervention package with three components: C-Non, underpinning labour support and vaginal birth C-Why, a classification system for CS indications, and C-Op, strengthening the safety and quality of surgical procedures.
OBJECTIVES
To pilot the implementation and field-testing of the C-Safe intervention ahead of a planned cluster randomized trial.
METHODS
Piloting occurred in two sites (India and Tanzania). Data were collected from healthcare professionals (HCPs) and service users. Methods included readiness for change assessments, case report forms, surveys, interviews/focus groups, documentary reviews, and clinical practice observations. Analysis included descriptive statistics and thematic analysis. This paper reports C-Non results.
RESULTS
Facilitators of vaginal births included multidisciplinary teamwork, shared decision making, respectful care per the WHO Labour Care Guide, and training on vacuum procedures. Barriers included misalignment between C-Safe training and local guidelines (or lack of local guidelines), perceived lack of institutional and government support for vacuum births, and challenges in balancing women's' preference for CS with clinical indications. HCPs suggested that enhancing antenatal education would support spontaneous labour and birth and reduce non-medically indicated CSs.
CONCLUSIONS
To promote safe, positive labour and vaginal birth, training should be adaptable to local clinical and social contexts, enhance confidence in vacuum techniques, and build HCPs' skills in decision-making. Antenatal education for women in these communities needs further exploration
KEY MESSAGE
Adaptable, context-sensitive training combined with strengthened antenatal education has the potential to reduce

unnecessary CSs and promote safer, more supported vaginal births in LMIC settings.

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PA189

Optimizing telephone triage of pregnant and birthing women using a multilingual voice bot solution

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BACKGROUND

In Denmark, midwives manage telephone triage for pregnant and birthing women. However, the system lacks standardization, and language barriers may compromise safety. Women with non-Danish ethnic backgrounds are overrepresented in perinatal adverse outcomes, including stillbirths.

OBJECTIVES

To develop and evaluate a multilingual voice bot to improve the safety, efficiency, and equity of telephone triage in maternity care.

METHODS

The project comprises three phases: A qualitative study involving interviews with women, midwives, and doctors to identify critical symptoms and triage challenges, especially in non-Danish languages. A Delphi study involving experts and pregnant women to prioritize alarm symptoms and communication needs. Development of a training programme and evaluation of triage quality based on communication analyses.

RESULTS

The study is ongoing. Preliminary insights highlight the need for improved symptom recognition, standardized communication, and multilingual support in telephone triage.

CONCLUSIONS

Telephone triage is vital in early identification of complications. A voice bot could support midwives by ensuring that key alarm symptoms are identified consistently, even when language is a barrier. Developing a voice bot for telephone triage has the potential to reduce communication errors and improve timely access to care, especially for women with limited Danish language skills.

KEY MESSAGE

This project addresses a growing need for equitable, high-quality maternity triage. It supports midwives in their triage- and gatekeeping role and promotes safer care pathways for all pregnant women, regardless of language proficiency.

Eur J Midwifery 2026;10(Supplement 1):A570

PA191

More than midwives, more than moments: Reimagining postpartum through community-led, culturally centered care

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PURPOSE

This presentation shares a midwifery-led innovation from Birth Detroit, a Black-led freestanding birth center in the United States. The purpose is to highlight how community-based, home-centered postpartum care can advance equity, restore trust in healthcare systems, and expand the vision of what midwifery can and should be.

DISCUSSION

At Birth Detroit, postpartum care is approached as a relationship, not a single appointment. Our model includes home visits at 24–48 hours, 5–7 days, 2 weeks, and 4–6 weeks postpartum, during which midwives provide clinical assessments, breastfeeding support, emotional check-ins, and education for the whole family. This model removes barriers to access, strengthens continuity, and honors the postpartum period as a critical window for healing and connection. Rooted in the values of safety, love, trust, and justice, this approach centers the lived experiences of Black families, who have often been failed by traditional maternal healthcare systems.

EVIDENCE WHERE RELEVANT

In addition to strong anecdotal feedback, formal patient satisfaction data gathered through DNP projects from the University of Michigan reflect high levels of trust, satisfaction, and engagement with the model. Families consistently report feeling seen, supported, and respected. The model is also informed by ACNM postpartum care guidelines, reproductive justice principles, and research highlighting disparities in postpartum care access and outcomes. Birth Detroit is among the few U.S. birth centers routinely mobilizing midwives for home-based postpartum care.

KEY MESSAGE

To meet the global call for "One Million More Midwives," we must also transform how midwifery is practiced. Community-rooted, culturally centered postpartum care is essential to that future. Midwives must be recognized not just as birth attendants, but as leaders in postpartum healing, justice, and innovation.

Eur J Midwifery 2026;10(Supplement 1):A571

PA192

Evaluation of the PANDA e-health system as a tool to increase antenatal contacts and improve perinatal outcomes in Tanzania: A pragmatic cluster randomized controlled trial

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BACKGROUND

In Tanzania, most women attend one antenatal visit, but only about half attend four or more. Women value antenatal care but their decision to attend subsequent visits is influenced by its content and how midwives treat them. Mobile solutions have the potential to facilitate more effective and acceptable care.

OBJECTIVES
To assess the effectiveness of the Pregnancy and Newborn Diagnostic Assessment (PANDA) m-health system, incorporating respectful care prompts, to increase the number of antenatal contacts between women and midwives and reduce episodes of severe perinatal morbidity and mortality.
METHODS
Ethical approvals gained. A cluster randomized controlled trial was conducted across 16 maternity facilities in Manyara, Tanzania, including 2000 women who commenced antenatal care (ANC) before 31 weeks gestation. The intervention, PANDA, includes a smartphone Android application with embedded respectful care prompts, point of care testing and a medical unit database (for review and referral). Facilities were publicly randomized in a 1:1 ratio to the PANDA package (intervention group) or routine care (control group). The dual primary outcomes were the proportion of women attending 4 or more ANC visits and a composite perinatal morbidity outcome. In parallel, a realist process evaluation and cost-effectiveness analysis were conducted.
RESULTS
Trial recruitment was to target (n=2000) and ended February 2025. Follow-up is ongoing with data collection almost complete (n=1831; >90%). Follow-up will be finalised by October 2025, with results available early 2026.
CONCLUSIONS
Findings will demonstrate whether the PANDA care package, incorporating respectful care prompts, can a) increase the number of antenatal visits, b) reduce severe perinatal morbidity and mortality, c) increase maternal engagement and satisfaction, d) increase midwife satisfaction, and e) be cost effective.
KEY MESSAGE
This trial goes beyond exploring effectiveness of a mobile device, by illuminating the complexities of antenatal care provision in a resource-limited setting.
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PA193

Reclaiming indigenous birth: Understanding the economic costs of obstetric evacuation and the social cultural benefits of indigenous midwifery in Canada

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OBJECTIVES
1. Build an interdisciplinary research team and collaboration among local Indigenous communities and midwives, national Indigenous organizations, federal policy-makers, Indigenous scholars, and academic partners. 2. Analyze the economic impact through an economic evaluation. 3. Evaluate maternal and perinatal health indicators and outcomes.
METHODS
1. Systematic Literature Review was conducted to gather data on the economic costs of obstetric evacuation. 2. Economic Analysis of federal (FNIHB) data. 3. Perinatal Health Indicators Study analyzed health outcome data from Ontario First Nations. 4. Community-driven Case Studies captured the cultural and experiential benefits of Indigenous midwifery. 5. Digital Storytelling and Narrative Engagement engaged Indigenous birthing people to share lived experiences. 6. Decolonizing, Indigenous Research design and analysis were led by Indigenous midwives and scholars, in partnership with Indigenous women's organizations.
RESULTS
1. Indigenous midwifery proves more cost-effective than evacuation. 2. Health outcomes: Strong evidence of improved maternal-infant indicators with community birthing. 3. Cultural well-being: Qualitative data illustrates strengthened cultural continuity, emotional support, and community sovereignty.
CONCLUSIONS
Our research demonstrates that Indigenous-led, community-based midwifery not only improves maternal and infant health outcomes, but is also more cost-effective. Through interdisciplinary methods and community-driven storytelling, the project highlights the transformative power of culturally rooted birthing care in restoring family, identity, and self-determination. These findings call for urgent policy shifts that uphold birthing sovereignty and invest in Indigenous midwifery as a path towards reconcili-ACTION.
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PA194

Midwives need autonomy to thrive: Cross-country survey links low workplace decision latitude to high stress and attrition

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BACKGROUND
Autonomy in decision-making is a critical factor contributing to midwives' professional satisfaction (Moran et al., 2023; Ball et al., 2002; Hunter, 2014). According to the Job Demand-Control Model (JDCM), higher levels of workplace autonomy can mitigate the negative effects of job-related stress. Despite its significance, autonomy is insufficiently captured in current assessments of midwives' working conditions (Wangler et al., 2021).
OBJECTIVES
The objective of this study was to examine the relationship between workplace autonomy and stress in a sample of European midwives.
METHODS
Design: A descriptive, cross-sectional study design was employed. Participants: Midwives from Germany, the

United Kingdom, Iceland, and Ireland were recruited through social media platforms to complete an online survey. Measures: Workplace autonomy was measured using the Decision Latitude subscale of the Job Content Questionnaire (JCQ), while workplace stress was assessed via the Psychological Demands subscale. The presence and severity of posttraumatic stress disorder (PTSD) symptoms were evaluated using the PTSD Symptom Scale – Self-Report (PSS-SR).
RESULTS
463 midwives participated in the survey (Germany: n=259; UK: n=46; Iceland: n=43; Ireland: n=115). Low decision latitude was significantly associated with higher levels of both workplace psychological stress (p=0.001) and traumatic stress (p = 0.001). Midwives reporting low decision latitude were more than 2.5 times as likely to express an intention to leave the profession (OR=2.6; 95% CI: 1.7–4.0).
CONCLUSIONS
These findings highlight the critical role of workplace autonomy in mitigating psychological and traumatic stress among midwives. Low decision latitude not only contributes to increased stress levels but also significantly elevates the risk of workforce attrition.
KEY MESSAGE
Enhancing decision-making autonomy may be a key strategy for improving midwives' occupational wellbeing and retention. International efforts to improve maternity care must prioritize models of care that enable high levels of workplace autonomy for midwives.
Eur J Midwifery 2026;10(Supplement 1):A574

PA195

Learn how (and why!) to facilitate group antenatal care: Lessons and practice from around the world

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PURPOSE
Poor quality of antenatal care (content and delivery) has been identified as inequitable and a root factor in avoidable adverse experiences and outcomes for mothers and babies. Traditional clinics leave many feeling isolated, poorly informed and disempowered. Group antenatal care (gANC) is a responsive, relational model of care which offers transformative change, shown to improve experiences and outcomes, especially for high-risk groups. In gANC 6-12 women of similar gestation come together for 8-10 two-hour group sessions facilitated by health providers (usually midwives). Interactive activities, facilitated discussions, self-checking, short one-to-one assessments and continuity build trust and facilitate health education, informed choice and community-building. gANC has been implemented in 30 countries but is not yet standard care. One challenge is that midwives need to learn group facilitation skills to manage socially, clinically and linguistically diverse groups, ensure confidentiality and deal with adverse events. Shifting from didactic teaching to harnessing the wisdom of the group requires training: experiential learning is essential to understand how this model works.
DISCUSSION
The Group Care Global, GC_1000 and Pregnancy Circles teams, funded by EU Horizon 2000 and NIHR, have trained hundreds of midwives and implemented gANC across low, middle- and high-income countries. For the first time these clinicians and researchers have teamed up to share their skills. With space for 30 participants sitting in a circle, this engaging 90-minute workshop will cover: Big group: 10 minutes: gANC international background and evidence Two groups: 10 minutes: Ice-breaker 50 minutes: Role-play: mock session where participants experience interactive activities and one-to-one checks 15 minutes: Reflection and questions Big group: 5 minutes: closing activity; signposting to international resources.
EVIDENCE WHERE RELEVANT
This work is based on research carried out by the following two studies and the wider research on group care:
City, University of London. REACH Pregnancy Programme: who we are. Accessed June 9, 2026. https://blogs.city.ac.uk/reach/about-us/
REACH Alliance. Introducing our 2021–22 University College London Reach researchers. Published May 2022. Accessed June 9, 2026. https://reachalliance.org/news/2022/05/introducing-our-2021-22-university-college-london-reach-researchers/
KEY MESSAGE
Learning outcomes: Understand gANC's transformative potential. Experience the power of interactive learning in maternity care. Understand the skills needed for group facilitation.
Eur J Midwifery 2026;10(Supplement 1):A575

PA196

Efficacy and experiences of the Gestational Diabetes and Antenatal Milk Expression (GAME) program for Hong Kong Chinese women with gestational diabetes: A randomized controlled trial

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BACKGROUND
The increasing prevalence of Gestational Diabetes Mellitus (GDM) presents a global health concern, particularly due to its association with obstetric complications and adverse maternal and neonatal outcomes. The Chinese population is disproportionately affected, with high GDM rates contributing to breastfeeding challenges and heightened risks of type

2 diabetes for both mothers and infants. In Hong Kong, exclusive breastfeeding rates remain low compared to international standards, despite efforts like the Baby-Friendly Hospital Initiative, which advocates for breastfeeding as a vital intervention for women with GDM. To address these challenges, the Gestational Diabetes and Antenatal Milk Expression (GAME) program was developed as a behavioural intervention to promote exclusive breastfeeding.
OBJECTIVES
To examine the feasibility, acceptability, and effectiveness of antenatal milk expression (AME) among Hong Kong Chinese women with GDM.
METHODS
A randomized controlled trial conducted between January 2022 and December 2023. A total of 246 participants were randomized into intervention and control groups, with 215 completing follow-up assessments.
RESULTS
At 4 weeks postpartum, exclusive breastfeeding rates were significantly higher in the intervention group compared to the control group (adjusted difference=0.17, 95% CI: 0.04 to 0.31, p=0.014). At 8 weeks postpartum, depressive symptoms were significantly lower in the intervention group (adjusted difference=1.41, 95% CI: 0.41 to 2.40, p=0.006), with greater improvements observed in multiparous women and those undergoing elective caesarean sections.
CONCLUSIONS
The GAME program demonstrated promise as a feasible and effective intervention, improving exclusive breastfeeding rates, enhancing breastfeeding self-efficacy, and reducing postpartum depressive symptoms. Scaling up the program could empower midwives to provide targeted breastfeeding support for Chinese women with GDM in Hong Kong. Further research is recommended to assess its long-term efficacy and applicability in broader populations.
KEY MESSAGE
The GAME program implemented by midwife lactation consulant showed effectively improves exclusive breastfeeding rates and significantly reduce depressive symptom.
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PA197

MUSA Wales- Nationwide improvement programme strengthening quality and safety in Midwifery Led Units

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PURPOSE
To explore the implementation and impact of the MUSA (Midwifery Unit Self-Assessment) Framework as a national quality improvement approach in Wales, led by consultant midwives to enhance person-centred care in midwifery-led units (MLUs).
DISCUSSION
Midwifery-led units are associated with excellent outcomes, positive service-user experiences, and cost-effective care for low-risk pregnancies (Scarf et al., 2018; Birthplace Study Group, 2011). Despite UK policy support for expanding MLUs (NICE, 2014), many face closure due to variable quality, workforce pressures, and inconsistent strategic support. In response, consultant midwives in Wales adopted the MUSA Framework collaboratively across all health boards—an unprecedented national approach. This peer-led process enabled standardized self-assessment, local reflection, and co-production with Staff, women, families, and stakeholders.
EVIDENCE WHERE RELEVANT
Evidence The MUSA Wales project aligns with Welsh Government priorities for equitable, person-centered maternity care (Welsh Government, 2019; 2025). Early findings show strengthened leadership, improved service consistency, and increased engagement of midwives and service users in quality improvement. Evaluation is ongoing, with plans to link MUSA to national accreditation and workforce development strategies.
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PA198

Variation in the organisation of integrated maternal and newborn care networks: A systems thinking perspective

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BACKGROUND
In high-income countries, the organisation of maternal and newborn care (MNC) is increasingly shaped by efforts to improve integration, continuity, and outcomes. Despite shared goals between stakeholders, considerable variation exists in how integrated MNC is operationalized. This study investigates organisational variation and its underlying mechanisms using a systems thinking approach.
OBJECTIVES
To explore variations in implemented organisational elements within and between MNC networks and the mechanisms that

contribute to these variations.
METHODS
We performed a comparative case study. We studied seven cases; maternity care networks that differ in their organisational and network characteristics. We applied a mixed methods approach, combining interviews, focus groups and surveys of network board members, healthcare professionals and clients. Organisational elements (e.g. shared intake, multidisciplinary consultation, continuity of care arrangements) were systematically mapped per network. Causal loop diagrams were developed to understand the underlying mechanisms of organisational variation within and between networks. These diagrams were validated by stakeholders from different relevant perspectives.
RESULTS
Preliminary findings show significant regional differences in implemented organisational elements such as client engagement in the organisation of integrated MNC. The biomedical way of organising care is an important influencing mechanism. Final results, will be presented at the conference. This study will contribute to a better understanding of how organisation of MNC and underlying mechanisms shape provision of integrated MNC.
CONCLUSIONS
These insights may help overcome barriers to implementing effective elements in integrated MNC, ultimately supporting more sustainable and context-sensitive transformation.
KEY MESSAGE
Applying systems thinking is expected to provide a deeper understanding of variation in the organisation of integrated MNC and the underlying mechanisms. By constructing causal loop diagrams from multiple stakeholder perspectives, we aim to uncover underlying organisational mechanisms and identify key leverage points. These insights may help overcome barriers to implementing effective elements in integrated MNC, ultimately supporting more sustainable organisation of MNC.
Eur J Midwifery 2026;10(Supplement 1):A578

PA199

Midwifery presence matters: Observations from a student exchange at a public maternity hospital in India

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PURPOSE
This poster shares the experiences of four Norwegian midwifery students during a five-week exchange placement at a public maternity hospital in India. The purpose is to highlight the significance of midwifery-led care through our observations in a setting where midwives were absent, and all births were managed by doctors.
DISCUSSION
During our clinical placement, we observed that maternity care was entirely physician-led, with no midwives or midwifery model of care present. As students trained in a system that prioritizes physiological, woman-centered care, this contrast was striking. The labour ward operated with high efficiency and focus on pathology. We observed frequent use of interventions such as episiotomies, fundal pressure, and oxytocin stimulation – often applied preemptively, even when labour progressed physiologically. We reflected on how the lack of midwives may have contributed to this medicalized approach, and questioned how care might have looked different with a stronger midwifery presence. The absence of a midwifery profession in this context revealed how systemic structures can shape the nature of care and the birthing experience for women.
EVIDENCE WHERE RELEVANT
Evidence shows that expanding access to midwifery-led care improves outcomes for both mothers and newborns and reduces unnecessary interventions. Recent studies show that midwife-led care for low-risk pregnancies reduces the use of interventions such as emergency cesarean sections, episiotomies, and epidurals. It is also linked to fewer maternal complications, shorter hospital stays, and better neonatal outcomes, including reduced NICU admissions and lower rates of birth asphyxia (Hannula et al., 2024; Mohammadi et al., 2023).
KEY MESSAGE
Midwives are crucial for ensuring respectful, physiological birth. Our experience underscored how the absence of midwives can lead to more medicalized births – even when women are healthy. Strengthening the midwifery profession globally is not only a question of numbers, but also of changing how maternity care is delivered.
Eur J Midwifery 2026;10(Supplement 1):A579

PA200

A new insight of interactive training – Care bundles for obstetric emergencies

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PURPOSE
Obstetric emergencies, while rare, can arise unexpectedly. Regular drills and simulations are essential for enhancing midwives' competencies in managing chaotic situations and improving patient outcomes. However, organizing these drills usually requires a multidisciplinary team and simultaneous participation from midwives. A more efficient alternative is to implement interactive verbal drills, which can fit into busy ward routines and allow for staggered participation. This strategy not only strengthens responses to obstetric emergencies but also enhances team communication and identifies performance gaps for quality improvement.
DISCUSSION
With a birth rate exceeding 4000 annually and a high attrition rate, interactive verbal drills provide a comprehensive way to maximize clinical competency. The Model of the Alliance of Innovation for Maternal Health guided the design of maternal safety care bundles for various emergencies, consisting of four "R" components: Readiness, Recognition

and Prevention, Response, and Reporting. Scenario-based drills involve groups of four to five midwives, each assigned a specific role. The conductor presents a scenario and guides the drill using a checklist covering situation management, emergency response, and communication skills. A debriefing session at the end provides an opportunity for self-reflection and feedback, reinforcing learning and identifying areas for improvement.
EVIDENCE WHERE RELEVANT
Launched in 2022, this initiative developed sixteen care bundles focused on critical emergencies, including cord prolapse, massive postpartum hemorrhage, eclampsia, and septic shock, etc. To enhance staff preparedness, sixty drills were conducted across all Obstetrics and Gynecology wards. The average participation rate surpassed 95%, with compliance levels between 96% and 100%. Demonstrating strong staff engagement, effective training and readiness to respond to maternal emergencies
KEY MESSAGE
Midwives highly appreciate interactive verbal drills that are practical in clinical settings. As new graduate midwives join the team, the ongoing development of new care bundles and drills is vital for enhancing their proficiency and boosting their confidence in managing obstetric emergencies.
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PA201
Kinesio taping and manual lymphatic drainage in postnatal mothers with breast engorgement
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PURPOSE
Breast engorgement affects two-thirds of postnatal women between day 3 to day 5 after delivery. It occurs due to milk coming-in and vascular dilation around the breasts. Symptoms can last for 1 to 2 weeks. If not managed properly, breast engorgement can cause pain, breastfeeding difficulty or even lead to withdrawal from breastfeeding.
DISCUSSION
In our study, we combined K-taping with manual lymphatic drainage massage to manage breast engorgement of early postnatal mothers by the International Board Certified Lactation Consultants. Results showed that 86.1% of participants experienced relief from engorgement and 72.2 % of them reported enhancement in milk flow. Visual Analog Scale (VAS) for pain reduced from 5.74 before the treatment to 4.00 after 1 hour, then to 3.57 on day 1, and 2.00 on day 2. For the Breast Engorgement Score, it reduced from 5.41 before the treatment to 3.92 after 1 hour, then to 3.57 and 2.25 on the following days.
EVIDENCE WHERE RELEVANT
As recommended by the Academy of Breastfeeding Medicine Protocol #20, traditional management includes breast massage, hand expression, cold compress and ultrasound treatment. However, excessive massage or hand expression can cause tissue inflammation and cause discomfort. Recently, Kinesio Taping (K-taping) has become one of the effective methods of pain management and lymphatic drainage.
KEY MESSAGE
In conclusion, K-taping with manual lymphatic drainage is effective in reducing breast engorgement without causing significant side effects or difficulty in breastfeeding. A fast-relieving effect is evidenced by a significant reduction in VAS and breast engorgement score after 1 hour of implementation. This strategy is highly accepted by postnatal mothers and are beneficial to them during breast engorgement.
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PA202
13 years of maternal fetal medicine midwifery group practice – A journey towards multidisciplinary collaborative maternity care for women with complex pregnancies
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PURPOSE
Maternal Fetal Medicine midwifery group practice (MFM MGP) has existed for 14 years. In 2011, midwifery group practice was an established model of care for women experiencing pregnancies without risk, there existed no continuity of care model that supported women with pregnancies associated with medical or fetal risks. Two midwives, Maria Lohan and Judy Munro, continue to work within this model and would like to share its evolution from its tentative commencement with three midwives to a flourishing way of working growing to five midwives.
DISCUSSION
Midwives are essential to keep women at the center of their maternity care this is particularly important when women are experiencing a complex pregnancy. Care can be fragmented and anxiety heightened as women meet with many clinicians, and their pregnancy is experienced by uncertainty. MFM MGP model is similar to other MGP models but works closely with a multidisciplinary team to help coordinate care. We care for many women with pregnancies affected with fetal anomalies such as gastroschisis, but in recent years, this has grown to include an ever-increasing number of women with pre-existing medical conditions. We also care for women with major organ transplants and recently uterine transplants. Despite medical complexity, apart from feeling safe, women still want to feel the joy of their pregnancies and birth, and as a midwifery team we do our best to help women achieve this.
KEY MESSAGE
Midwifery has much to offer women whose pregnancies are complicated by 'risk.' Not only do we work as skilled health professionals, we also act as a solid compass for these women whilst progressing through a difficult journey during their pregnancy and/or birth, so they feel safe, well-supported, and heard. As midwives, working collaboratively with other disciplines, engenders trust and better working relationships that not only benefits us but also women and families.
Eur J Midwifery 2026;10(Supplement 1):A582

PA203
Home birth and midwives in Hungary

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PURPOSE
Home birth in Hungary has been regulated since 2011. I provide a brief overview of the operation and outcomes of one of Hungary's private midwife practices- Életfa Midwife Practice.
DISCUSSION
In Hungary, the integration of home birth practices into the system is not smooth. The current regulation – in the absence of an uniform protocol – impedes the operation of home birth practices. How can these practices still operate? How can midwives work in such circumstances? How can patient-centered care and continuity of care still be provided? Analysing the results of the maternal motivation survey we receive answers to why there is a high satisfaction rate among mothers who have a planned out-of-hospital birth.
EVIDENCE WHERE RELEVANT
Advantages of a planned home birth include freedom of movement during labour and birth, lower rates of maternal complications such as post-partum haemorrhage and retention, and the minimal use of interventions such as episiotomy and artificial rupture of membranes. The adaptation of newborns is more successful, pathological jaundice rarely occurs, breastfeeding rates are higher. Among its numerous psychological advantages, aspects of early attachment are fully realized. The presented statistics of home birth practices provide further data on hospital transfer rates and indications. Differing views and a lack of information that is still present create tension between allied professions which, in our experience, can also compromise safety.
KEY MESSAGE
A present problem and a future challenge is the presence of emotions, debates and controversies surrounding home birth. Women's right to making informed decisions can be violated in our system. Differing views and a lack of information that is still present create tension between allied professions which, in our experience, can also compromise safety.
Eur J Midwifery 2026;10(Supplement 1):A583

PA204

Are breastfeeding support interventions worth the investment? A review of economic evidence on costs and cost-effectiveness

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BACKGROUND
The cost to the global economy of not breastfeeding has been estimated at £242 billion. Key stakeholders need to know whether the provision of breastfeeding support interventions is cost-saving and cost-effective for health services.
OBJECTIVES
To conduct a systematic review of evidence on the costs (cost-savings) and cost-effectiveness of breastfeeding support interventions for healthy mothers with healthy babies.
METHODS
Guidance on conducting reviews of economic evidence was adhered to, with stakeholder engagement informing key decisions. A search strategy was developed to identify and assess records for eligibility. Studies that estimated the incremental costs and cost-effectiveness of breastfeeding support interventions compared to an alternative of likely benefit (typically standard care) were included. Following identification, studies were appraised, synthesized and assessed for consistency in findings. Studies were synthesized by the level of support provided (breastfeeding only/breastfeeding plus) and by context of the setting (high/low resource).
RESULTS
A total of 39 studies were included in the review. On appraisal, studies were limited by the narrow scope of cost categories and the short time horizons for measuring resource consequences. Thus, there was uncertainty in the findings with likely underestimation of cost-effectiveness. Consistency in findings was greatest for studies estimating the incremental cost per additional woman exclusively breastfeeding their infant following breastfeeding only support in high-resource settings (GBP £67 at 5-12 days to £112 at 8-weeks at 2024 prices). Stakeholder engagement indicated a willingness-to-pay threshold of GBP £105 per woman at 2024 prices for a 1% increase in exclusive breastfeeding rates at 6-weeks' postpartum.
CONCLUSIONS
If policy and decision-makers are willing-to-pay an additional GBP £105 per woman to provide additional breastfeeding support, it would be considered worth the investment.
KEY MESSAGE
Breastfeeding only support interventions may be a cost-effective use of maternity service resources in the short term with benefits to mothers, infants and health services.
Eur J Midwifery 2026;10(Supplement 1):A584

PA205

The midwifery minimum data set applied to birth care (B-MMDS): An implementation science project

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BACKGROUND
The challenge of the current midwifery practice is transitioning to midwifery models of care in clinical

contexts. The Midwifery Minimum Data Set applied to Birth care (B-MMDS) addresses the need to boost accuracy and consistency in clinical documentation to measure midwives' impact on public health. The B-MMDS' scope of practice covers women, newborns and families receiving intrapartum and early postnatal care in a hospital setting.
OBJECTIVES
To implement the B-MMDS into the electronic health record (EHR) system in a hospital's maternity ward, which is the most common place of birth in Italy.
METHODS
This study designs a multi-phase implementation project according to the Consolidated Framework for Implementation Research (CFIR). Phase 1 outlined a theory-driven B-MMDS that fits birth care in a hospital setting through potential linkages between subsets of midwifery-sensitive outcomes, midwifery interventions, and NANDA diagnoses. Phase 2 – ongoing – involves midwives' training to familiarize themselves with the B-MMDS. Phase 3 – planned – will include midwives using the B-MMDS as part of the EHR to document their care as a validation process.
RESULTS
The first milestone was reached by outlining a theory-driven B-MMDS comprising two maternal and neonatal domains with the respective linked diagnoses, interventions and outcomes. The expected results from the subsequent phases are related to data analysis from the midwives' training program and the validation process through the B-MMDS use in clinical practice.
CONCLUSIONS
The B-MMDS implementation represents a first attempt to standardize midwifery data collection in Italy and to deeply understand the interaction between outcomes, interventions and diagnoses within midwifery models of care.
KEY MESSAGE
The study and use of the B-MMDS will increase the evidence available concerning the salutogenic framework of maternity care, which is essential to plan care strategies to act on crucial health outcomes for the current and future population.
Eur J Midwifery 2026;10(Supplement 1):A585

PA206

Strengthening the provision of responsive respectful maternity care at midwifery led ward in Blantyre, Malawi

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BACKGROUND
Maternal and neonatal mortality remain a global concern. There is growing evidence that disrespect during childbirth contributes to poor outcomes. The Midwifery Led Ward at Limbe Health Centre (LHC) is strengthening provision of Responsive Respectful Maternity Care (RRMC) to improve health outcomes.
OBJECTIVES
To; establish the baseline for adherence to aspects of RRMC by midwives; develop tailor made interventions to address RRMC gaps.
METHODS
Structured observations of midwife-client interactions using a checklist and client exit interviews to evaluate midwives' adherence to the aspects of RRMC were introduced. A baseline assessment was conducted in June 2023 to identify gaps in following areas; Respect and communication; Privacy and Safety; Support and comfort during labour; Supportive birth environment. To address identified gaps, interventions in July 2023 included trainings, installing new privacy curtains, pasting of guidelines on walls and holding dissemination meetings. Follow up data on adherence was collected between December 2023 and February 2025.
RESULTS
Baseline data included 16 observations of midwife-client interactions and 34 client exit interviews. Post interventions, 51 observations and 117 exit interviews were conducted across three assessments to monitor adherence. Greeting clients, privacy and communication remained above 98% in all assessments. Midwives' self-introduction increased from 6% to 69%, declined slightly to 45% in the final assessment. Seeking consent increased significantly, from 63% to 96%. No abuse was observed during assessments although 2% of women reported physical abuse and 6% reported verbal abuse in the final assessment. Encouragement of preferred birthing positions ranged from 50% to 93%, while birth companions increased from 88% to 100% in the later assessments.
CONCLUSIONS
While midwives generally adhere well to RRMC standards, further efforts are needed to improve self-introductions, refrain from abuse and encourage women to give birth in their preferred positions.
KEY MESSAGE
Prioritising provision of RRMC is an opportunity to improve health outcomes.
Eur J Midwifery 2026;10(Supplement 1):A586

PA207

The impact of maternal tactile interaction with the fetal head during perineal crowning on the duration of the second stage of labor and maternal-infant bonding

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BACKGROUND
Bu randomize kontrollü deneysel çalışmada, perineal taçlanma sırasında annenin fetal başa dokunmasının, doğumun ikinci evresinin süresi ve doğum sonrası erken dönemde anne-bebek etkileşimi üzerine etkisi araştırıldı.
OBJECTIVES
Çalışmanın amacı, perineal taçlanma sırasında annenin fetal baş kısmına dokunmasının, doğumun ikinci evresinin süresi ve doğum sonrası erken dönemde anne-bebek etkileşimi üzerine etkilerini görmektir.
METHODS
The study was conducted between April and June 2023 at a clinic in İzmir. A total of 68 participants were included, with

34 in the intervention group and 34 in the control group. Data were collected using a sociodemographic questionnaire and the Mother-Infant Interaction Assessment Scale (MIIAS). The first assessment was conducted during labor through maternal touching of the fetal head and clinical observation, while the second was performed prior to hospital discharge. Statistical analyses included descriptive methods, Fisher's exact test, ANOVA, Spearman's rank correlation, independent samples t-test, and paired samples t-test.
RESULTS
Initial MIIAS scores were significantly higher among women who received antenatal care ($p < 0.05$). Mothers who received postpartum support had significantly higher MIIAS scores (7.84 ± 1.98) than those who did not ($p < 0.05$). While 58.8% of the intervention group and 50% of the control group experienced a first stage of labor lasting between 0–5 hours, this difference was not statistically significant ($p > 0.05$).
CONCLUSIONS
However, the mean MIIAS score prior to discharge was significantly higher in the intervention group (9.56 ± 1.07) compared to the control group (6.44 ± 9.91), with a highly significant difference between groups ($t = -8.287$, $p < 0.001$).
KEY MESSAGE
These findings suggest that maternal tactile interaction with the fetal head during perineal crowning had a positive impact on early postpartum mother-infant bonding. This practice may be considered a simple, non-invasive intervention to enhance maternal-infant interaction in midwifery care.
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PA208

Neonatal nurses' perspectives on optimizing perinatal problem identification programme implementation through interprofessional collaboration in a South African public hospital

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BACKGROUND
Globally, 2.3 million children died in the first 28 days of life in 2022, with approximately 6500 newborn deaths every day and most from preventable causes. Every Newborn Action Plan and Sustainable Development Goal 3 (SDG 3) highlight the necessity to reduce neonatal mortality through strengthened health systems, interprofessional collaboration, and accountability. In South Africa, the Perinatal Problem Identification Program (PPIP) is a national quality improvement audit tool used for reducing perinatal and neonatal deaths by identifying avoidable factors.
OBJECTIVES
The primary objective was to explore and describe the perceptions of professional nurses on the implementation of PPIP in neonatal wards at a hospital in Bojanala District, Northwest Province.
METHODS
The study is a derivative of a major study, entitled "Perceptions of professional nurses regarding the implementation of PPIP in a public hospital in the Bojanala District, Northwest Province. An exploratory, descriptive, and contextual qualitative design was adopted. Upon receiving an ethical clearance from Sefako Makgatho Health Sciences University Research Ethics Committee reference number SMUREC/H/54/2018: PG. Data was collected from twenty-three neonatal nurses, each with over three years of clinical experience. Data were collected through three focus group discussions using a semi-structured interviews. Transcripts were analyzed thematically using Tesch's coding process. Trustworthiness and ethical considerations were maintained thought the study.
RESULTS
Four main themes and ten subthemes emerged. Neonatal nurses advocate for the established interprofessional team that includes midwives and nurses, consistent feedback, effective leadership development, and continuous professional development.
CONCLUSIONS
Neonatal nurses are the primary caregivers for improving newborn outcomes, but systemic barriers limit their contribution to PPIP. Interprofessional collaboration and comprehensive leadership are required to transform audit findings into operations.
KEY MESSAGE
Achieving SDG 3 target 3.2 requires empowering neonatal nurses through integrated interprofessional collaboration. When supported, they become key drivers of meaningful perinatal audit implementation and improved survival for the most vulnerable newborns.
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PA209

Implementation and evaluation of postpartum midwifery care at home in Washington, D.C.

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BACKGROUND
Comprehensive postpartum care is essential for addressing immediate health concerns and the prevention of complications. Disparities in access to care in the US remain pronounced, with economic segregation significantly impacting the availability of postpartum support services. Black and Latinx individuals experience disproportionately higher rates of postpartum complications and less access to midwifery and postpartum care.
OBJECTIVES
1. Summarize three of the most significant barriers to postpartum care for patients in the US 2. Identify two clinical and two social circumstances in which patients may benefit from in-home midwifery care.
METHODS
We used de-identified electronic health record data to describe the rates of visit attendance for birthing people and newborns during the program's implementation period (2023)

compared to prior year (2022). We describe implementation outcomes using the RE-AIM framework.
RESULTS
In 2023, there were 176 in-home postpartum visits for 118 patients, with 49 having additional in-home visits (42%) and 183 newborn visits for 132 patients, with 43 having additional in-home visits (33%). In-home care was associated with increased postpartum attendance rates from the previous year (83% vs 78%) and high rates of acceptability. Subjective data indicates joy, satisfaction, and connectedness for both patients and midwives.
CONCLUSIONS
Positive experiences in this study indicate in-home midwifery care may be one approach to reducing perinatal health disparities, especially for patients experiencing societal oppression that creates barriers to accessing postpartum care. While justice and the elimination of health inequities will remain priorities, it may be more important to listen to Black patients and create care models that focus on thriving instead of merely surviving.
KEY MESSAGE
Postpartum in-home care with midwives should be considered as an approach to improving health outcomes, equity, and joy for postpartum families and for reducing burnout in midwives.
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PA210

Promoting preconception care through community-based educational tools and stakeholder engagement in Japan: A developmental stage-tailored approach

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PURPOSE
This project aimed to promote preconception care (PCC) in Japan by developing, implementing, and evaluating educational tools tailored to developmental stages. The initiative sought to raise awareness from early life stages and foster a culture where individuals are better prepared for future reproductive health decisions. It also aimed to bridge gaps in knowledge and access to reliable information among community members, especially adolescents and young adults.
DISCUSSION
The JANP Center, based at The Jikei University School of Nursing, developed a community-based model to support PCC through collaboration with public health professionals, educators, physicians, midwives, pharmacists, and psychologists. In 2024, five stakeholder meetings were held to co-develop educational materials: a set of age-specific informational cards and a website. These materials were designed around three pillars—nutrition and body weight, vaccination, and physical and mental development. In 2025, the materials were distributed to childcare centers, schools, and universities, and a consultation service was launched using LINE, telephone, Zoom, and in-person formats. Public lectures are also planned to enhance outreach.
EVIDENCE WHERE RELEVANT
Educational cards and website content were developed collaboratively during five stakeholder meetings in 2024. In 2025, the cards were distributed to childcare facilities, schools, and universities, and the website was officially launched. A multi-method evaluation is planned, including (1) surveys with parents and university students on PCC knowledge, lifestyle, and vaccine intentions; (2) analysis of local data on cervical cancer screening and HPV vaccination rates; and (3) qualitative interviews. The current presentation highlights the design and implementation of this community-based initiative.
KEY MESSAGE
PCC education tailored to developmental stages and delivered through community collaboration can increase awareness and readiness for future reproductive health. Locally driven, multi-stakeholder engagement is essential for building sustainable and culturally relevant health education strategies.
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PA211

Enhancing midwifery practice through immersive role-play

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BACKGROUND
This presentation examines the efficacy of immersive role-play as an innovative approach for professional development among midwives and healthcare practitioners, presenting its use in reflecting on and cultivating medical empathy. We present findings from a structured educational intervention implemented in Bucharest as part of the "Health for All Women" initiative, which aims to enhance access to reproductive healthcare and midwifery services.
OBJECTIVES
This study aimed to evaluate the effectiveness of immersive role-play as an educational intervention for enhancing empathic communication and patient-centered care among midwives and other healthcare professionals.
METHODS
The educational intervention utilized scenario-based simulation derived from authentic clinical encounters within the Romanian healthcare system. Facilitated by a professional actress and an experienced midwife-educator, participants engaged with complex patient narratives involving adolescent pregnancy, intimate partner violence, healthcare access disparities, and systemic barriers to care. This methodology catalyzed critical reflection on professional ethics, empathic communication, and culturally responsive interventions in reproductive healthcare delivery
RESULTS
The program engaged 36 healthcare professionals, including midwives, physicians, and students in healthcare disciplines. Post-intervention evaluation demonstrated exceptional outcomes, with 100% of respondents assigning the highest possible rating to content quality. Qualitative feedback indicated significant transformations in professional

perspectives, with participants reporting enhanced motivation to implement intersectional and patient-centered approaches. Recurring themes in participant testimonials characterized the experience as "emotionally impactful", "professionally transformative," and "offering profound clinical insights."
CONCLUSIONS
Immersive role-play demonstrates considerable efficacy as an educational strategy that cultivates critical clinical reasoning, empathic engagement, and nuanced understanding of sociocultural determinants in midwifery practice. We advocate for the systematic integration of experiential learning methodologies into continuing professional development programs for healthcare practitioners, as a strategic component of developing organizational cultures predicated on empathic practice and equitable reproductive healthcare delivery.
KEY MESSAGE
Immersive roleplay serves as a transformative educational tool that bridges the gap between theoretical knowledge and applied practice in healthcare settings.
Eur J Midwifery 2026;10(Supplement 1):A591

PA212

Effectiveness of antenatal education for male partners on maternal and paternal postpartum depression: A systematic review and meta-analysis

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BACKGROUND
Postpartum depression is a common mental health issue after childbirth and can negatively affect entire families. Antenatal education for male partners can enhance their parenting skills and thereby contribute to the prevention of both maternal and paternal postpartum depression. Although previous systematic reviews have assessed the effectiveness of such interventions, recent changes in obstetric care delivery underscore the need for updated evidence.
OBJECTIVES
To update the evidence on the effectiveness of antenatal education for male partners in preventing both maternal and paternal postpartum depression.
METHODS
The Cochrane Central Register of Controlled Trials, Embase, MEDLINE, and PsycINFO were searched using terms such as 'pregnan*', 'education*', 'partner*', and 'RCT'. The final search was conducted on 5 August 2024. Meta-analyses were conducted using Review Manager 5.
RESULTS
From the 5862 screened studies, 11 randomized controlled trials (RCTs) were included, involving 3,190 pregnant women and 3,944 male partners. The findings showed that both the incidence (RR = 0.60, 95% CI = 0.49 to 0.73) and severity (MD = -1.45, 95% CI = -2.12 to -0.77) of maternal postpartum depression at 1–3 months postpartum were significantly decreased. However, for other outcomes and timings, only trends towards a reduction were observed without statistical significance.
CONCLUSIONS
This review suggests that antenatal education for male partners may prevent maternal postpartum depression. However, evidence on the effectiveness for both maternal and paternal postpartum depression remains limited.
KEY MESSAGE
This review highlights the potential of antenatal education for male partners as a strategy to reduce postpartum depression in both parents. However, further robust RCTs are needed to confirm its effectiveness.
Eur J Midwifery 2026;10(Supplement 1):A592

PA213

What is the effective pushing technique taught by midwives for primiparas during epidural childbirth?

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BACKGROUND
Although guidelines are set by WHO for childbirth pushing techniques during the second stage of labor, different methods are often used in practice.
OBJECTIVES
This study aimed to understand the actual verbal encouragement and cues provided by midwives for pushing to primiparas undergoing epidural childbirth and identify associated challenges of these pushing techniques during the second stage of labor.
METHODS
Semi-structured interviews were conducted. The participants were midwives who had experience providing epidural childbirth. The data were analyzed using qualitative inductive methods from five perspectives: (1) timing of pushing; (2) Instructions to women on how to push effectively; (3) actual maternal position and conditions; (4) how midwives learn pushing techniques; and (5) challenges of childbirth pushing.
RESULTS
Five midwives determined the timing to initiate childbirth pushing based on factors such as the condition of the fetus and the state of the birth canal. Explanation about pushing to these women giving birth was sometimes provided earlier than the timing recommended by the WHO guidelines. Regarding the maternal position during childbirth pushing, midwives considered factors such as the fetal condition, the progress of labor, maternal fatigue, and the potential impact on postpartum recovery. Instructions about childbirth pushing were provided step-by-step, with support aimed at enabling the mother to feel a sense of participation. Regarding the acquisition of effective childbirth pushing

techniques by midwives, it was noted that there are no formal educational programs specifically focused on pushing during an epidural childbirth, and that there are limited learning resources available for midwives.
CONCLUSIONS
To enable effective childbirth pushing during an epidural childbirth, it is essential for midwives reflect on their own practice and enhance education opportunities for midwives.
KEY MESSAGE
Midwives are often not formally trained in managing the second stage of labor for women undergoing epidural childbirth and typically acquire these skills through on-the-job experience.
Eur J Midwifery 2026;10(Supplement 1):A593

PA214

How does Group antenatal care achieve benefits? Findings on mechanisms of care in seven high, and lower-middle income countries from the GC_1000 programme

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BACKGROUND
Group antenatal care (gANC) combines health assessments with interactive learning and group discussion, with the aim of improving care engagement and effectiveness. A realist review conducted by Mehay et al. identified seven theories of effect: social support, peer learning, active participation in health, health education, satisfaction with care, health professional development and wellbeing, and empowerment.
OBJECTIVES
To understand mechanisms by which gANC functions to achieve positive care experiences and outcomes across different country and care settings.
METHODS
Analysis of mixed-methods data in implementation case studies within seven countries. Sources included: interviews and/or focus groups with service providers and participants, observations of gANC training and care, surveys of participants and service data. Using each country as a case, data were first coded inductively and then synthesized, at country level, then across all settings, using Mehay et al's review findings as a framework.
RESULTS
The mechanisms theorized in the literature were found to be applicable across widely varied settings but were refined and adjusted. 'Continuity of carer and participants', and 'time for care' were identified as key underpinning mechanisms, while empowerment was found to be an overarching effect. Understanding of how health professional satisfaction and development and elements such as self-checking and an interactive approach with this model of care may support empowerment was enhanced.
CONCLUSIONS
The analysis provided a more developed understanding of how gANC may influence care experiences and outcomes, across a diversity of contexts. In cases where specific mechanisms did not function, this was related to implementation challenges influencing fidelity of approach.
KEY MESSAGE
The mechanisms through which group care supports positive care experiences and outcomes are applicable across a wide range of country and health-system settings but may be undermined if a key aspect of the model such as continuity or interactive approach is not applied.
Eur J Midwifery 2026;10(Supplement 1):A594

PA215

Midwifery - What's love got to do with it?

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PURPOSE
To reflect on and discuss love in midwifery: Present midwifery as motivated and sustained through a modified form of love; Share midwives' personal accounts of experiencing love in their work; Invite delegates to reflect on what love means in the midwifery context and the role of love in their midwifery work, now and going forward.
DISCUSSION
Given that compassionate relationships with both women and colleagues are central to midwifery, there is a surprising reluctance to discuss the role of love. A baby's birth creates a new love, and midwives witness this love between parents and their newborns daily. Midwives understand the key physiological role of the hormone oxytocin in childbirth, attachment, breastfeeding, and the development of the capacity to love. There is strong global awareness of the need to humanize childbirth. Thus, midwives need to reflect on their role in creating conditions that support physiology and the humanization of childbirth, where love grows and new families flourish. Exploring how love enhances and strengthens midwives' working experience is crucial in a time when the world desperately needs more midwives (The State of the World's Midwifery Report 2021). Love may be what underpins midwives' ability to thrive and be sustained in their roles.
ADDITIONAL READING
United Nations Population Fund, World Health Organization, International Confederation of Midwives. The State of the World's Midwifery 2021. United Nations Population Fund; 2021. Accessed June 9, 2026. https://www.unfpa.org/sites/default/files/pub-pdf/21-038-UNFPA-SoWMy2021-Report-

ENv4302.pdf
EVIDENCE WHERE RELEVANT
The presentation about midwifery as motivated by a modified form of love draws on and presents evidence from biological sciences, psychology, sociology, and theology. Authentic midwives' stories provide rich, heart-warming accounts, telling of how midwives experience love in their work.
KEY MESSAGE
Love is not just an emotion. Love is a fundamental human need, a value, a choice, and a powerful force for good. Love drives high quality midwifery care for women and families and meaningful, fulfilling work for midwives. Midwives recognize and feel proud of the love in their work.
Eur J Midwifery 2026;10(Supplement 1):A595

PA216

From challenge to care: How midwives drove the implementation of sterile water injection (SWI) in maternity practice in LMIC – A reflective narrative inquiry

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INTRODUCTION
Implementing sterile water injection (SWI) for low back pain management during labor in a Ghanaian maternity setting revealed both systemic challenges and transformative opportunities. The purpose of this presentation aims to present the challenges faced and lessons learnt during the implementation of a novel intervention in midwifery practice.
DISCUSSION
This reflective paper adopted a narrative inquiry approach, drawing on elements of autoethnography to explore the researcher's lived experience during the implementation of SWI for low back pain management in a maternity care setting in Ghana. Reflections were documented simultaneously throughout the project using field journal, supervisory memos, and informal debriefs with midwives' participants. These entries were later thematically reviewed and organized to highlight key lessons learnt, adaptation, and professional growth for both the midwives and the researcher.
EVIDENCE WHERE RELEVANT
Despite resource limitations and initial unfamiliarity with the technique, midwives embraced training, supported one another, and advocated for evidence-based care, enabling this simple, low-cost intervention to be effectively introduced. Midwives' efforts not only contributed to improved client experiences but also demonstrated the power of frontline healthcare workers in driving sustainable innovation. Midwives have the potential to transform everyday clinical and health problems, such as pain management into opportunities for meaningful, sustainable improvement in healthcare delivery for women.
KEY MESSAGE
This experience underscores a broader truth: when midwifery workforce is enriched, empowered and supported through training and mentorship, they can be catalysts for change. Empowering midwives through adequate professional education, training, support, and trust enables them to lead sustainable, low-cost innovations such as SWI for labor pain relief that can transform everyday maternity care, even in resource-constrained settings. This message emphasizes both the transformative role of equipping more midwifery hands, and the value of simple, evidence-based interventions when effectively implemented through frontline healthcare workers such as midwives.
Eur J Midwifery 2026;10(Supplement 1):A596

PA217

Midwifery coordination centers - Evaluating a complex intervention to improve access to midwifery care in Germany

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BACKGROUND
Despite legal entitlements, access to midwifery care remains limited for many women in Germany. Midwifery Coordination Centers (MCCs, Hebammenzentralen) were introduced to enhance service coordination by matching childbearing women with independent midwives. International models show promise: a Swiss pilot demonstrated improved continuity of care (Grylka-Baeschlin et al., 2020), while a U.S. study in North Carolina found that care coordination increased early prenatal care uptake and service utilization among vulnerable populations (Hillemeier et al., 2018). These findings underscore the need to evaluate MCC effectiveness within the German healthcare context.
OBJECTIVES
To evaluate the implementation and effectiveness of MCCs in improving access to midwifery care and supporting independent midwives. The study also explores systemic challenges and opportunities for future development.
METHODS
A multi-phase mixed-methods approach, guided by Skivington et al.'s (2021) framework for evaluating complex interventions, was employed. The evaluation comprised: (1) a literature review to define MCC models in Germany; (2) focus group discussions with stakeholders to explore the significance, challenges, and opportunities of MCCs; (3) qualitative interviews with four MCC coordinators to assess their perceived impact; (4) a quantitative descriptive analysis of coordination outcomes; and (5) additional focus groups with midwives on the coordination of acute care services.
RESULTS
MCCs facilitate timely matching between women and midwives, reduce administrative burden, and promote both intra- and interprofessional communication. However, key challenges remain, including sustainable funding, regional disparities, and limited integration into broader healthcare structures.
CONCLUSIONS
MCCs can improve midwifery care access and coordination but require systemic support to achieve their full potential.
KEY MESSAGE

Midwifery Coordination Centers (MCCs) improve access to care by connecting women with midwives and easing coordination. Aligned with the State of the World's Midwifery report (UNFPA/ICM/WHO 2021), MCCs show promise but need sustainable funding, better integration, and regional equity to fully address gaps in midwifery care access in Germany.

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PA218

Perineal care and awareness: A prospective cohort study on enhancing maternal knowledge and its impact on birth satisfaction

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BACKGROUND

Body awareness is essential for coping with crucial stages of women's lives, from sexuality to motherhood. WHO undermines that a positive birth experience is fundamental to ensure maternal and neonatal well-being. Therefore, promoting pelvic floor health education programs is necessary to ensure that women have a more conscious birth experience.

OBJECTIVES

This study aims to investigate whether increased maternal awareness of perineum and pelvic floor could increase women's satisfaction regarding the birth event.

METHODS

A quantitative experimental study with a prospective cohort design was conducted at Policlinic San Martino in Genoa, involving women who participated in training sessions during antenatal education. To explore the degree of childbirth satisfaction, was administered the childbirth experience questionnaire (CEQ). Results were compared to control sample of women with the same clinical characteristics and analyzed using JASP software (version 17.3). A $p<0,05$ was used to indicate statistical significance. Research approval was obtained from the regional ethics committee.

RESULTS

A sample of 216 women participated in the training meeting during antenatal education. Of these, 122 women completed the CEQ. Another 122 were invited to participate, forming the control group. The study group had a more positive birth experience in the three dimensions of the CEQ: own capacity (p 0.034 – mean 26.877-26.148); professional support (p 0.065 – mean 24.689-24.270); decision making (p 0.002 – mean 13.861-13.008).

CONCLUSIONS

Implementation of perineal education programs, led by midwives, facility a more conscious and positive birthing experience, promoting well-being lasting beyond the birth event, as confirmed by the CEQ.

KEY MESSAGE

It is necessary to invest in the education of women and health workers in order to build a society more aware of the prepared for the challengers of motherhood.

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PA219

Feedback on doula support: Midwives' perspectives on collaboration across facility, community and home settings

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BACKGROUND

The European Doula Network (EDN) launched the multilingual Feedback on Doula Support (FODS) surveys to explore perinatal healthcare professionals' experiences with doula support. In many settings, doulas are an under-integrated yet valuable part of maternity care. This research aims to inform respectful collaboration within woman-centered care.

OBJECTIVES

To assess how midwives and other professionals perceive the benefits and challenges of working with doulas, and to identify strategies for more effective collaboration.

METHODS

The FODS I Pilot Study (2023), created with DONA International and the ICEA, collected qualitative data on key questions. Responses were tagged and analyzed to identify recurring themes. These insights informed the design of FODS II, a quantitative survey (May–October 2025). Surveys were in multilingual and distributed online and at international conferences including Midwifery Today (Bad Wildbad), FIGO (2023/2025), EBCOG, ECIC and EFPC.

RESULTS

By June 2025, over 70% of respondents to FODS II were midwives. Over 90% had experience working alongside doulas. Of these, 65% rated doula support as very/extremely beneficial for women and families, and 60% saw similar benefits for clinical teams. Key FODS I findings revealed doulas provide crucial emotional support and improve communication but also highlighted recurring challenges, especially lack of role clarity and inconsistent collaboration. Top recommendations included promoting dialogue between doula and medical associations, including collaboration in training, and organizing joint meetings.

CONCLUSIONS

Doulas are valued by midwives, yet improved dialogue between midwives and doulas is needed. Mutual education and policy-level support could improve team cohesion and care.

KEY MESSAGE

Strengthening midwife-doula collaboration through education, dialogue, and structural integration is key to advancing respectful, woman-centered care worldwide.

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PA220

Preliminary study of a program for accelerating lactogenesis II using a breast pump shortly after cesarean section

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BACKGROUND
The WHO recommends exclusive breastfeeding for the first 6 months. However, cesarean section (CS) delays lactogenesis II and increases formula supplementation compared with vaginal delivery (VD), leading to early breastfeeding cessation. With CS rates increasing globally, a program for promoting milk production from the day of CS is needed.
OBJECTIVES
To develop a program for promoting lactogenesis II by initiating early nipple stimulation using a breast pump (BP) on the day of CS.
METHODS
The program included prenatal breastfeeding education and bilateral 15-minute nipple stimulation using a BP ⩾ 4 times per 24 hours, starting within 6 hours after CS. This was in addition to direct breastfeeding and continued until rooming-in on day 2. Outcomes included time to lactogenesis II, milk volumes on days 3 and 5, and program feasibility. Analysis was performed using SPSS. This study was approved by our university IRB.
RESULTS
Seven mothers (1 primipara, 6 multiparas) aged 34-41 years participated. There was 1 infant admitted to NICU (roomed-in from day 5), 1 emergency CS, and 2 with difficulty in direct breastfeeding. All mothers used the BP ⩾ 4 times in the first 24 hours. The time to lactogenesis II was 60.1 ± 11.7 hours, comparable to VD (2023 chart review). The median milk volume was 67.8 g (IQR 46.9) on day 3 and 218 g (IQR 138.5) on day 5. At discharge, 1 mother was exclusively breastfeeding, 2 were predominantly breastfeeding, and 1 who was previously using formula feeding now practiced mixed feeding with high breast milk volume. Mothers and midwives evaluated the program as acceptable and feasible.
CONCLUSIONS
Nipple stimulation with a BP from the day of CS is feasible and may promote lactogenesis II. Future experimental study designs are warranted.
KEY MESSAGE
Early BP use after CS may promote lactogenesis II and improve breastfeeding.

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PA221

Breastfeeding practices among rural Cambodian infants in the first six months of life: Analysis of longitudinal data

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BACKGROUND
Optimal breastfeeding practice is crucial for improving child health and nutrition. WHO and UNICEF recommend exclusive breastfeeding for the first six months of life.
OBJECTIVES
This study aims to investigate breastfeeding practice from birth to six months of age using longitudinal data.
METHODS
This study registered all live births in 28 rural villages, Siem Reap, Cambodia and followed them for six months. Breastfeeding practices were assessed through caregiver interviews during routine home visits. Kaplan–Meier survival curves were used to examine the transition of exclusive breastfeeding over time. Ethical approval was obtained from the National Ethics Committee for Health Research of Cambodia and Tropical Medicine and Global Health, Nagasaki University prior to this study.
RESULTS
Ninety-eight infants were included in this analysis. More than 50% were exclusively breastfed until four months of age; however, the prevalence declined sharply thereafter. The median survival time of exclusive breastfeeding was 4.36 months. The proportion of infants who received only breast milk at the beginning of each month of age was 0.70 at one month, 0.63 at two months, 0.56 at three months, 0.52 at four months, and 0.33 at five months. Infants who initiated breastfeeding within one hour after birth tended to remain exclusively breastfed for a longer duration than those who did not, although the difference was not statistically significant.
CONCLUSIONS
Although exclusive breastfeeding is prevalent until four months of age, early cessation before the recommended duration often occurs in rural Cambodia, potentially leading to suboptimal child nutrition. Breastfeeding support immediately after birth may play a key role in helping mothers sustain exclusive breastfeeding for an appropriate duration.
KEY MESSAGE
Breastfeeding support from the early postpartum through the entire breastfeeding periods is essential for optimal breastfeeding practice, which positively impact child health and nutrition.

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PA222

PhysioCare. Personalized support care in alongside alternative midwifery birth units versus standard obstetric units in France: Effects on mode of delivery and perinatal salutogenesis outcomes

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BACKGROUND
In France, innovative alternative midwifery units (AMU) within hospital settings offer personalized care to low-risk pregnant women, with a dedicated midwife during pregnancy and childbirth (non-medicalized birthing room), without supplementary fees.
OBJECTIVES
To compare women's mode of delivery (spontaneous vaginal versus instrumental /cesarean) in AMUs versus standard obstetric units (SOU), as well as maternal and neonatal outcomes.
METHODS
PhysioCare was a multicenter prospective cohort study (exposed/unexposed, 1:2 ratio; matched by center and parity), including 600 low-risk pregnant women (196 in AMUs and 404 in SOUs) between 34 and 39 weeks' gestation, recruited from three French maternity hospitals (September 2022-April 2023). Data were extracted from maternal and neonatal medical records. Multivariate intention-to-treat analyses were performed using IPTW based on propensity scores, adjusting for education level, center, maternal age, parity, and BMI.
RESULTS
Spontaneous vaginal delivery occurred in 82.1% of women in AMUs versus 79.1% in SOUs (ORa=1.15[0.65, 2.02]). No significant differences were observed in spontaneous labor onset, perineal status (intact/minor tears), or spontaneous placental delivery (ORa=1.17[0.67, 2.06]; ORa=1.43[0.77, 2.66]; ORa=1.42[0.49, 4.13], respectively). Postpartum hemorrhage >500mL was more frequent in AMUs (ORa=2.13[1.01, 4.49]). AMUs showed fewer medical interventions: more labor without oxytocin, with intact/spontaneously ruptured membranes, and without epidural (ORa=3.39[1.99, 5.77]; ORa=3.19[1.86, 5.45]; ORa=15.88[8.88, 28.38], respectively), and fewer intrapartum complications (e.g., fetal heart rate abnormalities, maternal fever, stalled labor). Early postpartum discharges and breastfeeding rates were higher in AMUs (ORa=4.56[2.05, 10.15], ORa=5.52[2.56, 11.90], respectively). No significant differences were observed in neonatal outcomes (e.g., Apgar score ≥7 at 5 minutes, neonatal admission).
CONCLUSIONS
AMUs show favorable salutogenic outcomes, without increased feto-maternal and neonatal morbidity except for bleeding (to be explored), supporting their continued and expansion to promote safe and personalized care.
KEY MESSAGE
AMUs provide safe and personalized care for low-risk pregnancies, with fewer interventions and favorable maternal and neonatal outcomes, supporting their expansion in hospital settings.

Eur J Midwifery 2026;10(Supplement 1):A602

PA223

Developing consensus-based midwifery care recommendations for women experiencing pregnancy loss: A Delphi study with midwifery and perinatal experts in Portugal

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BACKGROUND
Pregnancy loss is a profound experience that demands sensitive, respectful, and evidence-based care. While the literature provides insights into women's needs, professional consensus on specific nursing interventions remains limited, particularly within the Portuguese context.
OBJECTIVES
To develop and validate a nursing intervention program for women and families experiencing pregnancy loss, based on expert consensus among Portuguese midwives.
METHODS
A modified e-Delphi study was conducted in two rounds between February and April 2025. Fifty-two midwives were invited; 37 participated in Round 1 and 33 in Round 2. Inclusion criteria required specialization in maternal health nursing and clinical, academic or research experience in perinatal bereavement. In Round 1, 70 interventions were rated using a 5-point Likert scale. Two interventions were excluded for not meeting the ≥75% agreement threshold. In Round 2, 21 revised or new interventions were evaluated. All met the inclusion criteria. A total of 69 validated interventions were organized into five components.
RESULTS
The five components reflect the full continuum of care: a) Education and training of professionals – ethical, practical, and emotional preparation. b) Creation of supportive environments for grieving – physical space, privacy, and symbolic recognition. c) Personalized support to the woman and family – emotional, communicational, informational, and symbolic care respecting preferences. d) Post-discharge follow-up – structured, sensitive outreach tailored to the woman's wishes and future pregnancies. e) Emotional and organisational support for professionals – psychological support, debriefing, and institutional strategies to foster well-being.
CONCLUSIONS
This study produced a rigorously validated, consensus-based nursing intervention program for pregnancy loss care. It supports the delivery of compassionate, woman-centered, and ethically grounded midwifery practice. The final set of 69 recommendations may inform clinical guidelines, training, and maternity care policies.
KEY MESSAGE
This Delphi-based intervention program provides a validated, comprehensive framework to support respectful, person-centered nursing care for women experiencing pregnancy loss across all stages of care.

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PA224

Advanced antenatal care trained nurse-midwives practitioners: Factors influencing transfer of learning and performance

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BACKGROUND
Introduction The effectiveness of a training program is directly linked to the transfer of learning back to the workplace. Several factors either facilitate or hinder the application of what was learned.
OBJECTIVES
The purpose of this article is to explore the perceived factors that influence Advanced Antenatal Care nurse-midwives practitioners' performance after training.
METHODS
A qualitative, descriptive study design was conducted, including two focus group discussions involving trained advanced antenatal (nurse-midwives) practitioners and one-on-one interviews with operational managers in two purposely selected intervention districts. Data was analyzed using an abductive approach.
RESULTS
Four themes emerged from the analyses that describe the factors that influence transfer of learning. First, the characteristics of the AANC practitioners include their competency and attitudes. Second, educational design comprises sharing information on program implementation and content. Third, transfer climate encompasses support for action and communication. Fourth, the Workplace environment includes workload, material resources, and societal factors. The identified themes align with the systemic transfer of learning conceptual framework adopted for the study.
CONCLUSIONS
The ability to transfer newly acquired knowledge and skills is the ultimate goal of any training program. However, evidence shows that transfer and workplace environments are complex. Several factors that either facilitate or hinder application of what was learned were explored.
KEY MESSAGE
Health care program implementors and managers need to understand factors influencing training transfer to maximizing the benefits of training. Keyword: Transfer of learning; Performance; Antenatal, Nurse-Midwives; Primary healthcare.

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PA225

Exploring postpartum hemorrhage management: Insights for implementing E-MOTIVE bundle in Pakistan

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BACKGROUND
Postpartum haemorrhage (PPH) is the leading cause of maternal mortality globally and in Pakistan. Despite the existence of WHO guidelines, PPH continues to result in preventable deaths due to delayed detection and inconsistent implementation of evidence-based practices. The E-MOTIVE bundle offers an integrated care approach, for timely PPH management and is being adapted for low-resource settings like Pakistan.
OBJECTIVES
This study aimed to explore healthcare providers' perceptions regarding current practices in PPH detection and management, and assess enablers, barriers, and recommendations for implementing the E-MOTIVE bundle in public healthcare settings in Pakistan.
METHODS
An exploratory, descriptive qualitative study was conducted using semi-structured, in-depth interviews with 15 healthcare providers and three hospital administrators from three public healthcare facilities in Pakistan. Data were analyzed using thematic analysis. Ethics approval was obtained from institutional IRB committee.
RESULTS
Three major themes emerged: (1) current practices in detection and management of PPH; (2) facilitators such as teamwork, clinical guidelines, leadership, and availability of supplies; and (3) barriers including cultural beliefs, resource constraints, administrative inefficiencies, and lack of standardized training. Midwives and nurses emphasized the value of early recognition, teamwork, and guideline-based responses but highlighted critical needs such as clear protocols and hands-on training.
CONCLUSIONS
The findings underscore the complex interplay of clinical, cultural, and systemic factors that shape PPH care in Pakistan. Implementing the E-MOTIVE bundle in low-resource settings requires not only clinical training but also systemic support, community sensitization, and institutional accountability. Strengthening midwifery leadership, ongoing capacity building, and equitable resource allocation are essential to improving maternal outcomes and sustaining practice improvements.
KEY MESSAGE
Implementing the E-MOTIVE bundle enhances midwives' ability to detect and manage PPH through standardized protocols, teamwork, and real-time decision-making. For sustainable maternal care improvements, midwifery practice must be supported with ongoing training, leadership roles, and access to essential supplies and referral systems in rural healthcare settings.

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PA226

Continuity of care in Ontario, Canada: A population-based cohort study of midwifery client experiences and outcomes

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BACKGROUND
In Ontario, Canada, care is provided almost exclusively in a continuity of care, caseload model. Despite its foundational role, research about client experiences of continuity and its impact on clinical outcomes in Ontario remains limited.
OBJECTIVES
To examine patterns of continuity of care among midwifery clients in Ontario assessing associations between continuity indicators and clinical outcomes.
METHODS
A population-based cohort study was conducted utilizing data collected by Ontario's Better Outcomes Registry & Network (BORN). The cohort included singleton births under midwifery care between April 2015-March 2022. Key measures of continuity include presence of a known midwife at birth, number of midwives providing prenatal, postnatal care, number of visits, transfers of care. Measures of continuity and descriptors of care overall and stratified by time period with respect to the COVID-19 pandemic were included. Multivariable logistic regression was used to investigate the relationship between presence of known midwife at birth and outcomes.
RESULTS
As a preliminary step, data about the primary exposure of interest, presence of a known midwife at the birth, has been evaluated. Eighty-eight percent of Ontario midwifery clients had a known midwife present at their birth. Further analysis will take place in summer of 2025.
CONCLUSIONS
This study will contribute insight into key issues of professional sustainability and models of practice by centering the experiences of service users and families in our considerations about the current model of midwifery care.
KEY MESSAGE
Despite continuity of care being a central component of midwifery since its inception in Ontario, an examination of how it is experienced and the clinical outcomes that are associated with it has not yet occurred, but would help to shape practice and service delivery.

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PA227

Are virtual, home-based models of pregnancy care safe and effective? A systematic review of the literature from high-income countries

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BACKGROUND
Midwifery philosophy promotes physiological processes of pregnancy, minimizing unnecessary intervention. However, when pregnancy complications are identified, women may be offered increased monitoring and/or admission to hospital. Research demonstrates negative experiences among women who are hospitalized antenatally. This prompts clinicians to seek alternative methods of care delivery that preserve maternal wellbeing. Virtual pregnancy care is an emerging solution. Previous studies have determined that care provision at home has led to greater patient satisfaction, with similar outcomes to those receiving inpatient care, at similar or lower cost.
OBJECTIVES
This study aimed to review the literature on the safety and effectiveness of pregnancy care delivered virtually, encompassing studies that examine the use of telemonitoring of maternal and/or fetal wellbeing.
METHODS
A systematic review of quantitative and mixed methods literature published since 2010 was conducted. Inclusion was also restricted to high-income countries, due to the differing priorities in low and low-middle income countries of promoting care in health facilities.
RESULTS
Eighteen publications were included. The studies investigated a range of telemonitoring interventions, often supported by telehealth consultations with health professionals via phone and/or video. In general, when compared to standard models of care (including hospital admission), virtual models of care were associated with more positive maternal satisfaction, reduced healthcare costs and service utilization, and were not associated with increased adverse perinatal outcomes.
CONCLUSIONS
Virtual pregnancy care is a beneficial approach to ensure that women receive pregnancy care that is safe, effective and satisfying. Piloting of such models of care should be considered in the Australian maternity landscape.
KEY MESSAGE
This review will support the establishment of new models of pregnancy care in Australia, delivered remotely, that are flexible, cost-effective and woman-centered.

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PA228

Implementation of the e-motive bundle for early detection and management of postpartum haemorrhage (PPH) emergencies: A scoping review

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BACKGROUND
Postpartum haemorrhage (PPH) remains a leading cause of maternal mortality globally requiring prompt and effective management to prevent severe outcomes. The International Confederation of Midwives (ICM) midwifery models of care advocates for evidence-based care to address critical maternal health challenges. The E-MOTIVE bundle, developed

by the World Health Organization (WHO), offers a structured, evidence informed approach for the early detection and management of PPH.
OBJECTIVES
The scoping review aimed to map and synthesize evidence factors influencing the implementation of the E-MOTIVE bundle for early detection and management of postpartum hemorrhage (PPH) emergencies by obstetric team globally.
METHODS
This scoping review was guided by the adapted version of Arksey and O'Malley methodological framework (2005). We searched the following databases from 2015 to 2025: PubMed, SCOPUS, Web of Science, EBSCOhost (CINAHL, MEDLINE and Academic search): and ProQuest central. The quality of the included studies was appraised using mixed methods appraisal tool (MMAT) version 2018. Content analysis and synthesis of the findings were conducted using Nvivo 12.
RESULTS
4 major themes were identified: 1. E-motive bundle improves timely identification of PPH and promoting a standardized, 2. Domains of E-motive bundle: readiness, recognition and prevention, response, and systems learning 3. Barriers to implementation first responders not always skillful. Underestimation of blood loss. 4. Key enablers of successful implementation including midwife-led training, team-based strategies, Partnership for Maternal Safety, Women-centered approach, adoption of standardized policies in facilities.
CONCLUSIONS
The E-MOTIVE bundle has demonstrated potential to transform PPH response and strengthen maternal health systems when effectively implemented.
KEY MESSAGE
Implementing the E-MOTIVE bundle enhances midwife-led, evidence-based, and timely management of postpartum haemorrhage, supporting the International Confederation of Midwives (ICM) midwifery model of care by promoting quality, respectful, and woman-centered maternal health services.
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PA229

Women's perceptions of compassionate midwifery caring actions: Sensitivity as the foundation of compassionate care

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BACKGROUND
Women across the world emphasize the importance of receiving compassionate care during childbirth. Compassion involves sensitivity to distress and the motivation to alleviate it. Although compassion is a core value in midwifery, little is known about how women recognize and perceive compassionate care from midwives.
OBJECTIVES
To explore what women perceive as compassionate midwifery actions during childbirth.
METHODS
We conducted in-depth interviews with fifteen women who had given birth in Norway within the past year. The study draws on Paul Gilbert's evolutionary theory of compassion as a basic social emotion, the psychology of compassion, and a concept analysis of compassionate midwifery. A reflexive thematic analysis was carried out, guided by this theoretical framework. The study was approved by the Norwegian Data Protection Services (ref. 447156).
RESULTS
Five interrelated actions were identified: attuning actions, validating actions, contextualizing actions, empowering actions, and small acts of kindness. Women emphasized midwives' sensitivity to their emotional and physical signals and needs as the foundation of compassionate care. Sensitively attuned responses, such as adjusting tone, timing, and presence, made them feel seen, safe, and cared for. The perception of midwives' sensitivity distinguished meaningful expressions of compassion from routine or polite behavior.
CONCLUSIONS
Women experience compassionate midwifery care as rooted in the midwife's ability to attune and respond to their signals and needs. It is not the actions themselves, but the midwife's sensitivity that gives the actions their compassionate quality. Developing these relational and perceptive skills should be a central focus in both midwifery education and practice.
KEY MESSAGE
Midwives' sensitivity to women's signals and needs forms the foundation of compassionate care. It is the midwife's sensitive attunement that makes validating, contextualizing, and empowering actions and small acts of kindness feel authentic and compassionate.
Eur J Midwifery 2026;10(Supplement 1):A609

PA230

Supporting women in early labor: An interdisciplinary, digital approach

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BACKGROUND
Women often feel anxious and uncertain in latent labour; as a result they come into hospital. This leads to higher rates of unnecessary and costly intervention, including caesarean sections, which increase perinatal morbidity and lead to greater maternal distress. UK staffing means that midwifery

support in the latent phase is limited. Service changes and attitudes have been slow to evolve and have focused on keeping women out of hospital. They have not demonstrated a reduction in intervention rates and often result in women feeling unsupported.
OBJECTIVES
This project brings together three women-centered approaches to equip women and birth partners with strategies for early labor: a birth ball infomercial; the L-Tel website and the Brythm guided breathing visual within an interactive App.
METHODS
A screening tool (Pain Catastrophizing Scale) evaluates women's anxiety to signpost them to appropriate information and strategies for early labour. Patient Public Involvement and Engagement (with support from the Maternity and Neonatal Voices Partnership) informed how the App should look and work and ensured that it is acceptable to pregnant women. Community midwives and clinical management leads provided content feedback. Working with undergraduate digital science interns we developed a virtual assistant to provide a user experience that closely resembles guidance from a real midwife.
RESULTS
Stakeholder engagement suggests that the App is acceptable and meets the needs of women, their birth partners and midwives. This presentation will report feedback from women and their birth partners from diverse backgrounds to ensure the App is effective in supporting a contemporary pregnant population.
CONCLUSIONS
The App is designed to educate and enhance the confidence of birthing families and to complement midwifery care, not replace it.
KEY MESSAGE
A digital solution will provide active engagement and feedback to reduce unnecessary hospital admissions and caesarean sections that cost England and Wales approximately £23M per annum.
Eur J Midwifery 2026;10(Supplement 1):A610

PA231

Evaluating maternity care through patient-reported measures: A longitudinal comparison of midwife-led and obstetrician-led models in Lithuania

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BACKGROUND
Patient-reported outcome and experience measures (PROMs and PREMs) are essential for evaluating the quality and woman-centeredness of maternity care. Although midwife-led models are internationally recognized for improving maternal satisfaction and confidence, their implementation in Lithuania remains limited due to systemic constraints on midwives' autonomy.
OBJECTIVES
To compare birth experience, mother-infant bonding, and breastfeeding self-efficacy among women who received intrapartum care from midwives versus obstetrician-gynecologists.
METHODS
A longitudinal study included 349 postpartum women. PROMs and PREMs were assessed on day 3 and at 6–8 weeks postpartum using validated instruments: the Birth Satisfaction Scale – Revised (BSS-R), the Mother-Infant Bonding Scale (MIBS), and the Breastfeeding Self-Efficacy Scale – Short Form (BSES-SF). Participants were grouped based on intrapartum care providers: midwife (n=180) or obstetrician (n=169). Data was analysed using Mann-Whitney U and Wilcoxon tests.
RESULTS
Obstetrician-led care was associated with higher scores in perceived birth satisfaction (mean 13.72 ± 1.9 vs. 12.21 ± 3.4; p=0.002). In the second postpartum stage (6–8 weeks), women who received obstetrician-led care reported greater breastfeeding self-efficacy in specific items, such as "ensuring proper latch" (4.03 ± 1.1 vs. 3.45 ± 1.4; p=0.004) and "managing feeding challenges" (4.09 ± 1.1 vs. 3.58 ± 1.5; p=0.027), although total BSES-SF scores did not differ significantly (p=0.186). No significant group differences were observed in overall mother-infant bonding scores (MIBS).
CONCLUSIONS
Although some indicators appeared more favorable among obstetrician-led care recipients, this may reflect system-level constraints on midwives' scope of practice rather than differences in provider effectiveness. Strengthening midwife-led care models is essential for enabling midwives to deliver their full potential in supporting woman-centered maternity care.
KEY MESSAGE
Despite systemic limitations, midwife-led intrapartum care in Lithuania showed comparable outcomes in postpartum well-being. Patient-reported measures highlight the potential of midwives to provide quality, woman-centred care and support the case for expanding their role in maternity services.
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PA232

Factors related to fertility literacy among reproductive-aged men and women in Japan

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BACKGROUND
Low fertility knowledge in Japan delays treatment, leading to high rates over age 40. Poor fertility literacy is a major issue for reproductive-age individuals.
OBJECTIVES
To identify factors associated with fertility literacy in

reproductive-aged Japanese men and women to facilitate objective fertility assessment and life planning.
METHODS
In March 2021, a web survey of 660 childless men and women (20s-40s) desiring children utilized a fertility literacy scale. Independent variables included gender, age, education, marital status, health literacy, and infertility treatment experience. Descriptive statistics and multiple regression analysis were performed on 648 participants (mean age 34.3 years). The study received ethical approval.
RESULTS
Women scored significantly higher than men in knowledge areas: female fertility, male fertility via lifestyle, male sexual function, and communication for support. Men scored higher on knowledge of physical risks to male reproductive ability. No significant gender differences were found in risk assessment or decision-making. Multiple regression analysis revealed fertility literacy (knowledge) was significantly associated with: health literacy, 30s, education, infertility treatment experience, regular check-ups, and female gender (p= .042-<.001). For women, being in their 40s (p=.042) was significant; for men, being married (p=.016) was. Fertility literacy (self-care behavioral capacity) was significantly associated with: health literacy, preconception self-care, infertility treatment experience, and female gender (p=.014-<.001). For women, being unmarried (p=.020) and having a specific partner (p=.008) were significant; for men, being married (p=.048) was.
CONCLUSIONS
Improving overall health literacy boosts fertility literacy, especially for self-care. Infertility treatment underscores the need to face fertility issues. Women's awareness relates to age and marital status; men's grows with marriage. Gender- and life stage-specific education is essential.
KEY MESSAGE
Tailored fertility education, which considers gender, life stage, and health literacy, is vital for the reproductive generation in Japan, as gender differences suggest women's awareness links to age/marital status, while men's increases with marital status.
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PA233

'Everything is overstimulating': Identifying the maternity care needs of autistic childbearing people

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BACKGROUND
Autistic childbearing people are more likely to experience antenatal and postnatal depression, have higher rates of pregnancy complications, and report sensory overwhelm, dissatisfying communication and lack of knowledge about autism from maternity care providers.
OBJECTIVES
The aim of this study was to improve the quality of maternal healthcare for autistic childbearing people by understanding their experiences and care needs during pregnancy, childbirth and early parenting; and to inform the development of educational resources for midwives and other maternity care practitioners.
METHODS
A Participatory Health Research approach, emphasizing partnership, equity and social justice, underpinned the study. Data were collected by conducting in-depth interviews and analyzed using reflexive thematic analysis. This research project was funded by the University of Technology Sydney, and received ethics approval from the University of Technology Sydney Human Research Ethics Committee.
RESULTS
Two key themes were developed, each with two subthemes: 1. What you need to know about us – with subthemes What it feels like and How we relate; and 2. What we need from you – with subthemes How we feel supported, and Finding our way.
CONCLUSIONS
There is currently little research and specific guidance available for midwives and other maternity care practitioners on how to support autistic people during pregnancy and birth. Our findings provide critical knowledge about the experiences and essential care needs of this community.
KEY MESSAGE
The development of educational resources for maternity care providers could have a long-term positive impact on the health of autistic childbearing people, by being integrated into healthcare practices and policy. The findings also have the potential to be adapted across contexts, to promote equitable access to quality maternity healthcare for autistic people worldwide.
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PA234

The effect of virtual reality on pain relief during labor: A scoping review

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PURPOSE
Pain during labor is intense and represents one of the main challenges for women and health professionals. Virtual

reality (VR), as a non-pharmacological intervention, has been studied as an innovative strategy for sensory distraction. A Scoping Review was carried out, which included 16 studies published between 2016 and 2024, following the methodology of the Joanna Briggs Institute and the PCC strategy: Population (Participants)), Concept (VR for pain relief) and Context (Labor). The following descriptors, validated in the Medical Subject Headings, were included: Labor, Obstetric; Pregnancy; Labor; Pain Management; Pain Measurement; Labor Pain; Labor; Virtual Reality; User-Computer Interface; VR; Augmented Reality; Mixed Reality and Immersive Technology. The studies focused on participants of any age, who approached VR as a pain relief strategy, at any stage of labor and in any context. The objective was to map the available scientific evidence on the use of VR to relieve pain in women during labor.
DISCUSSION
Most studies showed a statistically significant reduction in pain with VR use. Interventions typically consisted of immersive videos featuring natural scenes and relaxing sounds. Participants reported greater pain control, effective distraction and a more positive birth experience. Physiological studies also found decreases in stress indicators such as heart rate. Content "immersiveness and timing of application emerged as relevant factors. No study reported adverse effects.
EVIDENCE WHERE RELEVANT
Is integrated in the Discussion topic.
KEY MESSAGE
VR appears to be a promising, safe and well-accepted tool for pain relief during labor. Its integration into obstetric care could contribute to more humanized births by promoting evidence-based, woman-centred practices.
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PA235

Midwives are critical in providing respectful, culturally safe care to women who have experienced female genital mutilation/ cutting prior to immigrating to Australia

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PURPOSE
The aim of this paper is to discuss the FGM/C clinical data collected in one local health district in New South Wales (NSW) Australia and discuss some experiences of women with FGM/C receiving care through their childbirth journey.
DISCUSSION
As a consequence of international migration patterns, in high income countries such as Australia, midwives are increasingly caring for women who have experienced female genital mutilation/cutting (FGM/C). This may occur in women from countries such as one of the 30 African, some Middle Eastern countries or some parts of South and South East Asia. FGM/C involves partial of total removal of the female external genitalia or any other injury for non-medical reasons. It is important that the midwives caring for these women have the knowledge and skills to be able to have an appropriate conversation with and provide women who have experienced FGM/C the care they need and deserve. Midwives have a critical role to play in collecting date around FGM/C as well as providing culturally safe care to these women. The prevalence data of FGM/C in Australia is not uniformly collected nationally but according to the Australian Institute of Health and Welfare (AIHW) 2019, it is estimated that 53000 women who immigrated to Australia are likely to have experienced FGM/C prior to arrival to Australia, giving a rate of 4.3 per 1000 women or 0.4%.
EVIDENCE WHERE RELEVANT
2019 AIHW Towards estimating the prevalence of female genital mutilation/cutting in Australia
KEY MESSAGE
The importance of detailed clinical data on prevalence of women who have experienced FGM/C and the relationship of the type of FGM/C to the type of birth and perineal outcomes. This information can enhance the body of knowledge in relation to women with FGM/C and assist midwives' discussion and interaction with the woman and her partner in preparation for her birth.
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PA237

Pausematters study: Quantifying the natural rhythms and pauses of birth

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BACKGROUND
Pauses or slowing in labor are commonly viewed as pathological and often result in medical intervention. However, recent research suggests that physiological plateaus are both common and integral to self-regulation that promotes maternofetal wellbeing. It is essential to better understand these natural pauses - including their timing, duration, and impact on birth outcomes - to help reduce unnecessary interventions.
OBJECTIVES
The PAUSEMATTERS study aims to document the prevalence, duration, and timing of natural pauses in labor and evaluate their relationship to maternal and neonatal outcomes.
METHODS
This prospective observational cohort study aims to recruit a target sample size of 73 women planning a homebirth with a privately practicing midwife in Western Australia between September 2024 and December 2025. Following the birth, midwives provide their birth records and complete a questionnaire or interview offering further details regarding

the labor pattern and birth outcomes. Women are also invited to complete a questionnaire or interview reflecting on the same aspects of labor from their own perspectives.
RESULTS
Preliminary findings are reported here at approximately half of the target sample size. As of June 2025, data indicate that plateaus commonly occur during labor - sometimes multiple times - and can last from a few minutes to several hours, appearing at all stages and times of day. Among participants, the vast majority remained at home for the birth. Over 85% had a spontaneous vaginal birth, and fewer than 15% underwent a caesarean section. Both midwives and women report a variety of factors associated with physiological plateaus.
CONCLUSIONS
This study supports the concept of physiological plateaus. While it is too early to draw definitive conclusions about birth outcomes, preliminary data suggest no safety concerns for mothers or newborns when plateaus occur.
KEY MESSAGE
Recognizing physiological plateaus in labor may help reduce unnecessary medical interventions and improve birth outcomes.
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PA238

Digitalizing the labor hopscotch framework making midwifery expertise and knowledge readily available at the touch of a button

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BACKGROUND
In 2023 the rate of caesarean section in Ireland was 39.4% from 55,799 births. A community midwife Sinead Thompson designed and produced the 'Labor Hopscotch' to promote empowering physiological birth experiences in a visual format for women and their partners. Over the last decade, smartphones have emerged as the primary means of accessing information, and in an effort to adapt this trend, maternity care professionals have incorporated platforms such as the Internet and digital apps for antenatal education.
OBJECTIVES
The purpose of this study was to collaborate with women and maternity care professionals and digitalize the Labor Hopscotch Framework to provide evidence-based information in a faster and trustworthy format.
METHODS
Mixed-Method Sequential Explanatory Design in Ireland in 2024. Ethical approval was granted. There were no conflicts of interest. Phase 1: Expert Panel explored the process for digitalizing the Labor Hopscotch Framework. Phase 2: A Cross Sectional Online Survey exploring women's opinions of their informational needs via Qualtrics in three sites. Focus group meeting with five women in a fourth site exploring their preferred content for an app. Phase 3: Prototype App developed with service user input, piloted and evaluated by service users and experts by profession (Midwives) via Qualtrics survey. The emerging data was analysed by SPSS and thematic analysis.
RESULTS
Women want accessible trustworthy information in an interactive format from maternity care professionals. There are barriers to using Apps despite the availability of smartphones. Collaborative approaches to development works best.
CONCLUSIONS
Changes wrought by the COVID-19 pandemic rapidly accelerated the adoption of new technologies. Evaluation of the usability of mobile phone apps and other online learning platforms during childbirth is crucial for success.
KEY MESSAGE
An App or online platform written and designed with service users offers midwifery knowledge and expertise in an accessible trustworthy interactive format.
Eur J Midwifery 2026;10(Supplement 1):A617

PA239

Midwives' experiences with simulation-based team training in newborn resuscitation: Improving teamwork, communication, and psychological safety for enhanced patient outcomes

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BACKGROUND
Midwives are primary caregivers in newborn resuscitation. Simulation training enhances competence in managing acute situations, while team training fosters psychological safety and collaboration—crucial for neonatal patient safety.
OBJECTIVES
This study explores midwives' experiences with simulation-based team training in newborn resuscitation and its impact on clinical practice, focusing on teamwork, competencies, communication, and neonatal care.
METHODS
A qualitative, explorative design was used. Semi-structured interviews were conducted with ten Norwegian maternity ward midwives (October–November 2023). Data were analyzed using systematic text condensation by Malterud.
RESULTS
The analysis revealed three main findings: 1)Psychological safety in a familiar team 2)Learning and improvement 3) Clear communication.
CONCLUSIONS

Psychological safety within familiar teams is essential for effective learning and professional growth. Emotional security strengthens competence and confidence in newborn resuscitation. Additionally, clear communication and strong team dynamics are crucial for collaboration, ensuring meaningful simulation-based learning. Strengthening team communication and psychological safety enhances clinical decision-making, patient outcomes, and team performance in neonatal resuscitation scenarios.
KEY MESSAGE
Simulation-based team training strengthens midwives' confidence, decision-making, collaboration, and team dynamics, improving patient safety and outcomes.
Eur J Midwifery 2026;10(Supplement 1):A618

PA240

Women's experiences in childbirth care: Key elements for woman-centered midwifery practice

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BACKGROUND
Women's childbirth experiences are essential for quality midwifery care. Understanding them allows for practices respecting autonomy and dignity, aligning with international recommendations for positive childbirth and strengthening midwives' transformative role in health systems.
OBJECTIVES
To explore the experiences of women who received childbirth care in high-complexity hospitals in Chile's Metropolitan Region in 2024.
METHODS
A qualitative study with a hermeneutic phenomenological approach was conducted. Ten semi-structured interviews were carried out with women who had spontaneous deliveries in high-complexity hospitals. The analysis followed a rigorous seven-stage process that included identifying relevant statements, formulating codes, and constructing categories to obtain a comprehensive description of the phenomenon. The sample was determined by discourse saturation. Anonymity, privacy, and informed consent were guaranteed. The study was approved by the Ethics Committee of the University of Chile.
RESULTS
Regarding effective communication, women emphasized how midwives who used comprehensible language and verified understanding generated greater trust. Non-verbal elements (eye contact, facial expressions) created experiences of emotional containment. Concerning respect and dignity, they valued freedom of choice and non-pharmacological pain management (aromatherapy, kinesthetic ball, freedom of movement) facilitated by midwives. They identified that birth plans, although requested, were rarely implemented in obstetric practice. Emotional support was strengthened by the presence of a companion and immediate bonding facilitated by the midwifery team. The moment of birth emerged as a key point where negative perceptions of the experience shifted positively.
CONCLUSIONS
Woman-centered midwifery improves childbirth experiences. In Chile, reproductive health policies and awareness of obstetric violence have shifted practices. The study emphasizes the continued need to strengthen midwifery models prioritizing women's experiences for quality care.
KEY MESSAGE
Prioritize effective communication, respect, and emotional support. Transform practice by eliminating biases and centering care on women's needs. Recognize women as central to quality midwifery care models.
Eur J Midwifery 2026;10(Supplement 1):A619

PA241

The effect of mothers' experiences of childbirth on obstetric violence, maternal blues, and breastfeeding success

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BACKGROUND
It is known that experiences related to childbirth can have not only physical but also psychological and behavioral consequences. However, in the current literature, there are no studies that comprehensively address the multidimensional effects of these experiences on perceptions of obstetric violence, maternal grief, and breastfeeding success.
OBJECTIVES
This study was designed to determine the effect of mothers' experiences of childbirth on obstetric violence, maternal blues, and breastfeeding success.
METHODS
This cross-sectional, descriptive, and correlational study was conducted with 546 mothers who had vaginal births at an Education and Research Hospital in Eastern Anatolia. Data were collected using the "Personal Information Form," "Obstetric Violence Scale," "Stein Maternal Blues Scale," and "LATCH Breastfeeding Assessment Tool."
RESULTS
The mean obstetric violence score was 52.7±7.38, the maternal blues score was 7.99±5.16, and the LATCH score was 7.95±2.19. Significant differences were found between the time of first contact with the baby, breastfeeding duration, reasons for delayed breastfeeding, and measurement results. A weak negative correlation was found between obstetric violence and maternal blues. Conclusion: Mothers who see their babies late after birth and are unable to breastfeed perceive more obstetric violence. Maternal blues were more common in mothers who gave birth to male babies. Mothers who had early first contact, breastfed within the first 30 minutes, and breastfed for a long time had higher breastfeeding success rates.
CONCLUSIONS
Mothers who see their babies late after birth and are unable

to breastfeed perceive more obstetric violence. Maternal blues were more common in mothers who gave birth to male babies. Mothers who had early first contact, breastfed within the first 30 minutes, and breastfed for a long time had higher breastfeeding success rates.
KEY MESSAGE
Mothers' experiences of childbirth were found to influence obstetric violence, maternal blues, and breastfeeding success.
Eur J Midwifery 2026;10(Supplement 1):A620

PA242

Cervical traction: A new effective method for postpartum hemorrhage

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BACKGROUND
Active management of the third stage of labor is recommended for the prevention of postpartum hemorrhage.
OBJECTIVES
Purpose of the research; to evaluate the effect of cervical traction to be applied at the end of the third stage of labor on oxytocin level and postpartum hemorrhage.
METHODS
Research data were collected in the delivery room of a public hospital in Izmir. The study included 100 women in the intervention group and 100 women in the control group who gave birth vaginally, met the sample selection criteria, and agreed to participate in the study. During the research, data were collected by Introductory Information Form, Hemoglobin and Hematocrit Measurement, Calculation of Estimated Blood Loss, Oxytocin Measurement and measurement of bleeding amount with Bleeding Monitoring Bag. Descriptive statistical methods, chi square, independent t test, and dependent t test for repeated measurements were used to evaluate the data.
RESULTS
The intervention and control groups were similar in sociodemographic characteristics, gestational age, BMI, mean gravida, and labor phase at admission ($p>0.05$). No significant difference was found between groups in prenatal hemoglobin and hematocrit levels ($p>0.05$); however, postpartum levels differed significantly ($p<0.05$). Blood loss calculated from hemoglobin and hematocrit changes was higher in the control group (869.41±269.29 mL) than in the intervention group (454.75±251.48 mL). The average blood volume in the Brass-V Drape during the first 15 minutes postpartum was significantly lower in the intervention group (24.66±17.54 mL) compared to the control group (202.95±74.96 mL). A significant increase in oxytocin levels was observed in the intervention group post-birth ($p<0.05$), while a decrease was noted in the control group ($p<0.05$).
CONCLUSIONS
It has been determined that cervical traction increases the level of oxytocin and reduces the amount of postpartum hemorrhage. Cervical traction is an effective method to prevent and reduce the amount of postpartum hemorrhage.
KEY MESSAGE
Cervical traction; oxytocin; postpartum hemorrhage.
Eur J Midwifery 2026;10(Supplement 1):A621

PA243

Modern celebration rituals: Exploring the sociocultural drivers of digitalized birth practices in Turkey

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THE LEARNING OUTCOMES
Participants will: Understand the types and prevalence of modern maternal rituals in Turkey. Recognize the influence of digital culture and social expectations on childbirth practices. Gain insight into the cultural transformation of maternal identity in the digital era. Reflect on how midwives can provide culturally sensitive care within evolving birth traditions.
THE PROCESS/ACTIVITIES
This presentation will share the preliminary results of an ongoing descriptive cross-sectional study involving women in Turkey who experienced childbirth within the last ten years. Data were collected through an online questionnaire distributed via social media and parenting platforms. The study explores the frequency, motivations, and sociocultural determinants of digitalized maternal rituals, including baby showers, gender reveal parties, and birth-related social media practices.
AUDIENCE PARTICIPATION
The audience will be encouraged to engage in an interactive discussion regarding: The implications of modern birth rituals for midwifery practice. Cross-cultural comparisons of similar trends in their own countries. Strategies for supporting women in navigating social expectations and digital influences surrounding childbirth.
REFERENCES
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Maximum number of participants (for the study): Approximately 385 participants are planned, based on sample

size calculation for an unknown population using a 95% confidence interval. No participant limit for the presentation. The session is suitable for large audiences interested in maternity care, cultural practices, and digital influences on childbirth. Name of any sponsor This study is self-funded by the research team. No external sponsors.

Eur J Midwifery 2026;10(Supplement 1):A622

PA244

Effectiveness of a modified pregnancy belt (FINEST belt) in reducing low back and pelvic pain among pregnant women in South Jakarta

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BACKGROUND
Low back and pelvic pain are common complaints during pregnancy, often impairing women's daily functioning and quality of life. While pelvic belts are widely used as a conservative intervention, current designs may not offer optimal comfort or coverage.
OBJECTIVES
To assess the effectiveness of a newly modified pregnancy belt, known as the FINEST Belt, in alleviating low back and pelvic pain in pregnant women.
METHODS
A quasi-experimental pre-posttest control group design was conducted with 60 pregnant women in South Jakarta. Participants were randomly assigned to an intervention group using the FINEST Belt or a control group using standard pregnancy belts. Pain levels were measured before and after a two-week intervention using the Visual Analogue Scale (VAS), and data were analyzed using paired and independent t-tests.
RESULTS
The intervention group reported a significant reduction in pain from a mean VAS score of 3.93 to 0.53 (SD 0.90), while the control group's mean score decreased from 4.40 to 2.13 (SD 2.56). The difference in pain reduction between groups was statistically significant ($p = 0.002$).
CONCLUSIONS
The FINEST Belt proved more effective than standard belts in reducing lower back and pelvic pain in pregnant women. Its improved material and ergonomic design offer greater comfort and support during pregnancy, contributing to better maternal well-being.
KEY MESSAGE
Pregnancy, Low Back Pain, Pelvic Pain, Pregnancy Belt, Maternal Health, Conservative Therapy.

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PA245

Birth beyond regulation: Indigenous midwifery resurgence and sovereignty in Canada

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PURPOSE
Ontario remains the only province in Canada with an active exemption clause that legally allows Indigenous midwives to practice outside the provincial regulatory framework. This presentation will explore the significance of this exemption as a mechanism for affirming Indigenous jurisdiction over health care and midwifery practice. We aim to deepen understanding of how the clause works, why it matters, and how it can serve as a model for self-determined, culturally rooted care in other jurisdictions.
DISCUSSION
We will examine the unique historical context and evolution of the exemption clause under the Midwifery Act, grounded in Indigenous legal and political advocacy. Drawing from NCIM's long-standing engagement with communities actively practicing under the exemption, we will share insights into the practical realities, community-led governance, and accountability measures that uphold the safety and legitimacy of non-registered Indigenous midwifery. Participants will be introduced to NCIM's new policy guidance on the exemption clause, including tools co-developed with Indigenous communities seeking to assert their jurisdiction or explore exemption pathways. This includes templates, frameworks, and protocols grounded in Indigenous knowledge systems and constitutional rights. The presentation will also reflect on the challenges posed by health system structures that continue to marginalize or ignore this legal pathway, and the need for governments and health institutions to meaningfully recognize and resource Indigenous midwifery without requiring assimilation into colonial systems.
KEY MESSAGE
The exemption clause is not an exception—it is a matter of equity, sovereignty, and Indigenous rights. Recognizing and supporting Indigenous midwifery through exemption-based models affirms community control over birth and strengthens culturally safe care. It is time to fund, protect, and uphold these practices as legitimate, essential components of the health care landscape in Canada.

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PA246

Postnatal ward experiences after traumatic birth: Is it sanctuary trauma?

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BACKGROUND
Approximately one in five people experience mental health difficulties associated with pregnancy, birth and the postnatal period, costing the UK up to £8.1 billion per year. Factors in pregnancy and birth that contribute to this are relatively well known, but how/why postnatal care experiences can impact distress are less understood.
OBJECTIVES

This research aimed to explore experiences of postnatal ward care following birth trauma (BT) to consider if negative experiences can be explained by sanctuary trauma (ST), and if not, consider how else we may understand it. ST occurs when someone experiences a traumatic event, then enters an environment they expect to be supportive and protective but become further traumatized by the lack of sanctuary and support.
METHODS
This study conducted online interviews (30-60 minutes) with 20 birthing people with varying experiences on UK postnatal wards following a traumatic first birth (after 1st February 2022). Recruitment occurred January-June 2025. This research received ethical approval from University of Lincoln Human Ethics Committee on 20th November 2024 (reference: UoL2024_18961). There are no conflicts of interest.
RESULTS
Using thematic analysis (in progress), preliminary results suggest interpersonal factors, limited staffing, and system impact, created traumatic experiences on postnatal wards. Coding to date indicates some relevance to ST, but other themes are also emerging.
CONCLUSIONS
Once concluded (aim February 2026), the research will increase understanding of the importance of and needs in postnatal care. It begins a stream of research focusing on developing interventions to reduce postnatal distress after BT and further understand the perinatal trauma landscape.
KEY MESSAGE
Midwives are key stakeholders in the implementation of protective and early intervention after BT, and stressors and factors impacting midwives' ability to provide this on postnatal wards are vital to consider. These results will likely contribute to the evidence for the need for "One Million More Midwives".
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PA247

Strengthening perinatal care through midwifery-doula collaboration

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PURPOSE
This presentation examines the collaboration between midwives and doulas as a strategy to implement the World Health Organization's 2025 Implementation Guidance on Transitioning to Midwifery Models of Care. Using the International Childbirth Initiative (ICI) framework—particularly steps 4 (continuous support), 5 (non-pharmacological comfort), 6 (evidence-based practices), and 11 (continuum of collaborative care)—we explore how this model addresses the global mandate for respectful, person-centered perinatal care with continuous support
DISCUSSION
Midwives offer clinical expertise, while doulas provide non medical continuous emotional and physical support. Together, they form a care team that supports physiologic birth, reduces stress, and improves the overall perinatal care experience. Clear roles, mutual respect, and effective communication are key to successful collaboration. In both high-resource and low-resource settings, this partnership can enhance system capacity, reduce provider burnout, and ensure respectful care.
EVIDENCE WHERE RELEVANT
A growing body of research affirms the benefits of midwife-doula collaboration. Falconi et al. (2022) found doula care was associated with significantly lower odds of cesarean delivery (OR: 0.471) and postpartum depression/anxiety (OR: 0.425). Lemon et al. (2025) further demonstrated improvements in maternal and neonatal outcomes. Nakphong et al. (2023) emphasized that women value continuous support and are more satisfied when companions are integrated into facility care. Cochrane reviews and ACOG endorse continuous labor support from trained doulas, while March of Dimes and U.S. policymakers advocate for doula access and insurance reimbursement.
KEY MESSAGE
Integrating doulas within midwifery-led models strengthens the delivery of safe, respectful, and equitable maternity care. This collaboration improves maternal outcomes, reduces unnecessary interventions, and supports emotional well-being. Becoming a doula is often a pathway to midwifery, and many doulas are strong advocates for the expansion and support of midwifery care worldwide. To ensure effective collaboration, teamwork and communication are essential, along with clear scope of practice, and adherence to a code of ethics for trained doulas.
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PA248

Identification of risk factors influencing the likelihood of depression during pregnancy and postpartum to enhance early diagnosis, prevention and therapy

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BACKGROUND
Perinatal depression (PND) affects 10–15% of pregnant individuals and has significant short- and long-term impacts on maternal health, as well as adverse effects on child development. Despite increasing awareness, perinatal mental disorders remain underestimated and underdiagnosed in maternity care.
OBJECTIVES
This study aims to identify predictive factors for PND to support early detection an offer support.
METHODS
In this prospective explorative longitudinal study, 180 pregnant individuals were recruited at the University Hospital Cologne (July 2024 to January 2025). The Edinburgh Postnatal Depression Scale (EPDS) was administered during

pregnancy and 6 to 8 weeks postnatal. Additional data were collected on birth experience (SIL-GER), health history, and sociodemographic characteristics. Analyses were conducted using IBM SPSS©.
RESULTS
During pregnancy, 26% of participants scored above the EPDS cut-off (≥10). A history of mental illness constituted a significant risk factor (p = 0.008; 95% CI [1.10–7.42]). Postnatal, the prevalence of elevated EPDS scores was 23.7%. A higher prenatal EPDS score (p = 0.050; 95% CI [1.00–1.30]), a higher score for postanal physical symptoms (p = 0.002; 95% CI [1.15–1.94]), and a lower number of previous pregnancies (p = 0.059; 95% CI [0.29–0.95]) were significantly associated with increased postnatal EPDS scores. A lower SIL-GER score and a preexisting mental illness showed burdensome postnatal trends but remained statistically unstable in the sensitivity analysis.
CONCLUSIONS
Proactive consideration of these identified factors and routine screening with the EPDS may enable midwives and healthcare professionals to identify vulnerable individuals early and refer them to specialists for appropriate diagnostics. This would support the early implementation of preventive strategies for high-risk individuals and enable the prompt initiation of therapeutic interventions when indicated.
KEY MESSAGE
Midwives have a pivotal role in the early identification of depressive symptoms and addressing these individuals within an interdisciplinary framework could contributes to enhance maternal health, child development and continuity of care.
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PA250

Evaluating the neonatal postnatal support nurse pilot workforce model at three Victorian maternity health services: A multiple-methods study

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[5]Deakin University, School of Nursing & Midwifery, Melbourne, Australia
BACKGROUND
The Australian and global midwifery workforce shortage impacts outcomes for women, babies, midwives, and health services. A pilot workforce model was implemented at three Victorian maternity health services, with registered nurses working alongside midwives to provide newborn care on the postnatal ward.
OBJECTIVES
To assess midwives and registered nurses' pre-implementation expectations of the neonatal postnatal support nurse pilot workforce model.
METHODS
Thirty-eight Likert-scale questions explored midwives' and nurses' views and expectations of the new role, current job satisfaction and workload, in preparation for implementation.
RESULTS
The pre-implementation survey was completed by 18 nurses and 45 midwives at two sites. Results indicated that nurses looked forward to starting their new role, felt welcomed, and were prepared for working in the postnatal wards following orientation. Over three-quarters of respondents felt confident about working collaboratively, and with new equipment and procedures. They also expected challenges in the role (88%); however, they anticipated the role would improve their work satisfaction (100%). Most nurses were interested in gaining future midwifery (72.2%) or neonatal nursing (83.3%) qualifications. Midwives perceived the nurse role to be a valuable addition to the postnatal wards (78%); however, their understanding of the nurses' scope of practice varied between sites (41% and 80%). Prior to implementing the nurse role, about a quarter of midwives felt they had enough time to ensure a safe environment for women, babies, and families, and over three-fifths indicated that they had taken leave due to work-related burnout and fatigue.
CONCLUSIONS
Midwives may require additional support to deliver safe and quality care on postnatal wards. The introduction of neonatal postnatal support nurses may relieve midwife workload burden and give nurses the opportunity to explore their interest in pursuing a midwifery career. A 12-month multiple-methods evaluation is underway.
KEY MESSAGE
Evaluation of the model will inform future maternity workforce and care delivery models.
Eur J Midwifery 2026;10(Supplement 1):A628

PA251

Waterbirth – Safety and satisfaction: A prospective study of 200 deliveries in a Czech perinatology center

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BACKGROUND
Waterbirth remains a topic of debate, though growing evidence supports its safety and positive impact on maternal experience. In the Czech Republic, hydrotherapy during the first stage of labor has been common, but waterbirth was limited to smaller units. Recently, Ostrava became the first perinatology center to offer waterbirth. This study evaluates maternal and neonatal outcomes, birthing positions, and women's experiences.
OBJECTIVES
To evaluate maternal and neonatal outcomes, use of birthing positions, and maternal satisfaction in waterbirths conducted at a tertiary perinatology center in the Czech Republic. The study also aims to assess the safety and feasibility of waterbirth in a clinical hospital setting.
METHODS

This prospective observational study included 200 water births at University Hospital Ostrava. Data collected included maternal characteristics, birthing positions, use of analgesia, birth-related injuries, neonatal outcomes and maternal satisfaction.
RESULTS
The mean maternal age was 31.4 years, with 25.5% nulliparous. Most women (80.5%) required no analgesia. Birthing positions included semi-sitting (42.5%), kneeling (34%), starting position (13%), and others (10.5%). No episiotomies were performed. Perineal outcomes: 44% had no or minimal injury, 40% first-degree, 15.5% second-degree, and 0.5% third-degree tears. Neonatal outcomes were favorable: 92.5% of newborns scored 8–10 on the Apgar scale at 1 minute and 100% at 10 minutes. One newborn required NICU admission due to a single case of umbilical cord avulsion immediately after birth. Maternal satisfaction was high, with all participants stating they would choose waterbirth again.
CONCLUSIONS
Clinically supervised waterbirth is associated with low maternal trauma, minimal need for analgesia, excellent neonatal outcomes and high maternal satisfaction. When conducted in accordance with established guidelines and with appropriate patient selection, waterbirth is a safe, effective, and empowering option for childbirth.
KEY MESSAGE
Waterbirth is a safe, low-intervention method associated with high maternal satisfaction and should be considered a valid option in modern obstetrics.
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PA252

Intrapartum intermittent auscultation: The dichotomy of practice

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BACKGROUND
Intermittent auscultation (IA) is endorsed as an efficacious method of intrapartum fetal monitoring. However, successive studies and reports have demonstrated that midwives find it challenging. This qualitative interview study sheds light on the causal mechanisms that contribute to this.
OBJECTIVES
1) To describe how midwives carry out intrapartum IA 2) To investigate midwives' perceptions relating to the efficacy of intrapartum IA 3) To explore midwives' opinions about the benefits and challenges of using intrapartum IA 4) To explore if midwives have developed intrapartum care strategies to support their use of IA.
METHODS
Qualitative interview study involving 13 midwives from across Wales. Interviews were imported into NVIVO for a Critical Realist analysis using Reflexive Thematic Analysis.
RESULTS
Two themes were identified. Demonstrating how, for study participants, IA was a dichotomous activity. The first theme - IA: It's a midwife's bread and butter, participants describe how they enjoyed using IA, as it offers a sense of connectedness to the woman, fetus and the ethos of midwifery models of care. IA facilitated freedom and agency during birth, for women and midwives. The second theme – IA: Midwives bearing the responsibility of fetal monitoring, illustrates that IA is also a demanding activity that subjects participants to various clinical challenges these include managing competing demand in the birth room, negotiating organisational policy about how the fetal heart rate is counted and interpreted, the burden of proof for midwives of a 'heard' heart rate (through IA) versus one that is 'seen' (through EFM) and proficiency with IA is strongly connected to experience and opportunity to work within midwifery models of care.
CONCLUSIONS
IA is valued by midwives. However, their work-based social world and organizational culture impacted on how they practiced this essential midwifery skill.
KEY MESSAGE
The midwives that participated in this study enjoyed undertaking IA but felt that organizational systems and cultures impacted on their practice.
Eur J Midwifery 2026;10(Supplement 1):A630

PA253

Validating a third trimester bedside ultrasound clinical decision support algorithm in rural Uganda

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BACKGROUND
Imaging the World Africa (ITWA) a registered NGO supports availability of diagnostic ultrasound services to rural underserved communities in Uganda, Kenya and Malawi. ITWA trains and supports midwives from rural facilities to integrate basic obstetric ultrasound scan in their practice. Although existing evidence does not address or support 3rd trimester Ultrasound in routine ANC, ITWA developed Clinical Decision Support (CDS) bedside algorithms tool to stratify women post 3rd trimester scan for appropriate management.
OBJECTIVES
Validate appropriateness of the CDS tool in the stratifying women that require special care following a 3rd trimester scan.
METHODS
IBR approval was obtained from Uganda, and consent for a prospective study of consenting women/girls attending normal ANC between 28-41 weeks. Midwife sonographers scanned to capture all the anatomy of the pregnancy in 6 sweeps over the abdomen using a portable bedside Lumify Ultrasound systems with a C5-2 transducer.
RESULTS
1307 subjects were scanned at 28-41 weeks gestation and were followed through delivery and up to 42 days. Based on the CDS tool, 85% of scans were assigned to low risk (n=1110), 9% intermediate risk (n=113) and 6% high risk (n=84). Of those assigned to low risk, 97% (n=938) had an uncomplicated birth and 3% (n=27) had a complicated birth. For intermediate

risk scans, 79% (n=88) had an uncomplicated birth and 21% (n=25) had a complicated birth. Of high-risk assignments, 56% (n=47) had uncomplicated births and 44% (n=37) had complicated births.
CONCLUSIONS
The CDS bedside tool validation confirms that 3rd trimester ultrasound has a central role in fetal surveillance. Third trimester scan can identify complication for timely management.
KEY MESSAGE
Midwife-sonographers can interpret scans correctly, manage the workload effectively and safely if provided with appropriate support. The can play a critical role in improving access to maternal health intervention in undeserved communities· Third Trimester scan has potential of improving pregnancy outcomes.
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PA254

Do midwives in Poland want to work in midwifery continuity of carer model?

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BACKGROUND
For over two decades, midwifery scholars have advocated for the midwifery continuity of carer (MCoC) model, conceiving it as the core of quality maternity care. Yet, its implementation remains patchy worldwide. One suggested reason for this is insufficient research into the nuances of local maternity care contexts and midwives' attitudes toward the model's practicalities.
OBJECTIVES
This study seeks to investigate whether midwives in Poland are interested in the MCoC model and what factors influence this interest.
METHODS
A nationwide cross-sectional survey of Polish midwives was conducted using an online questionnaire. The participants were 672 hospital-based midwives (mean age 35.0 years, SD=11.3).
RESULTS
71% of surveyed midwives expressed willingness to work within an MCoC model. Those with private practices were 7.6 times more likely to show interest than those without (OR = 7.60, 95% CI [1.74, 33.30]). Midwives in birth units were nearly 3 times more likely to express willingness than those in other departments (OR = 2.81, 95% CI: 1.67 - 4.71). Those with multiple workplaces were 1.6 times more likely to show interest than those with one (OR = 1.60, 95% CI: 1.01 - 2.53). Conversely, midwives with 10–20 (OR = 0.38, 95% CI: 0.21 - 0.69) and over 20 years of experience (OR = 0.46, 95% CI: 0.27 - 0.78) were less likely to prefer this model compared to those with 0–3 years of experience.
CONCLUSIONS
These findings suggest that career stage, working in birth units and rotation across maternity care areas are key determinants of MCoC model preference among Polish midwives. Strategies aimed at early-career midwives should be developed to support successful implementation of this model in Poland.
KEY MESSAGE
Overall, 71% of midwives were interested in the MCoC model in Poland. To facilitate successful implementation, strategies targeting midwives entering the labor market and those working in birth units should be developed.
Eur J Midwifery 2026;10(Supplement 1):A632

PA255

Exploring help-seeking behaviors among minority ethnic birthing individuals regarding perinatal mental health challenges in England: A qualitative study

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BACKGROUND
Minority ethnic birthing individuals (MEBIs) face a high risk of perinatal mental health issues but are among the least likely to disclose emotional concerns to healthcare professionals (HCPs).
OBJECTIVES
To explore help-seeking behaviors of MEBIs related to perinatal mental health and identify approaches to promote higher help-seeking.
METHODS
The study was preregistered on the Open Science Framework. MEBIs who had experienced mental health problems and had a child between 3 months and 5 years old were recruited through social media using purposeful sampling. Semi-structured individual interviews were conducted via Microsoft Teams after piloting a topic guide with two MEBIs. Data were analyzed using reflexive thematic analysis independently conducted by two of the authors.
RESULTS
Seventeen interviews were conducted between January and April 2025 (mean duration: 49 minutes) and included in analyses. Participants had an average age of 34 and the mean age of their youngest child was 2. Participants identified as African, Indian, Turkish, Filipino, Chinese, Indonesian, Latino, Sri Lanken, White and Black Caribbean, and any other Asian background. Preliminary findings indicated that

cultural silence surrounding mental health and uncertainty about the implications of disclosure were both major barriers discouraging help-seeking. Suggestions to facilitate help-seeking included providing clear and reassuring information, offering consistent emotional check-ins by HCPs, and signposting to culturally matched community groups.
CONCLUSIONS
Intervention efforts should prioritize using culturally sensitive language that feels clear and reassuring to MEBIs. Cultural competency training for HCPs and developing strategies to reduce loneliness and isolation would also be helpful for MEBI mental health.
KEY MESSAGE
Comprehensive information and reassurance about mental health and emphasising family support over child protection can foster trust and increase help-seeking among MEBIs. Ethical approval was granted by the University of Leeds School of Psychology Research Ethics Committee on 13.12.2024 (PSCETHS-1230). The authors declare no conflict of interest.
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PA256

How reliable are free German breastfeeding apps? A systematic analysis of quality and guideline conformity

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BACKGROUND
Many mothers use breastfeeding apps for information and to document breastfeeding during the first year of life. It remains unclear to what extent these apps adhere to health app quality principles and whether their content aligns with current guidelines.
OBJECTIVES
To systematically analyze, evaluate, and synthesize German-language breastfeeding apps with regard to their features, quality, and guideline conformity.
METHODS
Breastfeeding apps were identified through the Apple App Store and Google Play Store. Included were free German-language apps providing information on breastfeeding during the first year of life. A criteria-based dual-review process was used to assess app characteristics, guideline conformity, and quality. The German version of the Mobile Application Rating Scale (MARS) was applied to evaluate user engagement, functionality, aesthetics, information quality, and subjective quality. Selected current guidelines were used to assess conformity. A tabular-narrative synthesis was performed.
RESULTS
Seven breastfeeding apps met the inclusion criteria. While some demonstrated predominant to full guideline conformity in several areas, others lacked essential content on topics such as initial latching, onset of lactation, milk transfer, and manual milk expression. Quality ratings varied significantly across the five MARS dimensions. Some apps showed high usability and information quality, while one app displayed considerable deficits in user engagement, functionality, and informational content.
CONCLUSIONS
Breastfeeding apps vary substantially in both quality and content. Their use should not be uncritical and is ideally supported by midwives.
KEY MESSAGE
Breastfeeding apps can complement counseling — however, their quality and guideline adherence differ considerably.
Eur J Midwifery 2026;10(Supplement 1):A634

PA257

Excellence in care after perinatal loss and subsequent pregnancies: Insights and learnings from a midwifery-led perinatal loss clinic in Australia

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PURPOSE
This presentation shares key insights, learnings, and practical knowledge from a specialized midwifery-led perinatal loss clinic in a tertiary hospital in Brisbane, Australia. It highlights how individualized and culturally responsive continuity of care can transform outcomes for bereaved families and inform broader maternity care systems.
DISCUSSION
While continuity of midwifery care is well-established in general maternity settings, structured models for bereaved families experiencing perinatal loss, especially into subsequent pregnancies, remain limited. Our clinic addresses this gap with a collaborative, midwifery-led model that integrates medical and psychosocial support to provide consistent, compassionate care across the perinatal loss continuum. Within five years, the service has expanded from two to over six clinical midwives, now providing support to more than 250 families each year. We offer comprehensive care from early pregnancy loss and antenatal palliative planning through to stillbirth, neonatal death, and pregnancy after loss. This continuity enables individualized care respecting each family's cultural, spiritual, and personal needs, guiding them through investigations and subsequent audit and multidisciplinary reviews. Embedded within a national research center for stillbirth, the clinic also contributes to shaping research priorities, building clinician research capacity, and translating evidence into meaningful practice change. Key insights and learnings include: Continuity builds trust and affirms families in their role as parents throughout the journey. Evidence-based tools, including parent-friendly clinical guidelines, support informed, parent-centeed decision-making. Memory-making is enriched through meaningful keepsakes like baby clothing, hand and footprints, and personalized mementos. Midwives benefit from supporting both loss and hope, promoting team wellbeing and sustainability. System investment reflects the

model's value, enabling expanded regional outreach.
KEY MESSAGE
Continuity of care in complex perinatal loss contexts is both feasible and transformative. Sharing our experience contributes to a growing body of knowledge, offering a replicable model that delivers value for bereaved families, staff, and health systems.
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PA258

"Being There": Parental experiences of partner presence during elective cesarean section – A qualitative study

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BACKGROUND
The World Health Organization encourages the continuous presence of a chosen companion during childbirth, yet partner access to the operating theatre for elective caesarean section (CS) remains uneven and its relational impact is under-explored.
OBJECTIVES
To investigate maternal and paternal experiences related to the father's presence during elective CS.
METHODS
A monocentric phenomenological qualitative study was conducted at Fondazione Policlinico A. Gemelli IRCCS, Rome (February–March 2025). Twenty couples undergoing planned CS took part in semi-structured interviews 48–72 h postpartum. Transcripts were analyzed reflexively; rigor was ensured through dual coding, member checking and an audit trail.
RESULTS
Five inter-related themes emerged: Maternal experience: Partner presence was described as emotionally reassuring and protective. Some mothers voiced concern over their partner's emotional response, helped strengthen their bond as a couple and as new parents. Absence, though sometimes rationalized, often leads to hidden feelings of disappointment and loneliness. Paternal experience: Fathers reported deep emotional involvement and a desire to actively support their partner. Initial anxiety was alleviated through physical closeness. In cases of exclusion, the waiting period was experienced ambivalently, as both protective and alienating. Comparison with previous births: Couples with prior CSs—particularly emergencies or during COVID-19—reported improved experiences with partner inclusion and enhanced communication. Partner influence: The father's presence was seen as essential to emotional well-being and couple cohesion. Absence was often perceived as a significant emotional loss. Cesarean expectations: Some areas for improvement included limited preoperative communication, insufficient emotional preparation, and challenging transitions to the ward after surgery.
CONCLUSIONS
Partner inclusion during CS fosters emotional security, strengthens the couple's bond, and can transform the surgical event into a shared, meaningful experience. Findings support the need for inclusive, structured protocols and better communication in cesarean care.
KEY MESSAGE
Welcoming fathers into the operating room turns elective caesarean into a shared, meaningful experience that benefits mothers, partners and newborns.
Eur J Midwifery 2026;10(Supplement 1):A636

PA259

The outcome of expectant management of premature rupture of membranes (PROM) in midwifery-led care setting

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BACKGROUND
Despite its natural occurrence, PROM is frequently met with medical interventions. In many health systems, PROM leads to prompt labor induction or even caesarean delivery due to fears of infection, fetal distress, or prolonged labor. However, studies indicate lower rates of maternal complications when managing PROM expectantly. This strategy respects the natural physiology of birth while balancing safety through timely surveillance.
OBJECTIVES
This study aims to evaluate the outcomes of expectant management of PROM in a midwifery-led care setting, with a particular focus on neonatal outcomes, including the incidence of asphyxia, infection, and the need for neonatal resuscitation.
METHODS
A quantitative study with cross-sectional design to find the relationship between the duration of PROM with the incidence of neonatal asphyxia. Data were collected from 74 birth records in Cikal Mulia from January 2022 to December 2024. Data analysis was used the Chi-square test to define the associations between categorial variable, such as duration of PROM labor and neonatal Apgar score to identify asphyxia.
RESULTS
The quantitative analysis showed that there was no statistically significant relationship between the duration of PROM and the risk of neonatal asphyxia ($p > 0.05$).
CONCLUSIONS
These findings support the growing body of literature advocating for expectant management of PROM in low-risk, term pregnancies, especially within midwifery-led care models that emphasize individualized, woman-centered care. PROM should not automatically trigger labor induction or surgical delivery. Instead, it should be viewed as a natural entry point into labor, allowing time for spontaneous progression under observation.
KEY MESSAGE
This study reinforces the understanding that premature rupture of membranes (PROM) at term should not be viewed as a pathological complication, but rather a physiological

variation within the normal spectrum of childbirth. The role of the midwife is to ensure the absence of danger sign during expectant management, while continuing support and facilitate physiological process of labor.

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PA260

Transforming normal delivery practices: Lessons from birthing Chair use in BRAC University's midwife-led care centers

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PURPOSE

Since 2018, the Midwifery Education Program at BRAC James P Grant School of Public Health, BRAC University, in collaboration with the Ministry of Health and Family Welfare and BRAC-operated health centers, has established Midwife-Led Care Centers (MLCs) in Sylhet, Khulna, and Dhaka. A key focus of these centers has been to promote alternative birthing practices—particularly the use of upright positions and birthing chairs for normal vaginal delivery (NVD)—while upholding principles of respectful maternity care. This study aims to explore maternal perceptions and experiences regarding childbirth using birthing chairs within the MLCs operated by trained midwives.

DISCUSSION

Through a qualitative lens, the study examines how women perceive birthing chair-assisted deliveries. Midwives at MLCs have implemented evidence-informed practices such as birthing ball exercises and birthing chairs, with the goal of empowering mothers to make informed, autonomous choices in their childbirth journey. This client-centered approach fosters dignity and comfort for laboring mothers.

EVIDENCE WHERE RELEVANT

Data were collected through monthly reports, client exit interviews, and focus group discussions conducted between January 2018 and April 2025. Out of 7,019 normal vaginal deliveries, 6,075 (approximately 86%) were conducted using birthing chairs. This high acceptance rate indicates strong maternal preference. Qualitative data validate that comfort, shorter labor, returning to normal work life in shorter period of time and feelings of empowerment due to the ability to choose birthing positions were key drivers of adoption. Education on safety and benefits further contributed to acceptance.

KEY MESSAGE

The findings demonstrate a strong maternal inclination toward birthing chair delivery, signaling its viability as a preferred method in comfort and respectful maternity care. Promoting education and awareness about alternative birthing positions may increase informed choice and uptake. Scaling up awareness campaigns and standardizing this option in maternal healthcare policies could address residual misconceptions and promote equitable access to respectful, woman-centered care.

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PA261

Status of respectful maternity care for women underwent normal vaginal delivery in selected hospitals at Rishikesh: An exploratory study

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BACKGROUND

Child-birthing plays an important role in every woman's life. In India Data shows 77.3% of women reported mistreatment in at least 1 of 17 items measure. 9.1% of women self-reported mistreatment, whereas 22.4% of mistreatment was observed by the observer.

OBJECTIVES

To determine the status of Respectful Maternity Care in selected hospitals.

METHODS

An exploratory study using a quantitative approach was conducted on 145 women who had normal vaginal deliveries at a hospital in Rishikesh, Uttarakhand, over four weeks. Data was collected using a self-structured tool with a reliability score of 0.8 (Cronbach's alpha). Additionally, a qualitative component involved interviews with 18 participants, using a semi-structured interview schedule until data saturation was reached.

RESULTS

The study found that the median total score for Respectful Maternity Care (RMC) was 36, with an overall mean percentage score of 85.68%. Among the eight domains assessed, "Availability of Competent and Motivated Human Resources" scored highest at 95%, while "Informed Consent and Effective Communication" scored lowest at 68.45%. There was no statistically significant association between RMC scores and the socio-demographic variables of the participants. In the qualitative analysis, three main themes emerged: experienced care at the facility, women's expectations regarding care, and experiences of disrespectful maternity care. These themes highlighted women's perceptions and expectations related to maternity services.

CONCLUSIONS

The study found that while women were generally satisfied with the healthcare services and facilities provided, they faced challenges such as delays in receiving timely care and unexpected financial demands after childbirth. These issues, coupled with gaps in care during normal delivery, contributed to negative experiences for the women.

KEY MESSAGE

This study underscores the critical role of nurses in identifying and addressing mistreatment during childbirth. By recognizing signs of disrespectful care, nurses can intervene to ensure that women receive dignified and compassionate care.

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PA262

Shared decision-making in maternity care: Comparing women's MADM scores with self-assessments by midwives and obstetricians

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BACKGROUND
Shared decision-making (SDM) is a key element of respectful, woman-centered maternity care. The Mother's Autonomy in Decision Making (MADM) scale is a validated tool to assess women's experiences of being involved in decisions. Less is known about how midwives and obstetricians perceive their own support of SDM—and whether these perceptions align with women's views.
OBJECTIVES
(1) To compare women's MADM scores with those reported by midwives and obstetricians. (2) To examine differences between professional groups.
METHODS
This cross-sectional survey (2025) was conducted in Austria as part of a project on respectful maternity care. Postnatal women (n= 544), midwives (n= 128), and obstetricians (n= 50) completed the 7-item MADM scale. Professionals received an adapted version to enable self-assessment of their involvement in shared decision-making with women. All items were rated on a 6-point Likert scale (1 = strongly agree; 6 = strongly disagree). Descriptive and group comparisons were performed.
RESULTS
Women's MADM scores (median = 33) were significantly lower than those of midwives (median = 37, p <.001) and obstetricians (median = 36, p <.001). No significant difference was found between midwives and obstetricians (p = .712). Categorized by patient autonomy level, 50% of women were in the high (78% midwives; 66% obstetricians), 24% in the moderate (21% midwives; 34% obstetricians), 17% in the low (1% midwives; 0% obstetricians) and 9% in the very low (0% midwives; 0% obstetricians) category.
CONCLUSIONS
Women reported lower perceived involvement in decision-making than professionals assumed they provided. The findings suggest that enhancing SDM could be one factor contributing to improved maternity care.
KEY MESSAGE
Bridging the perception gap on shared decision-making between women and professionals is essential for strengthening woman-centred, respectful maternity care.
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PA263

The experience of skin-to-skin contact during cesarean section: A phenomenological qualitative study

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BACKGROUND
Skin-to-skin contact (SSC), the practice of placing the undressed newborn on the mother's bare chest, offers numerous short- and long-term benefits for both mother and baby. While SSC is standard in vaginal births, its implementation during cesarean sections remains uneven despite comparable benefits.
OBJECTIVES
This study aimed to explore the experiences and perceptions of mothers who practiced SSC in the operating room following elective cesarean sections, highlighting perceived benefits and challenges.
METHODS
This qualitative, phenomenological study was preceded by a literature review. Women undergoing elective cesarean sections at the Baby-Friendly San Raffaele Hospital (Milan) who participated in SSC in the operating room were recruited via purposive sampling. Semi-structured interviews were conducted within 72 hours postpartum, recorded, transcribed verbatim, and analyzed using Interpretative Phenomenological Analysis to identify key themes.
RESULTS
Fifteen mothers were interviewed, reaching data saturation. Two major themes were identified: "Concerns" and "Experience." Concerns centered on fears regarding newborn health and the possibility of being denied SSC. Experiences revealed seven sub-themes. Positive elements included early bonding with both infant and partner, and initiation of breastfeeding in the operating room. Negative elements included physical discomfort due to surgical positioning and a lack of privacy during the experience.
CONCLUSIONS
Findings support SSC during cesarean sections as a valuable practice that enhances maternal satisfaction and early bonding. Key factors influencing maternal experience included the presence of the partner, emotional preparedness, and environmental comfort. Formalizing SSC in cesarean protocols may help normalize the practice and improve maternal-infant outcomes.
KEY MESSAGE
Routine implementation of SSC during cesarean delivery can strengthen early bonding and maternal well-being.
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PA264

Improving postnatal care provision within the community midwifery teams at King's College Hospital, London

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PURPOSE
To improve postnatal care provision at Kings College Hospital by examining various issues: Cost saving challenge of £3000000 within our healthcare division, improve staff sickness levels, reduce patient complaints, patient adverse incidents, and to navigate solutions to dense urban working

with traffic congestion.
DISCUSSION
Staff and patient complaints were high in the postnatal period 2022-2023, with high staff sickness rates due to back issues from carrying heavy equipment. Adverse Incidents of missed appointments for essential visits and care, for example, missed neonatal screening opportunities. Pre-implementation, patient surveys showed general dissatisfaction with their home visit schedule, patients advised they had to stay in all day for their midwife. Pre implementation, staff surveys reported excessive travel times between short distances due to traffic congestion in Central London.
EVIDENCE WHERE RELEVANT
The recommendation of postnatal clinics was put forward to the senior team and community staff. Similar clinics run at neighboring trusts due to high vacancy. King's vacancy was not high, but other issues compound the introduction. SPC finance charts showed a vast improvement when fewer staff traveled into the community using petrol expenses, permits, and travelcards. Finance data showed a saving of £70000 across staff expenses alone. Sickness rates remained similar, but the theme changed from 'work-related stress' to 'non-work-related stress'. Adverse incidents of missed essential home visits and care dropped from a peak of 4 per month to the lowest of 0 in two months in 2023.
KEY MESSAGE
What went well? Staff satisfaction significantly improves when logistical burdens (like travel and scheduling) are reduced. Patient safety and experience benefit from structured clinic pathways. Financial savings can be achieved through small operational changes (reducing travel costs). Engagement with stakeholders and patients is crucial for successful implementation. What would I have done differently? Earlier engagement with patients to improve feedback collection. More robust digital tools for surveys and feedback to reduce reliance on face-to-face methods.
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PA266

Interdisciplinary collaboration on labor and delivery: The role of midwives in optimizing care and team dynamics in a high-volume, high acuity setting

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PURPOSE
The integration of midwives as laborists within obstetric care models presents an opportunity to enhance interdisciplinary collaboration, resident education, patient outcomes, and provider satisfaction.
DISCUSSION
This presentation explores the role of midwives as laborists—clinicians dedicated exclusively to managing labor and delivery within hospital settings—and their potential to serve as key contributors in building cohesive, team-based models of maternity care. By leveraging their unique skill set and patient-centered approach, midwives can play a central role in teaching residents the nuanced, hands-on art of obstetrics, often underrepresented in high-intervention models. Their presence also supports a sustainable work environment, reducing burnout and improving job satisfaction among physicians, midwives, and residents.
EVIDENCE WHERE RELEVANT
At the University of Utah in Salt Lake City, the introduction of certified nurse-midwife (CNM) laborists three years ago has led to a significant cultural transformation on the Labor and Delivery unit. This innovative model has fostered an environment of mutual respect and strengthened interdisciplinary collaboration between midwives, obstetricians, residents, and nurses. The consistent presence of midwives as laborists has enhanced collegiality and trust, improving both patient and provider satisfaction. Additionally, midwives have expanded their scope of practice by participating in the management of high-risk obstetric cases, contributing meaningfully to complex care, and growing professionally as advanced practice providers.
KEY MESSAGE
This model demonstrates how midwifery leadership can improve clinical outcomes, enrich medical education, and promote a thriving, respectful team culture. This session will emphasize the value of midwives as laborists in a high-functioning interdisciplinary obstetric team by sharing implementation strategies and lessons learned.
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PA267

Respectful maternal and newborn care in Trinidad: A mixed method study

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BACKGROUND
Respectful Maternal and Newborn Care (RMNC) ensures quality women-centered care whilst maintaining client confidentiality, and informed choice with freedom from harm and mistreatment (USAID 2020). Despite an increased number of studies on RMNC globally, a paucity of data exists on women's experience of childbirth care, including disrespect and abuse, during facility-based deliveries in Trinidad. Against this backdrop, research on RMNC was undertaken in 2022 as a collaborative effort between the Momentum Country Global Leadership (MCGL), Caribbean Regional Midwives Association (CRMA) and the University of the West Indies School of Nursing (UWISoN)

OBJECTIVES
The aim was to describe the current state of RMC in the public and private sectors in Trinidad from the perspectives of the clients, their partners and health care professionals
METHODS
A mixed methods approach was used to collect data during 2022/ 2023. Quantitative data were obtained from pregnant women (297), and midwives/obstetricians (175) and analyzed using descriptive analysis. Qualitative data were obtained from pregnant women, partners, care providers, and policymakers using interviews (37) and focus group discussions (6) and analyzed using thematic analysis. Ethical approval was obtained from the UWISoN, MCGL and Institutions involved in the research. The authors declare no conflict of interest.
RESULTS
Generally, women (90%) reported that care was respectful. Whilst severe mistreatment was rare, psychosocial and structural distress were more commonly perceived by women and their partners. Providers, administrators and policymakers shared their understanding of respectful care and mistreatment.
CONCLUSIONS
Findings suggest the need for change in the policy landscape and culture to include women's empowerment and autonomy, partner involvement, and integration of RMNC into existing guidelines.
KEY MESSAGE
There is a need to extend changes beyond the education of midwives and providers to consider ways to restructure environments, promote supportive workplaces, and embed RMNC into customer care and quality improvement efforts.
Key words: respectful care, mistreatment, disrespect.
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PA268

Partner supported physical activity in the pre- and postnatal period: A scoping review

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BACKGROUND
Physical activity (PA) during the pre- and postnatal periods is internationally recommended due to its well documented health benefits. However, many women experience numerous barriers to engagement in PA during this life stage. Partner support is suggested as a potential facilitator that may help women overcome these challenges. Providing an overview of the existing evidence on attitudes toward partner support along with key enablers, barriers, and support components is essential to address knowledge gaps, inform future research and guide effective, evidence-based practice aimed at improving physical and mental health in the perinatal period.
OBJECTIVES
To systematically explore and map knowledge on partner supported PA in the pre- and postnatal periods and identify key themes, gaps, and directions for future research and practice.
METHODS
This scoping review is conducted in accordance with the JBI methodology for scoping reviews and involves knowledge end-users in selected elements of the process based on the ACTIVE framework for user-involvement in research. The review includes quantitative, qualitative and mixed methods study designs, literature reviews and grey literature published in English, addressing partner support in romantic relationships regardless of age, sex, ethnicities, physical capabilities and pregnancy complications with the aim of increasing PA, as defined by WHO, within the context of pregnancy and one year postnatally. No publication date limitations were used
RESULTS
The search was initiated in January 2025. Data extraction has been completed and analysis is currently underway. Our final results will be available in fall 2025.
CONCLUSIONS
This review will offer a comprehensive synthesis of current evidence on partner support for PA in the perinatal period.
KEY MESSAGE
Partner support may be a critical yet underexplored factor in promoting PA during the perinatal period. The findings of this review will contribute to inclusive, health promoting strategies in maternity care and address a gap in the existing literature.
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PA269

Midwifery is rising in status, becoming respected and valued in biomedicine, but we need to actively resist the loss of the midwifery model of care

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PURPOSE
To create international support for midwifery as a profession, independent of Biomedical management
DISCUSSION
A lifetime ago I coined the phrase 'midwifery model' as distinguished from the 'medical model' of birth. (Rothman, IN LABOR 1981) Midwifery care was not just 'less interference' or 'fewer medications.' There was a profound difference in what midwives and physicians saw as happening in pregnancy and birth. Physicians used the patriarchal understanding that babies were grown from seeds planted in women; midwives saw pregnancy as a part of a woman's body becoming a separate being. Physicians saw themselves extracting a precious but parasitic being from a maternal barrier; midwives helped women give birth. Humans are social animals, and tasks that require experience are valued within communities. Not everyone has to be a baker or a pickler – we teach and then share. Midwifery is comparable (Rothman, BUN IN THE OVEN 2016) – unlike cats for example, a birthing woman cannot reach her own emerging baby, pull

at a cord with her teeth. Midwives step in, with experience at complicated births, and then share that knowledge, pass it on. Midwifery knowledge is increasingly disvalued as Biomedicine takes over Rothman BIOMEDICAL EMPIRE, 2021) and midwifery is moved into medical schools, i.e., in Germany; and Nurse Practitioner doctoral programs, i.e., in the US. As birth has largely moved into hospitals, midwives become workers in that system, rising in status. The care, personal attention is still appreciated – but moves down in status as caring work, traditionally women's work, always does. Enter 'doulas.

EVIDENCE WHERE RELEVANT

Further references available upon request from author's published work.

KEY MESSAGE

The midwifery model is being lost as midwifery rises in status as a biomedical profession; we must retain and value midwifery knowledge and care.

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PA270

The experience of spiritual and existential growth among Lithuanian pregnant women

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BACKGROUND

Pregnancy and motherhood are unique experiences that involve biological and behavioral changes (Pritschet et al., 2024; Duarte-Guterman, Leuner, & Galea, 2019; Servin-Barthet et al., 2023). For some women, this experience also becomes a spiritual one (Prinds et al., 2014). While these experiences may overlap, the existential dimension primarily concerns meaning, identity, responsibility, boundary situations, and fundamental questions about life (Prinds, Timmerman, Hvidtjørn, et al., 2023).

OBJECTIVES

To describe the lived experiences of spiritual and existential growth among pregnant Lithuanian women.

METHODS

A qualitative descriptive phenomenological study was conducted between Nov. 2019 and May 2020. The semi-structured interviews were conducted with twelve women who were between the 13th and 37th weeks of pregnancy. To explore their experiences, three main questions were asked: What does spirituality mean to you during pregnancy? What does motherhood mean to you? How would you describe your relationship with your baby at this time?

RESULTS

The findings revealed three main categories: Existential transformation; Spiritual breakthrough in motherhood; Close relationships take on new depth and meaning.

CONCLUSIONS

Pregnancy is a profound existential transformation for women, involving emotional, psychological, social, and spiritual changes that deepen connections with themselves, their partners, mothers, and their unborn child. Regardless of religious belief, women interpret pregnancy and the transition to motherhood as a sacred, meaningful journey, which strengthens their spirituality, inner resources, and connection to a higher power. These findings emphasize the need to recognize spirituality in maternal care and advocate for a holistic approach beyond the biomedical model.

KEY MESSAGE

Pregnancy is profound existential and spiritual transformation that deeply shape women's identities, relationships, and sense of meaning, highlighting the need for holistic care that integrates both the physical and spiritual dimensions of maternal experience.

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PA271

Influence of maternal emotional support on birth satisfaction

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BACKGROUND

Maternal emotional support during the perinatal period is a critical yet underexplored aspect of quality maternity care in Indonesia. Emotional well-being, respectful care, informed consent, breastfeeding support, and postnatal information influence birth satisfaction. However, national data on these support elements remain limited.

OBJECTIVES

To examine the influence of maternal emotional support on birth satisfaction of women who gave birth in Indonesian health facilities, and to increase understanding of how the responsiveness of the health system affects maternal experience outcomes.

METHODS

This cross-sectional study used data from the IMAgiNE Global survey, aligned with WHO quality standards. Women aged ≥18 years who gave birth in Indonesian health facilities (2020 onward) completed an anonymous online questionnaire. Associations between maternal emotional support and birth satisfaction indicators were explored with a bivariate and multivariate logistic regression models, adjusting for facility

type and provider type.
RESULTS
Preliminary analysis of 2,095 respondents indicates that maternal emotional support significantly enhances birth satisfaction. Women who received emotional support (61%; OR=7.50, 95%CI: 6.16–9.15), were treated with dignity (77%; OR=10.17, 95%CI: 7.88–13.26), involved in decision-making (59%; OR=6.31, 95%CI: 5.21–7.67), and experienced no abuse (93%; OR=15.91, 95%CI: 9.30–29.71) reported higher satisfaction (all $p < 0.001$). Breastfeeding support (66%; OR=4.73, 95%CI: 3.90–5.75), and information on maternal (58%; OR=3.63) and neonatal danger signs (55%; OR=3.67) were also linked to positive outcomes. Multivariate analysis confirmed significance for dignity, decision-making, emotional support, freedom from abuse, and neonatal information. Facility type was marginal after adjustment ($p=0.078$); provider type remained non-significant.
CONCLUSIONS
Integrating maternal emotional support into routine facility-based maternity care is essential. Respectful, emotionally supportive practices that promote informed choice and emotional well-being can enhance maternal outcomes in the Indonesian health system.
KEY MESSAGE
Embedding emotional support into childbirth services enhances maternal experiences and aligns with health system goals for respectful and high-quality care.
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PA272

Feasibility and effectiveness of an antenatal educational program to promote perinatal mental health and preparedness for motherhood

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BACKGROUND
Pregnancy is a unique period marked by significant changes and an increased need for information and support (Howard et al., 2014). Educational interventions can improve emotional preparedness, reduce anxiety, and strengthen confidence (Ayers et al., 2021). As psychological well-being becomes central in perinatal care, antenatal education is expected to address mental health and trauma prevention alongside physical preparation (WHO, 2022). However, standardized and psychologically informed programs remain limited in many countries, including Lithuania (Riklikienė et al., 2023; Benyamini et al., 2024).
OBJECTIVES
To evaluate the feasibility and effectiveness of an antenatal educational program.
METHODS
This ongoing quasi-experimental study includes an intervention and a control group. Pregnant women in their third trimester are invited to participate. The intervention group attends an eight-session educational program, while the control group receives standard antenatal care. Sessions cover physical and emotional changes in late pregnancy, preparation for childbirth and the postpartum period, newborn care, breastfeeding, and psychological support. The psychological component focuses on building realistic expectations, managing stress, and reducing fear of childbirth. Data are collected at four time points (T0–T3) using validated self-report instruments. Ethical approval was obtained (No. BE-2-82), and informed consent was provided by all participants.
RESULTS
Preliminary feedback highlights the program's value in providing structured information, emotional support, and increased confidence. Participants also noted the need for more in-depth content, flexible delivery formats, and practical tools. Data on the program's effectiveness in improving psychological well-being and pregnancy-related satisfaction are being analyzed and will be presented at the conference.
CONCLUSIONS
This antenatal educational program shows promising effects in enhancing women's preparedness for childbirth and early motherhood. Preliminary feedback indicates that such programs play a key role in helping women manage expectations, reduce anxiety, and build confidence.
KEY MESSAGE
A structured antenatal educational program can effectively support women's mental health, reduce anxiety, and enhance preparedness for childbirth and motherhood.
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PA273

Midwife-led innovation in NICU care: The SONATA music intervention protocol

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PURPOSE
Preterm neonates in Neonatal Intensive Care Units (NICUs) are routinely exposed to high levels of stress, which may adversely affect neurodevelopment and long-term outcomes. The SONATA project introduces an innovative, midwife-led research protocol that investigates whether a structured music intervention can reduce neonatal stress, as assessed through salivary biomarkers.
DISCUSSION
The SONATA protocol is an approved (IRB: 44834 - 03/06/2024), randomized controlled trial (NCT06650189), involving moderate and late preterm neonates in two Greek NICUs. Neonates receive a 5-day consecutive recorded music intervention (10 minutes/day), guided by a certified music therapist. Salivary biomarkers are collected before and after each session to assess physiological stress response. The

intervention is non-invasive, developmentally appropriate, and delivered in a controlled acoustic environment consistent with NICU design recommendations. In parallel, the study uses validated psychometric tools and prenatal music exposure data to investigate potential associations with neonatal stress regulation.
EVIDENCE WHERE RELEVANT
Although still in progress, the protocol builds on prior research indicating that music can support autonomic stability and stress reduction in preterm neonates. The use of longitudinal biomarker sampling adds an objective, measurable dimension to evaluating intervention impact. Salivary cortisol is a known marker of neonatal stress, but few studies focus solely on music, and none within midwife-led NICU care.
KEY MESSAGE
This protocol demonstrates how NICU midwives can lead in implementing innovative, family-centered practices grounded in developmental care principles. Music intervention is a low-cost, scalable strategy that empowers midwives to reduce neonatal stress, support holistic wellbeing, and improve outcomes for preterm neonates. The SONATA project highlights a valuable opportunity for midwives to enhance clinical care and advocate for comprehensive, evidence-based, non-pharmacological approaches in neonatal critical care. It invites global midwifery communities to reimagine NICUs not only as critical care spaces but as healing environments that foster resilience from the very beginning of life.
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PA274

Reducing low birth weight through targeted antenatal care: Evidence from Indonesia for policy action

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BACKGROUND
Low birth weight (LBW), a key predictor of neonatal morbidity and mortality, remains a major public health challenge in Indonesia. Midwives play a pivotal role in safeguarding maternal and newborn health through the provision of quality antenatal care (ANC), early detection of risk factors, and health promotion. Despite progress in maternal healthcare systems, substantial gaps persist in ANC coverage and quality. Modifiable risk factors such as maternal anemia, irregular ANC attendance, and preterm birth demand urgent, evidence-based intervention.
OBJECTIVES
To identify maternal and neonatal risk factors associated with LBW in Indonesia to inform sustainable strategies for maternal and child health improvement.
METHODS
A cross-sectional study was conducted using secondary data from 420 mother–newborn pairs in Jakarta (2021–2023). Variables included maternal anemia, ANC attendance, parity, gestational age, delivery method, maternal age, and infant sex. Bivariate and multivariate logistic regression analyses were performed using SAS software version 9.4 (SAS Institute Inc., Cary, NC, USA) to examine associations with LBW (<2500 g). This study was approved by the Ethics Committee of Universitas Respati Indonesia (No. 1625/KEP/UR/3/2023).
RESULTS
The prevalence of LBW was 34.3%. Maternal anemia (OR 1.53; 95% CI: 1.16–2.03), irregular ANC attendance (OR 11.9; 95% CI: 8.17–17.32), and preterm birth (OR 11.22; 95% CI: 7.55–16.68) were significantly associated with increased LBW risk. Primiparous mothers were less likely to have LBW infants (OR 0.61; 95% CI: 0.43–0.88). No significant associations were found for maternal age, delivery method, or infant sex.
CONCLUSIONS
Enhancing ANC quality and accessibility, addressing maternal anemia, and preventing preterm birth are crucial strategies for reducing LBW. This evidence supports policy actions to strengthen midwife-led maternal health services in Indonesia.
KEY MESSAGE
Midwives are essential in delivering high-quality ANC that addresses key LBW risk factors. Strengthened midwifery services are critical for improving maternal and neonatal outcomes in Indonesia.
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PA275

Preventing perinatal depression: Harnessing translational & interdisciplinary approaches to improve maternal/child health

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BACKGROUND
With 11 – 20% of pregnant people developing depression during pregnancy or postpartum, perinatal depression (PD) [defined as a significant depressive episode occurring during pregnancy or up to one year following delivery] is a leading cause of preventable maternal morbidity and is a leading driver of maternal mortality. Depression during pregnancy and/or postpartum also is associated with worse neonatal/child outcomes. Delivered during pregnancy, Mindfulness Cognitive Behavioral Therapy is 74% effective in preventing PD; however, there are multiple barriers to model implementation. We developed and tested a 'light touch', telehealth and digital based version of this model, Center M, designed for integration into routine prenatal care and wider appeal among pregnant people.
OBJECTIVES
The purpose of this pilot study is to evaluate the acceptability and feasibility of Center M as a preventive intervention for pregnant people.
METHODS
A prospective, mixed methods, observational study design was employed.

RESULTS
Depressive symptoms significantly decreased preintervention to postintervention (P =0.03), and mindfulness capacity significantly increased preintervention to 6 weeks postpartum (P = 0.004). Higher mindfulness at 6 weeks postpartum significantly predicted fewer depression symptoms at 6 weeks postpartum (P = 0.006). Improved emotional regulation was significantly associated with decreased depressive symptoms at 6 weeks postpartum (P = 0.012). Qualitative themes indicated high Center M acceptability and appeal.
CONCLUSIONS
Center M, an innovative and integrative preventive prenatal mental health care program, demonstrated feasibility, acceptability, and early evidence supporting proposed mechanisms of action. Research findings signal early promise that Center M is effective in reducing PD risk and overcomes common implementation barriers and add to the nascent literature identifying 2 mechanisms of action that may mediate mental health interventions and symptoms of depression. Prenatal care is a limited window of opportunity; effective mental health interventions should be designed to capitalize on this.
KEY MESSAGE
Prenatal telehealth mindfulness CBT can prevent perinatal depression.
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PA276

Emphasizing the need for global tools to enhance quality in midwifery care: Validation of the German Birth Beliefs Scale

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BACKGROUND
The Birth Belief Scale (BBS) assesses how birth is perceived by women. This validated scale (Preis & Benjamini, 2017) has gained international interest. Originally developed in Israel, the BBS has already been translated and validated into English, Turkish, Dutch, and Chinese versions. A Portuguese version is in progress.
OBJECTIVES
The research aims to validate the BBS for the German language, addressing the need for culturally sensitive tools in midwifery.
METHODS
The study was conducted in compliance with ethical standards and received a positive approval from the Ethics Committee of Hannover Medical School. The first step involved a comprehensive multi-step translation process (Schmidt et al., submitted), followed by the psychometric validation. A total of 602 pregnant women completed the survey.
RESULTS
Preliminary results indicate acceptable internal consistency. However, the original structure of the scale could not be validated through confirmatory factor analysis (CFA). An exploratory factor analysis with half of the sample was performed. The resulting factor structures will subsequently be evaluated using another CFA with the second half of the sample. The results of this analysis are still forthcoming, as is the assessment of construct and divergent validity.
CONCLUSIONS
Understanding pregnant women´s birth beliefs enables midwives to tailor their care accordingly. They can offer personalized care, build trust, and empower women. This aligns with the congress theme, emphasizing the need for global tools that enhance care quality. The BBS is a valid instrument for examining professionals' birth beliefs, including aspiring midwives, encouraging self-awareness and contributing to improved practice in midwifery and maternity care.
KEY MESSAGE
The validated German Birth Belief Scale empowers midwives with a culturally sensitive tool, enhancing personalized care and supporting global initiatives to improve maternal health.
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PA277

Severe perineal injuries among VBAC women with a low risk pregnancy who opted for a homebirth or in a freestanding midwifery unit in Germany

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BACKGROUND
A previous cesarean may influence the risk of tears in the genital tract during the a following birth.
OBJECTIVES
The objective of this study was to describe the incidence of sphincter injuries (OASI) in a low-risk population of women, who planned to give birth at home or in freestanding midwifery units in Germany and to compare the prevalence of OASI in primiparae vs. multiparae with a previous cesarean (VBAC).
METHODS
A population-based retrospective cohort study of planned out of hospital births in Germany between 2016 and 2022. Included were low risk women with a planned second birth after primary and secondary cesarean and low risk first time mothers.
RESULTS
105,000 birth data records from 2016-2022 were analysed. All had planned to give birth at home or in a freestanding midwife-led unit. The incidence of OASI is below the clinical level due to the low-risk population. This applies both to women giving birth for the first time and to women in post-cesarean status compared to similar international studies. The incidence of sphincter injury in the subsequent birth in the status post primary caesarean is 35% and post secondary caesarean 54% higher than in low risk first time mothers. The often common clinical interventions can be ruled out as the only justification due to the out of hospital setting.
CONCLUSIONS
The incidence of OASI in low-risk VBAC women differs according to the time of the cesarean and also from first-time mothers. In both groups OASI were below the overall clinical population. The chance of a out of hospital birth without a OASI is 97%, even in VBAC.

KEY MESSAGE
VBAC is an independent risk factor for OASI, even in low-risk birthing women. If the women are informed about the risk with regard to OASI, the status after caesarean need not be a reason to avoid an out-of-hospital birth.
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PA278

Strengthening community-based maternal, newborn and child health services: Stories of impact from Banke District of Lumbini Province of Nepal

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PURPOSE
To highlight the life-saving impact of timely, quality maternal health services, coupled with community engagement through the Group Antenatal Care (GANC) model and targeted facility support in improving maternal and newborn outcomes in Banke District, Lumbini Province of Nepal.
DISCUSSION
Community efforts, including GANC, counseling, and referrals, combined with improved facilities, have enhanced maternal and newborn health. Trained staff and informed families strengthened trust in local services, increasing partner involvement in ANC visits from 69.7% to 100%. Health workers also chose these services, reflecting strong community confidence. The percentage of women reporting increased knowledge and awareness of quality maternal and newborn health services rose from 61% to 80%.
EVIDENCE WHERE RELEVANT
1.The cases of Rabi Mahiyaar and Fulan Devi highlight effective coordination between field-level awareness activities and referral centers. Rabi, identified with eclampsia during a GANC session, was urgently referred to Bheri Hospital for a life-saving cesarean. Fulan, with a past pregnancy loss due to eclampsia, overcame her fear through regular GANC participation and safely delivered a healthy baby 2.Facility upgrades in five birthing centers included baby warmers, Dopplers, delivery beds, and autoclaves, with staff trained in E-MOTIVE and Anti-Shock Garment use. These improvements increased client trust and institutional deliveries. By project end, awareness of quality maternal and newborn services among ANC/PNC women rose from 88% to 98%. 3.Ms. Pabi Khadka, a nurse at Puraini Birthing Center, chose to deliver her baby to her workplace, showing trust in the facility. Supported by Lutheran World Relief, the center was well-equipped with improved infrastructure and equipment. Her choice helped build confidence and encouraged other women in the community to seek care at the birthing center.
KEY MESSAGE
Community education, skilled health workers, timely referrals, and equipped facilities together improve maternal and newborn health. Trust, empowered families, and strong health system support promote safe motherhood in Nepal.
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PA279

Hyperemesis gravidarum as a multisystem condition: symptom burden, quality of life, and improvements following multidisciplinary care

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BACKGROUND
Hyperemesis Gravidarum (HG) is a complex, multisystem condition characterised by severe and prolonged nausea and vomiting in pregnancy. It has substantial impacts on physical and mental wellbeing. Although multidisciplinary care is recommended, there is limited evidence on its real-world effectiveness, particularly within midwifery-led models. The IRIS clinic is a novel, midwifery-led multidisciplinary day-case service providing integrated support for women with HG.
OBJECTIVES
To describe the baseline symptom burden and well-being of individuals attending the IRIS clinic and assess changes following intervention. To examine the impact of coordinated, midwifery-led care on physical and emotional recovery.
METHODS
A prospective observational study was conducted with 73 clinic attendees. At Time 1, participants completed the Pregnancy Symptoms Inventory (PSI), PUQE scale (nausea/vomiting), WHO-5 (wellbeing), and SF-12 (health-related quality of life, broken down into Physical Component Summary (PCS) and Mental Component Summary (MCS). Fifty-one participants completed follow-up questionnaires at Time 2. Paired-samples t-tests were used to assess changes over time.
RESULTS
At baseline, 94.1% had moderate or severe PUQE scores (M = 10.56), and 95.9% had poor wellbeing scores, indicated by a score of below 50 (M = 18.87). Quality of life scores were well below average (PCS: M = 35.01; MCS: M = 40.37). At follow-up, significant improvements were seen in nausea and vomiting ($p < .001$, $d = 0.75$), wellbeing ($p < .001$, $d = -1.24$), and physical functioning ($p = .016$, $d = 0.51$). Symptoms such as drowsiness, excessive saliva, and isolation also improved. However, mental functioning did not significantly change (MCS $p = .81$).
CONCLUSIONS
Midwifery-led multidisciplinary care was associated with reduced symptom burden and improved physical and emotional wellbeing. Persistent psychological symptoms highlight the need for integrated perinatal mental health support.

KEY MESSAGE
Midwifery-led multidisciplinary clinics can provide effective, holistic care for HG, improving outcomes while identifying gaps needing targeted mental health intervention.
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PA280

Expert evaluation and validation of respectful maternity care practice guideline for midwives in Namibia

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BACKGROUND
The World Health Organization has highlighted that respectful maternity care is a vital role and a standard for enhancing the quality of maternal and newborn care.
OBJECTIVES
The purpose of this practice guideline was to provide midwives with recommendations to effectively facilitate excellence in midwifery competence to ensure women's and midwives' empowerment, resourcefulness, and resilience during the practice of maternity care.
METHODS
The draft guideline was developed using literature from a scoping review process conducted as part of a phase in a PhD study. The practice guideline underwent two rounds of evaluation and validation. Seven experts, all PhD holders participated in the appraisal and review process. Six of the experts were lecturers at higher education institutions while one expert was a private midwife working for a private ambulance service in the United Kingdom. The experts evaluated the guideline using the Appraisal of Guidelines, Research and Evaluation (AGREE II) instrument which was set at an 80% threshold score to critique and assess the quality of recommendations. The AGREE II instrument had 13 items grouped into five domains.
RESULTS
The guideline scored above the 80% threshold in the second round of review and validation in the five domains. Domain one assessed the scope and purpose of the guideline and had a combined score of 90%. The second domain assessed the stakeholder involvement and scored 87%. The third domain assessed the rigour of development and scored 82%. The fourth domain assessed the clarity of presentation, the combined score was 88% and finally, the fifth domain assessed the applicability and was scored 90%.
CONCLUSIONS
Overall, the expert evaluators found the practice guideline to be useful, relevant for the midwifery profession and clear for implementation by the midwife practitioners.
KEY MESSAGE
Respectful maternity care guideline empowers midwives.
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Emotional challenges and coping strategies among first-time parents during paternity leave

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BACKGROUND
In 2022, Japanese legislation was amended to facilitate greater access to parental leave for men, resulting in a growing number of fathers using it. Although taking paternity leave can be beneficial for men, it may also create emotional challenges for couples.
OBJECTIVES
This study aimed to identify the emotional challenges and coping strategies experienced by first-time parents during the parental leave, with the goal of developing preparatory programs for couples considering taking such leave.
METHODS
Semi-structured interviews were conducted with both partners in couples having their first child, in which the father had taken at least four weeks of parental leave. The data were analyzed qualitatively. This study was approved by the ethics committee of the affiliated university.
RESULTS
The study included 54 participants from 27 couples, with fathers taking an average of 91 (± 73) days of parental leave. Emotional challenges identified included "relationship-based stress" such as an emotional gap regarding their concerns and confusion about a partner's postpartum depression; "wife-specific stress" such as frustration with a self-centered husband and difficulty managing her own emotions; and "husband-specific stress, " such as a lack of outlets and feeling unrecognized. Coping strategies included "mutual mental support" such as both partners actively listening and showing respect, as well as "appropriate use of online sources," "taking breaks as appropriate," and "drawing on support from experienced individuals or professionals".
CONCLUSIONS
This study reveals the emotional challenges faced by first-time parents during paternity leave. While the national policy promotes paternity leave, such efforts are of limited value unless these challenges and coping strategies are understood in advance.
KEY MESSAGE
Fathers taking parental leave are important, but couples should be informed in advance.
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PA282

Virtual reality on labor pain relief: A preliminary randomized controlled trial in Japan

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BACKGROUND
Labor pain is among the most significant challenges that women face during childbirth. Epidural analgesia, commonly used internationally, increased by 11% in Japan in 2023. However, considering the potential adverse effects, non-pharmacological alternatives such as immersive virtual reality (VR) are valuable options. Although international

studies have demonstrated VR's effectiveness in reducing labor pain, similar research has not yet been conducted in Japan.
OBJECTIVES
To evaluate the efficacy of immersive virtual reality (VR) for sensory pain relief during labor.
METHODS
A randomized controlled trial was conducted at a secondary hospital maternity ward in Japan between December 2024 and May 2025. Participants were randomized into VR intervention (watching nature videos via VR for 10–30 min during labor) or standard care control groups. Pain intensity was measured using Numeric Rating Scores (NRS) during the latent and active labor phases. Postpartum, VR experience and satisfaction were assessed. Ethical approval was granted by the Tokushukai Group Joint Ethics Committee (TGE02550-024) and the study was registered in the Japan Registry of Clinical Trials (11000920).
RESULTS
Of the 50 enrolled women, 39 completed the study (VR: 19; control: 20). Eleven withdrew, primarily because of the rapid labor progression inherent to the facility's natural childbirth practice. No significant baseline differences were observed between groups. NRS scores during latent (VR: 6.57±2.0, control: 7.13±2.0, p=0.425) and active phases (VR: 8.38±1.4, control: 8.90±1.3, p=0.300) showed no statistical differences. However, 57.9% reported that VR effectively provided relaxation or distraction from pain and 78.9% expressed overall satisfaction with the VR experience.
CONCLUSIONS
This first Japanese trial on VR for labor pain suggests that VR enhances relaxation and distraction, potentially facilitating childbirth, despite non-significant reductions in sensory pain scores. Further research integrating VR into midwifery practice is needed.
KEY MESSAGE
VR holds promise in enhancing birth experiences through relaxation and distraction from pain.
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PA283

Empowering young midwives in Taiwan: Community action, collaborative care, and advocacy

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PURPOSE
Given the limited structure of the current midwifery system, young midwives in Taiwan face numerous challenges in developing their careers. In response, we advance care through pathways to practice and advocate midwifery values.
DISCUSSION
Taiwan's Caesarean section rate is 38.41%, with fewer than 1% of births attended by midwives (Taiwan Midwives Association, 2024), reflecting the absence of midwifery-led care models. This service gap poses challenges for both women and midwifery professionals. In response, we began building a framework to apply midwifery values through practical strategies, spanning community to hospital settings. Our results show that childbirth education and collaboration with obstetricians enhance birth confidence and experience, while community lectures raise awareness of childbirth and bodily autonomy.
EVIDENCE WHERE RELEVANT
We put midwifery values into practice through the following three approaches: 1. Government-funded childbirth education – Independently designed and led by midwives, three sessions were held for 11 families (21 participants). Post-course evaluations showed 90% of participants rated their confidence as high (scores of 4 or 5), suggesting a perceived increase in preparedness, aligning with findings from studies on childbirth self-efficacy (Demirci et al., 2023; Eidouzaei et al., 2023). 2. Collaborative maternity care with OB-GYNs and midwifery students – Birthing women described feeling"cared for — not just safe" and "truly supported," aligning with WHO's framework for respectful, emotionally supportive maternity care (WHO, 2018). 3. Community education to expand public understanding of childbirth – Public lectures promoted respect for life, birth, and bodily autonomy. Reflections included: "Childbirth is part of creating life — and never just a woman's issue." "I was born by C-section, but I wish I had been born this way — naturally. It seems cool." These voices reflect a shifting public perception of birth and reproductive experience.
KEY MESSAGE
A new generation of midwives is advancing diverse models of care that reconnect communities with the core values of midwifery.
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PA284

Women's views of reviewing birth experience with a midwife in the primary health care setting: A descriptive cross-sectional study

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BACKGROUND
Birth experience is unique for every woman. Negative birth experience can have long-lasting effects on their well-being, family life, and relationship with the newborn. Lend me an ear counselling clinic has been available since 1999 for women with a negative birth experience or fear for the upcoming birth at National University Hospital. Due to increasing demand and women's preference to review their births with a familiar midwife, midwifery counselling interviews were introduced in the primary health care in late 2021.
OBJECTIVES
The study aimed to evaluate women's experiences and perceived benefits of counselling interviews with primary health care midwives. It also examined differences based on parity and whether being counselled by their prenatal midwife was associated with greater benefit.

METHODS
This descriptive cross-sectional study involved women who attended a counselling interview at selected primary care centers in Reykjavík between December 2021 and October 2023. A questionnaire was used, and data were analyzed using descriptive statistics and chi-square tests.
RESULTS
A total of 77.2% of women found the interview useful, though only 59.5% felt it met their expectations. Primiparous women did not report more benefit than multiparous women. Most women (73.4%) met with their prenatal care midwife for the interview. A non-significant trend suggested greater benefit when the interview was conducted by a known midwife. A majority of participants believed that all women should be offered a birth review interview postpartum.
CONCLUSIONS
Midwifery counselling interviews in primary care are perceived as beneficial. While no significant differences were found between groups, interviews with a familiar midwife may enhance the experience. Tailoring the interview to each woman's expectations and birth circumstances is key.
KEY MESSAGE
Postpartum counselling interviews, provided by midwives, are valued by women and should be offered as a part of routine maternity care.
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PA285

Lactation support following perinatal loss

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BACKGROUND
Perinatal loss challenges the natural order of life. Amidst this pain, the experience of lactation is an overwhelming experience for the mother, as her breasts become engorged with milk intended for a baby no longer in her arms.
OBJECTIVES
To explore the current state of knowledge regarding the lactation experience during perinatal grief and midwifery interventions to support it.
METHODS
A literature review was conducted with no restrictions, including studies that explored meanings of lactation and midwifery interventions in the context of perinatal loss. The initial search yielded 203 articles, of which 7 were included in this review.
RESULTS
Breast engorgement serves as a constant and painful reminder of their loss. This gives rise to a profound sense of dissonance – mothers question why their bodies continue to produce milk despite the absence of a baby. Some mothers describe the involuntary release of milk as "white tears," a powerful metaphor for grief. For some, lactation is perceived to maintain a tangible connection with their child. Breastmilk can be used to create keepsakes. Expressing milk becomes a meaningful act, affirming their maternal identity. Others choose to donate their milk, an act that symbolically honors their child and altruistically extends their care to other babies in need. The professional support provided by midwives is reported to be both limited and insufficient.
CONCLUSIONS
The findings underscore the need for open dialogue about lactation, enabling mothers to navigate this aspect of grief with greater support and understanding.
KEY MESSAGE
The impact of lactation on perinatal grief is highly individual, and midwives must present all available options and support informed decision-making. Denying these women the opportunity to experience lactation is to deprive them of an essential aspect of their motherhood.
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Enhancing midwifery competence in perineal protection: Evidence from gentle birth practices using spontaneous pushing and hands-off technique

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BACKGROUND
Perineal trauma is a common complication of vaginal birth that affects maternal well-being and postpartum recovery. The World Health Organization emphasizes the importance of a positive childbirth experience through respectful, evidence-based, and physiological care, aligned with Sustainable Development Goal (SDG) 3.1 to reduce maternal morbidity. Enhancing midwifery competence in gentle birth techniques such as spontaneous pushing and hands-off perineal support may play a crucial role in minimizing birth-related trauma.
OBJECTIVES
To evaluate the effectiveness of gentle birth practices in reducing the incidence and severity of perineal tears and to assess the influence of maternal age, parity, and infant birthweight on perineal outcomes.
METHODS
A cross-sectional comparative study was conducted involving 32 women who gave birth in two midwifery-led clinics. Sixteen women delivered using gentle birth techniques (spontaneous pushing and hands-off), while 16 received conventional care. Chi-square tests, Mann–Whitney U tests, and binary logistic regression were employed for statistical analysis.
RESULTS

The incidence of perineal tears was significantly lower in the gentle birth group (75.0% no tear vs. 12.5% in the conventional group; p < 0.001). The degree of perineal tear was also significantly reduced (mean rank 10.75 vs. 22.25; p < 0.001). Logistic regression identified birth technique as the strongest influencing factor (p = 0.054), while maternal age, parity, and birthweight were not significant. Interestingly, higher birthweight (>3500g) was associated with less severe tearing (p = 0.002), likely due to overlap with the gentle birth group.
CONCLUSIONS
Spontaneous pushing and hands-off technique are effective in protecting the perineum and should be integrated into midwifery training. These findings support the WHO framework and contribute to achieving maternal health targets under the SDGs.
KEY MESSAGE
Spontaneous pushing and hands-off techniques empower midwives to reduce perineal tears without routine manual intervention, aligning with woman-centered care principles.
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PA287

Communication with birthing mothers in delivery rooms in Germany: A qualitative interview study from the perspective of midwives

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BACKGROUND
Successful interaction during birth increases the chance of positive birth experiences based on the reliable presence and availability of a midwife, as well as effective communication between the birthing mother, midwife and doctors. In its recommendations for continuous care during childbirth, the World Health Organization (WHO) has declared a positive birth experience as a global healthcare goal and indicates effective communication as a central indicator of quality in obstetrics.
OBJECTIVES
The aim of this study was to describe the design of communication between birthing mother and midwives in the delivery room in Germany from the midwives' perspective and to suggest starting points for improving care.
METHODS
An exploratory qualitative interview study with 12 midwives in Germany was conducted. The analysis was carried out interpretively based on thematic analysis.
RESULTS
Four overarching themes were identified in the interviews: communication strategies, professional self-image, relationship building, and disruptions in communication. Communication was based on conversations and counselling, emphasizing the sensitive motivation of birthing mothers in recognition of the effects of language. Eye contact, touch, conversations with and about the baby as well as language with and in pictures were also central for the midwives. Overall, a conscious approach to communication, especially in regard to relationship building, was fundamental. Nevertheless, tension between the professional self-image of midwives and clinical routines was comprehensible.
CONCLUSIONS
The strategies in communication used by the participating midwives show parallels to effective communication according to WHO recommendations. The interviews revealed a focus by the midwives on resource and needs orientation and, as a result, on empathic birth support which are considered core competencies of woman-centered midwifery care.
KEY MESSAGE
By promoting women-centered care and supporting midwives in their professional self-image, disruptions in communication during birth can be counteracted and improve communication with birthing mothers.
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PA288

Utilising the ICHOM set for pregnancy and childbirth to inform personalised breastfeeding support, lactation service design and global benchmarking: From evidence generation to real-world application

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BACKGROUND
Breastfeeding is a critical determinant of maternal and infant health, yet global rates of exclusive breastfeeding remain poorly reported beyond the time of birth. The International Consortium for Health Outcomes Measurement Pregnancy and Childbirth Set (ICHOM-PCB) offers a globally relevant standardized framework to evaluate breastfeeding.
OBJECTIVES
This study explores how the potential of the ICHOM-PCB Set can be maximzed to inform targeted breastfeeding support, maternity service evaluation, and global benchmarking.
METHODS
A prospective cohort study was conducted in one tertiary hospital in Queensland Australia. Data collection completed in November 2024. Over 800 pregnant women who intended to breastfeed were asked to complete up to 10 online surveys. A baseline survey was completed in week one, followed by short weekly surveys for one month, then monthly surveys for up to six months; an exit survey was completed upon cessation of breastfeeding. Breastfeeding intention during pregnancy and success was recorded. The Breastfeeding Self-Efficacy Scale (BSES), included in the ICHOM-PCB Set was used to assess breastfeeding confidence, alongside

other variables.
RESULTS
Data analysis is in progress; response rate was high ~85-90%. Findings including breastfeeding trajectories and breastfeeding confidence scores will be presented. Cut-points on the BSES will be presented to inform robust referral and triage processes.
CONCLUSIONS
Findings will be incorporated into the first maternity specific digital clinical decision support tool designed to maximize the potential of the ICHOM-PCB. We plan to develop evidence-informed algorithms from the data to enable the immediate delivery of targeted breastfeeding resources to the woman and automated robust referral and triage processes.
KEY MESSAGE
By harnessing the globally relevant standardized ICHOM-PCB Set and partnering with digital health technology, consistently collected breastfeeding data can be used to transform real-world maternity care into a learning system—where breastfeeding outcomes, derived from women, informs smarter decisions, sharper triage, and stronger support for women and babies.
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PA289

Digital community midwifery in New Zealand - Addressing midwifery shortages, improving access to maternity care while providing innovative work options for midwives

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PURPOSE
New Zealand midwifery is facing critical challenges. Funding crises in public health provision; shortages of midwives, obstetricians and specialist services; skill-mix problems; rapidly evolving demographics; embedded health inequities. This presentation will illustrate how a range of digital approaches to care delivery are used to address some of these issues in South Auckland, the most culturally diverse and lowest socio-economic population in Aotearoa.
DISCUSSION
Digital improvements started in 2020 and expanded rapidly since. Initially there was little intra-operability in systems. Maternity was on a digital island. This was intensely frustrating and brilliantly liberating. It enabled the instigation of widespread review of local community midwifery service delivery and change management of our processes of care. We looked closely at service structure and delivery. Who was it structured to serve? How could a shared record and digital approaches improve pregnancy care continuity and outcomes? Digitization has enabled a re-think on how to be accessible, safe, effective and meaningful for clients, while being acceptable, efficient and "doable" by staff. We focus on health equity for our services users and ask how would digital changes make things better for them and their pregnancy?
EVIDENCE WHERE RELEVANT
The presentation provides a range of transferable operational examples of how digital maternity care can be implemented.
KEY MESSAGE
The evolution of midwifery staff from allergic reaction to technophiles in relation to PCs, laptops, tablets, smart phones and mobile work stations has been fundamental. We work and communicate differently now. Our clinical thinking patterns and behaviors have evolved. We just didn't transfer from paper to electronic; it was much more profound than that. The functionality helped us to address service delivery and quality of care issues in new ways. It has provided a platform for innovation and change and to listen to what clients want as their maternity service care options in a digital age.
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PA290

A review of the literature exploring implementation of the public health agenda in community midwifery

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PURPOSE
This literature review explores strategies for the effective implementation of public health interventions in community midwifery.
DISCUSSION
Community midwives are in a unique position to influence the success of the public health agenda during the perinatal period and therefore impact maternal morbidity and mortality rates. Searches included CINAHL Plus, Ovid Medline and PubMed, SCOPUS and the Grey literature using key words smoking cessation, obesity, overweight, midwifery, antenatal care, pregnancy, public health, lifestyle, saving babies lives. Community midwives in the United Kingdom provide maternity care throughout the childbirth continuum, predominantly in the community setting (RCM, 2019) . The community setting includes community clinics and hubs, birth centres and individual's homes (Basu et al., 2014, RCM, 2017). Community midwives are often the first health care professional a pregnant individual will encounter in maternity services, providing care through models that include team midwifery, continuity of care teams and/or specialist midwifery teams (RCM, 2019, NHS, 2023a, RCM, 2017, Cutter, 2021).
EVIDENCE WHERE RELEVANT
Public health interventions in community midwifery include smoking cessation, healthy weight management, vaccine uptake, and strategies concerning intimate partner violence (RCM, 2017, NHS, 2023b). Community midwives, alongside the multi-agency / multi-disciplinary team, are therefore vital in efforts to reduce maternal morbidity and mortality rates in the short, medium and long-term. There are however challenges to implementation of the public health agenda in community midwifery including pressures on health care services such as time/capacity, educational needs of midwives and training (RCM, 2017, Greenhalgh, 2018, Trenchard-Mabere, 2016, Hyer et al., 2023). Facilitators to implementation of the public health agenda in community midwifery are system-wide, at the macro, meso and micro-level (Greenhalgh, 2018).

KEY MESSAGE
Community midwives are in a unique position to apply public health interventions. Through effective models of implementation including education, community midwives are well placed to influence rates of morbidity and mortality in the perinatal period.
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PA291

Improving uptake and accessibility of six-week postnatal check-ups for mothers and infants at Limbe Health Centre, Blantyre, Malawi

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BACKGROUND
In Malawi, postnatal care (PNC) attendance significantly declines after the initial 48 hours postpartum, despite its importance for monitoring the health of both mother and baby. At Limbe Health Centre, between October 2023 and March 2024, 1227 infants received their scheduled six-week vaccinations, but only 2 mothers attended their six-week PNC appointment during the same period. This gap underscores a missed opportunity: while infants are brought in for essential immunisations, their mothers are not accessing the critical care they need at the same time, pointing to a clear need for integrated services.
OBJECTIVES
To increase the six-week postnatal care uptake at the Midwifery Led Ward in Blantyre, Malawi.
METHODS
Using a Quality Improvement (QI) approach, baseline data on PNC uptake was collected from October 2023 to March 2024from postnatal and immunization registers. The Midwifery Led Ward team then implemented three change ideas using Plan-Do-Study-Act (PDSA) cycles: (1) briefing immunization staff to refer mothers to PNC before vaccinations, (2) integrating PNC and immunization in one visit, and (3) daily health education for postpartum women and immunization clients. Progress was tracked through run charts and ongoing data collection. Post-intervention PNC uptake was then collected from April 2024 to August 2024.
RESULTS
Six-week PNC uptake increased from 0.62% to 88% over the project period. Integration of services and consistent health education significantly improved both awareness and service utilization. Most mothers preferred completing PNC before proceeding to immunization.
CONCLUSIONS
To sustain high PNC uptake, midwives should integrate PNC and immunization services within the same space and continue providing routine health education. This model can serve as a scalable approach in similar low-resource settings to reduce missed opportunities for maternal and infant care.
KEY MESSAGE
Strategic service integration and targeted communication can dramatically improve postnatal care coverage. Aligning maternal and child health services optimizes client flow and addresses drop-offs.
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PA292

From policy to practice: Exploring the social, ethical, and clinical perspectives on non-invasive prenatal testing (NIPT) in routine care. Key findings from the NEPTUNE study

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BACKGROUND
In April 2018, NHS Wales became the first UK public health system to introduce Non-Invasive Prenatal Testing (NIPT) into routine antenatal care. NIPT is a highly accurate screening tool for Down's, Edwards', and Patau's syndromes, offering a safer alternative to invasive diagnostic procedures. Used as an additional screening step and not a replacement, NIPT's introduction raises clinical, ethical, and social issues. While uptake and efficacy data are available, little is known about how NIPT is understood and experienced by women and providers in Wales and other NHS settings.
OBJECTIVES
The NEPTUNE study aimed to explore the clinical, social, and ethical impact of NIPT, identify best practices, and suggest service improvements.
METHODS
Using mixed-methods, recruiting across five NHS sites and one private clinic, NEPTUNE involved: Interviews with service users (n=41), clinical providers (n=22), and non-clinical experts (n=10); ethnographic observations of routine care and a qualitative survey of women (n=299) Consensus mapping informed development of a practical resource for improving NIPT delivery.
RESULTS
NIPT's introduction into routine care was valued by women and professionals, with many supporting broader access to testing. However, challenges emerged: Many women reported anxiety in connection with time spent waiting for results and felt 'overloaded' by information. Though most found NIPT reassuring, for some the test remained a source of confusion and concern. Private patients appreciated direct access to NIPT but information and support varied in quality. Clinicians appreciated NIPT's accuracy but raised concerns about equity of access and training needs.
CONCLUSIONS
Integrating NIPT into routine care is complex and requires ongoing refinement. Improvement should focus on

addressing disparities in access, enhancing communication, and investing in staff training and support.
KEY MESSAGE
NIPT is valued but must be supported with clear information and equitable access Waiting periods and inconsistent communication remain sources of distress. Ongoing staff training and tailored support are essential to effective implementation.
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PA293

Midwifery care for pregnancies diagnosed with Down Syndrome- A synthesis of the evidence and an example of an interdisciplinary antenatal care pathway

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PURPOSE
Trisomy 21 (T21), or Down syndrome, is the most common chromosomal condition, with a prevalence of about 1 in 800 pregnancies. Thanks to prenatal testing, a suspicion of T21 can often be raised in the first trimester. While children with T21 may face increased health risks, advances in medical care have significantly improved their life expectancy and quality of life. Due to a lack of comprehensive guidelines and antenatal care pathways, healthcare providers often report feeling insecure in caring for these pregnancies. In turn, a majority of parents report to have had negative experiences with healthcare providers in pregnancies with T21. This presentation addresses the urgent need for improved, structured, and interdisciplinary prenatal care and the special role that midwives can play in pregnancies continued after a T21 diagnosis.
DISCUSSION
Pregnancies affected by T21 are associated with higher risks for complications such as intrauterine growth restriction, placental insufficiency, and stillbirth. Affected parents report psychosocial stress, insufficient counselling, and a lack of neutral, high-quality information. Midwifery care plays a key role in improving prenatal care quality by offering continuous, woman-centered support that builds trust and reduces anxiety. Midwives act as mediators between disciplines, ensure emotional and psychosocial care, and promote physiological pregnancy processes. Their continuity model strengthens communication across providers and supports informed decision-making, which is particularly valuable in complex pregnancies.
EVIDENCE WHERE RELEVANT
AWMF, 2016, Baldwin et al., 2019 de Graaf et al., 2021 Kean et al., 2019 Meredith et al., 2024 Psaila et al., 2023 Skotko et al., 2005.
KEY MESSAGE
Improving care for pregnancies with a T21 diagnosis requires an interdisciplinary, family-centered approach. Integrating midwifery care into these pathways enhances emotional support, reduces stress, and bridges gaps in fragmented healthcare systems. This presentation aims to summarize evidence-based recommendations that improve prenatal care quality, empower families, and may also benefit pregnancies involving other genetic conditions.

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PA294

Effects of mindfulness-based interventions on perinatal mental health: A scoping review

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BACKGROUND
The perinatal period poses significant psychological challenges that increase the risk of maternal mental health issues such as postpartum depression. As maternal suicide rates now outnumber obstetric deaths, preventive mental health strategies are crucial. Mindfulness-based interventions (MBIs) are gaining attention for their potential to enhance emotional regulation and well-being during pregnancy and postpartum.
OBJECTIVES
This scoping review explores the effectiveness of MBIs on maternal mental health, particularly their impact on depression and anxiety during the perinatal period.
METHODS
A literature search was conducted using the PubMed, CINAHL, and Google Scholar databases to identify articles published between 2000 and 2020. Original articles in English addressing mindfulness and postpartum depression were selected for inclusion. After removing duplicates, review articles, and studies focused solely on physical illness, 21 studies were selected for final analysis.
RESULTS
The most common interventions were Mindfulness-Based Cognitive Therapy (MBCT) and the Mindfulness-Based Childbirth and Parenting Program (MBCP). Programs ranged from 2 to 12 weeks and included practices such as mindful breathing, body scanning, yoga, and partner-based exercises. MBIs were effective in reducing symptoms of depression and anxiety, enhancing emotional regulation, and promoting a positive attitude toward breastfeeding and parenting. Some studies also noted improved partner relationships and neurobiological changes linked to emotional control. Although benefits for mother–infant attachment were inconclusive, sustained mindfulness practice was identified as key to long-term effects.
CONCLUSIONS
MBIs are promising, accessible strategies for supporting perinatal mental health. They demonstrate effectiveness even in short durations and offer benefits to partners and children as well as to mothers. Further research is needed to optimize intervention designs and explore long-term impacts on family well-being.
KEY MESSAGE
The results suggest an important strategy through which perinatal women can empower themselves.
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PA295

Empowering midwives and women through structured family planning counseling: Lessons from two pilot sites in Indonesia

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BACKGROUND
Midwives are essential in facilitating informed contraceptive choices among women. As of 2024, over 257,000 midwives serve across in Indonesia, yet challenges remain in ensuring rights-based FP counseling. These include coercion in contraceptive use, limited male participation, and a lack of client awareness about contraceptive options. Balanced counseling is critical for enabling informed decision-making, and the Balanced Counseling Strategy (BCS) with visual counseling cards offers a structured approach to support midwives in providing respectful, women centered FP services.
OBJECTIVES
To assess the impact of BCS counseling cards on midwives' confidence and women's contraceptive decision-making autonomy in two distinct demographic settings: industrial Cikarang (West Java) and urban East Jakarta (DKI Jakarta).
METHODS
A pilot quasi-experimental study was conducted involving training of 30 midwives in using BCS counseling cards during FP services. Cikarang represents an industrial zone with a high number of female migrant workers, while East Jakarta is a densely populated urban area. Data were collected through pre- and post-intervention self-assessments of midwives and women of reproductive age.
RESULTS
In Cikarang, 96% of midwives felt that was an increased self-confidence in providing family planning counseling using flash cards, and 97% of women reported making autonomous contraceptive decisions after receiving counselling. In East Jakarta, midwives' confidence reached 97%, and 94% of women independently selected a contraceptive method. These consistent outcomes in different demographic settings highlight the tool's adaptability and effectiveness.
CONCLUSIONS
BCS counseling cards enhanced both midwives confidence and women's decision-making autonomy. This approach can standardize counseling quality and promote reproductive rights across diverse regions.
KEY MESSAGE
Embedding structured, women centered and counseling tools into routine midwifery practice advances reproductive rights and service quality in family planning.
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PA296

Understanding women's experiences of the Perinatal Liaison Midwife service following birth

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BACKGROUND
Childbirth is a major life event that can affect a mother's mental and emotional well-being. Many women seek the opportunity to reflect on their birth experience. A large tertiary maternity service in Australia created a Perinatal Liaison Midwife (PLM) service to offer brief inpatient and post-discharge debriefing sessions for women who had potentially traumatic births.
OBJECTIVES
To explore women's satisfaction with and experiences of the PLM service, to help inform future service delivery.
METHODS
A convergent mixed-method design was used. An anonymous online survey was distributed to women who were offered the PLM service in April to June 2025. Participants could self-nominate for a follow-up interview via an online platform. Interviews were conducted by two researchers not affiliated with the PLM team. Data were analysed using descriptive statistics & thematic analysis.
RESULTS
Among the 145 survey respondents (20% response rate), most were aged 26–35, born in Australia, had a normal vaginal birth or emergency caesarean, and experienced a postpartum haemorrhage. Fifteen women were interviewed. Twenty-two women did not use the PLM service, citing a lack of readiness or need. Those who used the service reported an improved understanding of their birth, greater positivity about the experience, and increased confidence to seek further help. Many women reported feeling listened to by the midwife, which enhanced their postpartum experience. Over 90% agreed that the service supports emotional processing & should be universally available to all women post-birth.
CONCLUSIONS
Midwifery-led postnatal debriefing offers significant value by giving women the chance to explore their birth experience with a trusted practitioner at a time of their choosing.
KEY MESSAGE
Women highly value a dedicated debriefing service with an experienced midwife following a potentially traumatic birth.
Eur J Midwifery 2026;10(Supplement 1):A673

PA297

Birth satisfaction and symptoms of childbirth related PTSD among women in Iceland: A population-based study

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BACKGROUND
Previous research has identified several risk factors of childbirth-related post-traumatic stress disorder (CB-PTSD) involving a history of mental health issues, childbirth fear, childbirth related complications, negative birth experiences, operative birth, lack of support, poor coping and stress, and poor perception of support.
OBJECTIVES
The aim of our study was to explore the role of satisfaction

with care during childbirth in CB-PTSD symptoms.
METHODS
CB-PTSD was measured with the City Birth Trauma Scale (CityBiTS), a questionnaire with 29 items distributed according to DSM-5 diagnostic criteria. A CityBiTS score >28 points was defined as CB-PTSD symptoms. Birth satisfaction was measured with the Birth Satisfaction Scale-Revised (BSS-R), a self-report questionnaire which measures satisfaction with birth in three categories. Logistic-regression was used to calculate odds ratios and 95% confidence intervals for the association between birth satisfaction and CB-PTSD, adjusted for age, relationship status, education, income, parity, mode of birth, postpartum depression and maternal and infant health-related problems during pregnancy and birth.
RESULTS
Of 600 participants, 34 (5.7%) indicated symptoms of CB-PTSD. When adjusted for socio-demographic and pregnancy and birth-related factors, birth satisfaction was independently associated with symptoms of CB-PTSD. For each additional point on the birth satisfaction scale, the odds of having CB-PTSD symptoms decreased by about 16%. Factors significantly associated with CB-PTSD included primiparity, being single, a previous or current mental or psychological diagnosis and operative birth.
CONCLUSIONS
Increased satisfaction with care was strongly associated with less symptoms of CB-PTSD. Screening for satisfaction with care may be an important factor in identifying women at risk for CB-PTSD.
KEY MESSAGE
Increased satisfaction with care during labor and birth was strongly associated with less symptoms of CB-PTSD. Primiparity, being single, a psychological diagnosis and operative birth were associated with increased CB-PTSD symptoms. Emphasizing sense of control, effective communication and shared decision making during labor may reduce CB-PTSD symptoms.
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PA298

Effect of relaxation practices on labor pain and choice of epidural: An exploratory mixed-method study

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BACKGROUND
In theory relaxation practices during labor should mitigate perceived pain. However, empirical evidence regarding their effectiveness on reducing epidural use remains inconclusive. Investigating women's experiences with relaxation techniques during labor, alongside their use of epidural, may provide further insights into these conflicting results.
OBJECTIVES
To investigate women's experiences regarding the impact of relaxation practices on labor pain and the utilization of epidurals, following attendance at an antenatal relaxation class (ARC).
METHODS
An exploratory sequential mixed-method design was used. Phase 1 explored the experiences of women using qualitative interviews. Phase 2 was a prospective longitudinal cohort study using online surveys completed before and after attending ARC and post-birth.
RESULTS
Of the seventeen women interviewed in Phase 1, all fifteen who experienced labor reported using 'relaxation for labor pain' enhanced their ability to cope with labor pain, resulting in satisfaction and pride. However, the effectiveness of these practices in influencing epidural use depended on the 'space for relaxation' shaped by the physical surrounding, clinical context, and birth attendants. Among the ninety-one women who completed the surveys in Phase 2, both the 'intended use of epidural' post-class and the 'actual use of epidural' post-birth were significantly lower than pre-class reporting. Women whose labor started spontaneously reported using relaxation techniques at home to manage pain, which led most to delay hospitalization until labor was established.
CONCLUSIONS
Educating and enabling women to use relaxation practices can enhance their ability to cope with labor pain and reduce use of epidural for pain management.
KEY MESSAGE
Relaxation techniques taught for labor pain management significantly enhanced women's ability to cope with labor, reduced intended and actual epidural use, and encouraged delayed hospital admission—especially when labor began spontaneously. However, the effectiveness of these techniques was influenced by the environment, clinical setting, and support from birth attendants.
Eur J Midwifery 2026;10(Supplement 1):A675

PA299

Longitudinal predictors of parental bonding: Pregnancy to three years postpartum

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BACKGROUND
Previous research indicates that pregnancy marital relationship predicts early parental bonding (up to 4 months). However, its long-term influence and evolving predictors beyond one year remain largely unclear. Understanding these complex dynamics is crucial for effective parental support.
OBJECTIVES
This study aimed to clarify pregnancy marital relationship's role in parental bonding (0-3 years) and identify other dynamic predictors for both parents.
METHODS
A longitudinal cohort comprising 139 couples was followed at nine time points from pregnancy to three years postpartum.

Measures included Quality Marriage Index, Mother-Infant Bonding Questionnaire, Edinburgh Postnatal Depression Scale, and additional questions on parenting status, meticulously collected. Hierarchical multiple regression was performed, and bonding predictors identified ($p < 0.05$).
RESULTS
Pregnancy marital relationship predicted early bonding (up to 4 months) but its predictive power did not extend beyond one year. Bonding (1-3 years) was predicted by various factors (R^2 ranging from 0.113 to 0.457, with p-values from 0.001 to 0.005). Key predictors varied by parent's sex and child's age, including marital relationship (p= 0.001-0.043), depression, and infant sex. No significant maternal predictors were found at 3 years. Trends showed declining marital relationships and diverging bonding trajectories.
CONCLUSIONS
Pregnancy marital relationship is crucial for early bonding, but its direct influence diminishes after one year. This is likely because bonding factors become more diverse and evolve with child development. Lack of 3-year maternal predictors and diverging trajectories highlight bonding's complexity, suggesting qualitative evolution and challenging the efficacy of static measures. Findings underscore dynamic nature of parental bonding over time. Our study provides novel insights into complex longitudinal patterns.
KEY MESSAGE
To promote optimal bonding during pregnancy and early postpartum, supporting a good marital relationship is essential. Beyond one year, a multifaceted, individualized approach is crucial, considering evolving family dynamics, child development, parental mental health, and diverse support systems. Timely and effective midwifery care is vital.
Eur J Midwifery 2026;10(Supplement 1):A676

PA300

Cognitive behavioral therapy-based midwifery care for anxiety in high-risk pregnant women: A pilot randomized controlled trial in Japan

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BACKGROUND
Pregnant women with high-risk complications such as preeclampsia and placenta previa tend to experience anxiety regarding pregnancy management and outcomes. These conditions may adversely affect child development. Cognitive behavioral therapy (CBT) has been shown to be effective for perinatal anxiety. However, only a few midwife-led CBT-based clinical trials have focused on anxiety in high-risk pregnant women.
OBJECTIVES
This study evaluated the feasibility and effectiveness of midwife-led CBT-based care for anxiety in high-risk pregnant women in Japanese clinical settings.
METHODS
In this open-label, randomized controlled trial, pregnant women (24–35 weeks of gestation) with obstetric complications were randomly assigned to the CBT-based midwifery care (N=40) or usual care (N=40) groups at two hospitals. The intervention comprised six individual sessions that focused on anxiety regarding preterm birth, birth experience, and parenting concerns. The intervention was based on standard midwifery care models covering antenatal education, birth planning, and birth review and incorporates CBT components, such as psychoeducation, cognitive reconstruction, and behavioral activation. Anxiety was assessed five times using the State-Trait Anxiety Inventory from pregnancy through 1 month postpartum. Analyses were conducted using intent-to-treat and per-protocol approaches, employing mixed models for repeated measures and t-tests. The Ethics Committee of Tokyo Women's Medical University approved this study. (approval number 2024-0092). Trial registration, UMIN000055936 registered on 24/10/2024.
RESULTS
This clinical trial is ongoing. As of May 2025, it is in the middle phase, with 56 pregnant women participants. We plan to recruit a total of 80 pregnant women. Preliminary data suggested a trend toward reduced anxiety in both groups.
CONCLUSIONS
Integrating CBT-based care into standard midwifery care models is a promising approach for supporting high-risk pregnant women. This study provides preliminary data for a full-scale randomized controlled trial.
KEY MESSAGE
CBT-based midwifery care may offer practical and clinically applicable solutions for addressing perinatal anxiety in high-risk pregnant women.
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PA301

Promotion of normal birth practices in a local public hospital setting - Normal Birth Campaign

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PURPOSE
The increasing rates of medical interventions in deliveries have raised concerns over maternal and neonatal health outcomes. The launch of a Normal Birth Campaign in an obstetric unit aims to raise awareness of normal birth practices within the department, as well as to promote maternal and neonatal wellbeing. The primary aim of the campaign was to implement a comprehensive awareness initiative that encourages midwives to promote normal birth practices (including discussion of birth plans, adoption of different birth position, use of non-pharmacological pain relief, as well as immediate and uninterrupted skin-to-skin contact). Secondary objectives included promoting women-centered care throughout pregnancy and delivery, and fostering a positive childbirth experience. A multifaceted campaign was designed, incorporating lectures and workshops (demonstration on different birth positions and

introduction on aromatherapy), posters, revision of birth plans and delivery procedures. A workgroup consisting of midwives from various levels was formed to set the objectives and activities of the campaign, which began in the labour ward, and then extended to the antenatal and postnatal wards, so as the antenatal clinic.
DISCUSSION
There is a significant reduction in the episiotomy rate (from 95.6% in February 2025 to 65.7% in May 2025) and an increase in adoption of different birth positions in the labour ward after the launch of campaign. Additionally, staff knowledge regarding the benefits of normal delivery improved significantly, leading to an increased willingness to support normal birth practices. More importantly, women gained a better understanding of their pregnancies and preparations for the delivery, empowering them to make informed choices about their births.
KEY MESSAGE
The campaign successfully promoted normal birth as a preferred option, not just among midwives, but also pregnant women as well. Future efforts should focus on sustaining these practices and further educating both patients and healthcare providers to enhance the overall quality of maternity care.
Eur J Midwifery 2026;10(Supplement 1):A678

PA302

Selective serotonin reuptake inhibitor use during late pregnancy, and birth outcomes after vaginal birth in Sweden

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BACKGROUND
Selective serotonin reuptake inhibitors (SSRIs) are commonly prescribed for moderate to severe depression during pregnancy, yet their impact on maternal and neonatal outcomes remains insufficiently studied.
OBJECTIVES
The study aimed to describe the prevalence of prescribed SSRIs to pregnant women and its association with birth outcomes after a vaginal birth.
METHODS
A national register-based population study. The study included 405,936 term vaginal births in Sweden. SSRI prescriptions within three months before the due date were identified. Crude and adjusted odds ratios (ORs) with 95% confidence intervals (CIs) were calculated, with statistical significance set at p<0.001.
RESULTS
SSRIs were prescribed to 6374 women (1.6%), with prevalence rising from 0.3% to 2.6% over the study period (2005-2015). SSRI use was associated with higher rates of labour induction (AOR 1.27; 95% CI 1.18–1.36), epidural anaesthesia (AOR 1.63; 1.54–1.73), and postpartum hemorrhage >1.000 ml. (AOR 1.41; 1.31–1.51). Women prescribed SSRIs were more likely to give birth at 37–38 weeks gestation (AOR 1.79; 1.68–1.90), have neonates with head circumference <35 cm (AOR 1.49; 1.41–1.59), and have neonates with Apgar score <7 at 5 minutes (AOR 4.78; 4.03–5.67). Neonates were less likely to have a birth weight ≥4.500 g (AOR 0.73; 0.52–0.85).
CONCLUSIONS
SSRI prescriptions during pregnancy increased significantly between 2005 and 2015. Use was associated with higher risks of several adverse maternal and neonatal outcomes, such as induction of labour, and postpartum hemorrhage ≥ 1000 mL, Apgar score <7 at 5 minutes, and smaller head circumference. Results underscore the need for evidence-based decision-making, careful monitoring, and proactive multidisciplinary support for pregnant women with mental ill-health concerns.
KEY MESSAGE
SSRI prescriptions during pregnancy was associated with higher risks of several adverse maternal and neonatal outcome
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PA303

Implementing cell-free fetal DNA (cffDNA) testing for RhD genotype in D negative non-sensitised pregnancies: Early insights from a national programme in Wales

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PURPOSE
To implement targeted, non-invasive antenatal screening using cell-free fetal DNA (cffDNA) testing to determine fetal RHD genotype in D negative, non-sensitized pregnant women. The aim is to reduce unnecessary anti-D immunoglobulin use and promote safer, more informed, and sustainable maternity care.
DISCUSSION
Commissioned in 2018 by the Welsh Government, the program—delayed by COVID-19—was implemented nationally on 13th May 2024. Previously, anti-D immunoglobulin was routinely administered regardless of fetal RHD status. This midwifery-led initiative now ensures anti-D is offered only when the fetus is RHD positive or the result is inconclusive. Aligned with NICE guidance, the initiative enhances informed choice and safety. Implementation was led by screening midwives across health boards, using a national toolkit and supported by collaboration with the Welsh Blood Service, maternity teams, public health professionals, and service users. Public and professional resources were co-produced to ensure clarity and accessibility across diverse populations.

Service users reviewed informational resources to support their understanding and facilitate informed discussions with midwives. Effective rollout relied on strong communication, scheduled meetings, and feedback loops.
EVIDENCE WHERE RELEVANT
A mixed-methods evaluation combined routine data with interviews from eligible women and staff. Early findings highlight: High service user satisfaction and engagement Preference for non-invasive testing Empowerment through informed decisions Improved collaboration among providers Operational challenges such as occasional repeat sampling
KEY MESSAGE
Collaborative, cross-sector working enables service innovation Informed, personalized care empowers women Co-designed resources and strong communication drive success Targeted screening avoids unnecessary interventions The program offers a model for future antenatal screening and policy development
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PA304

Health equity through perinatal telehealth implementation: A mixed methods pilot study

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BACKGROUND
The COVID-19 pandemic accelerated the adoption of telehealth in prenatal care, prompting innovation in care delivery. As telehealth becomes more routine, it is essential to evaluate implementation strategies that promote health equity in perinatal care.
OBJECTIVES
This study explored the motivations, experiences, and telehealth use among patients in a hybrid (video visits mixed with in-person visits) prenatal care program. The goal was to understand how telehealth affects those at risk of receiving inadequate prenatal care.
METHODS
In this mixed-methods observational study at a U.S. academic midwifery center (2023–ongoing), the affects of telehealth were studied in 21 pregnant patients. Eligible participants had low-risk pregnancies and faced barriers such as rurality, poverty, or demographics associated with disparities. Data sources included: (1) electronic health records (demographics, care utilization, outcomes), (2) patient surveys (enrollment reasons, satisfaction), and (3) interviews (20–60 minutes via video conference) on care experiences.
RESULTS
Of 21 enrolled participants, 3 transferred care and 1 miscarried. Most were White (90%) and English-speaking (95%); 50% had public insurance and 62% lived rurally. Most participants enrolled in the study to reduce travel time and allow for access to midwifery care. Participants averaged 3.6 prenatal visits via video call (SD 2.6). Almost all participants (95%) received adequate prenatal care by typical US standards (indexed by ultrasound at 20 weeks, gestational diabetes testing at 28 weeks, and GBS testing within 4 weeks of delivery). No adverse maternal or neonatal events were reported.
CONCLUSIONS
This pilot hybrid prenatal program is effective and safe while providing flexible options to patients to extend access to midwifery care. However, reaching urban Black and Hispanic populations as well as those who do not speak English continues to be a challenge that requires continued, intentional research.
KEY MESSAGE
Innovating prenatal care through telehealth is an important opportunity to increase access to midwifery care to systematically underserved communities.
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PA305

Exploring the barriers and facilitators to antenatal care services among pregnant migrant workers in Southeast Asia: A qualitative thematic synthesis

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BACKGROUND
There are significant and growing numbers of pregnant migrant workers throughout Southeast Asia. Despite needing services throughout pregnancy and postpartum, they often face barriers to access, poorer health outcomes, and challenges in care. Addressing these issues and enhancing support is vital for improving healthcare efficiency.
OBJECTIVES
To explore and synthesize the barriers and facilitators to pregnant migrant workers accessing antenatal care in Southeast Asia.
METHODS
A thematic synthesis was conducted. Searches were conducted in CINAHL, MEDLINE, Scopus, Web of Science, THAIJO, Thai Digital Collection, and ASIAN ONLINE JOURNALS to identify qualitative research studies on the barriers to and facilitators of antenatal care. The SPIDER (Sample, Phenomenon of Interest, Design, Evaluation, Research type) tool was used to guide search terms. Titles, abstracts, full texts were screened independently by two reviewers. All included papers were appraised using the Critical Appraisal Skills Program (CASP) qualitative tool and data were extracted and synthesized.
RESULTS
A total of 44 qualitative studies were included. Nine themes related to barriers to antenatal care were developed: Geographic inaccessibility and transportation, economic constraints, health system limitations, Legal restrictions, limited health literacy, cultural beliefs and social influences, employment conditions, Personal and psychosocial stressors and Restrictive hospital policy. Eight themes related to facilitators of antenatal care were identified: accessibility and convenience, health system and service responsiveness, community and language support, health literacy, positive experience, social support, cultural familiarity and beliefs,

and empowerment and motivation. All barriers and facilitators apply to both pregnant migrant workers and midwives.
CONCLUSIONS
Pregnant migrant workers need language interpretation, culturally sensitive care, respectful attitudes from staff to be able to access services. Midwives need cultural awareness training, increase manpower. Evidence on effective illegal migrant workers is limited.
KEY MESSAGE
There are multiple barriers that impact on pregnant migrant workers. Enabling factors must be used through targeted policy reforms and develop maternity healthcare systems.
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PA306

One million more midwives using alternate birthing positions to improve birth outcomes

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PURPOSE
Improving midwifery practices around birthing is essential in the provision of quality maternal healthcare. Evidence-based practice shows that the birth positions a woman adopts during labor can significantly influence both maternal and neonatal outcomes. Alternate birth positions are vital in low-resource settings as they improve outcomes, reduce intervention needs, respect cultural practices, and require minimal equipment. A quality improvement initiative promoting alternate birthing positions, developed in response to women's needs and preferences, will be shared from a Ghanaian perspective.
DISCUSSION
In many Ghanaian facilities, women still give birth in the lithotomy position due to limited space, lack of privacy, staffing shortages, and no supportive policy or training. Yet many women prefer home births for the freedom to choose their position. In response to the low number of hospital births in my facility, I led a project introducing a birthing chair that supported squatting and side-lying positions. I will share our experiences and women's reflections on how this improved their birth experience.
EVIDENCE WHERE RELEVANT
Maternal positioning significantly impacts labor outcomes, including perineal trauma, caesarean rates, and fetal heart patterns (Diorgu et al, 2016; Berta et al, 2019). Despite WHO's support for alternative birth positions and respectful maternity care, barriers like limited training and policy gaps persist (Musie et al, 2019). Midwives need support to advocate for evidence-based, woman-centered birthing choices.
KEY MESSAGE
We must not only increase numbers but also empower midwives with the skills, support, and policy backing to provide evidence-based, respectful care, including offering alternate birth positions that honor women's preferences and improve outcomes.
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PA307

Decision aids for meaningful birth choices: A co-design project to support decision making for pain management in labor and birth after caesarean section

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PURPOSE
To provide women, midwives and maternity clinicians with evidence-based decision aids that support informed choices for pain management in labor and birth after a previous caesarean – aiming to improve women's birth experiences.
DISCUSSION
Over the last fifty years birth has become increasingly medicalized, with caesarean rates rising worldwide1. Australia ranks among the highest globally1. In response to government reports highlighting concerns about the rise of non-medically indicated birth interventions including caesarean sections, Clinical Excellence Queensland developed the Queensland Birth Strategy outlining five priorities for action2. One of these priorities was to create consumer-focused resources that supported informed decision-making. Clinical excellence commissioned Metro North Health to design two decision aids: Birth after One Previous Caesarean Section and Pain Management in Labour. In 2024, a team of clinicians, academics, and consumers collaboratively developed the decision aids to be: ·Co-designed to reflect women's needs and perspectives ·Accessible and user-friendly, inclusive of different literacy levels ·Digital and interactive, allowing women to explore options and note preferences to discuss with healthcare providers ·Aligned with the International Patient Decision Aid Standards3 The co-design process involved several focus groups with women who had lived experience relevant to the topic areas, then reviewed by consumers and clinicians through advisory panels. Future plans: ·September 2025 – pilot decision aids at two maternity units ·December 2025 – evaluation report ·Early 2026 – decision aids available online for women and clinicians - across Queensland.
EVIDENCE WHERE RELEVANT
1.Betran AP, Ye J, Moller AB, Souza JP, Zhang J. Trends and

projections of caesarean section rates: global and regional estimates. BMJGlobHealth 2021; 6(6). 2.Queensland Health. Queensland Birth Strategy 2024-2030. A guide for clinicians. Queensland Health, 2024.
3.International Patient Decision Aids Standards (IPDAS) Collaboration
KEY MESSAGE
Co-designing with women ensures tools are user-friendly and relevant to their needs. Empowering women and midwives with evidence-based information supports informed decisions Enhancing women's birth experiences, helps reduce birth trauma
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PA308

An observational study on the effects of using birth chair for normal vaginal delivery in a public birthing hospital in Hong Kong

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PURPOSE
The study aimed to evaluate and compare the birth outcomes of laboring women using birth chair and conventional delivery bed. It also assessed the feasibility, safety and maternal satisfaction of using birth chairs for vaginal deliveries among low-risk mothers in Hong Kong.
DISCUSSION
Methodology: Women who chose to use birth chair for delivery in Kwong Wah Hospital, Hong Kong, between 15 November 2021 and 15 June 2025, were included in the study. Their birth outcomes including labor duration, total blood loss, perineal outcomes, infant's Apgar scores were observed and documented. A 6-point Likert scale maternal satisfaction level were evaluated after childbirth. The data were compared with women using conventional delivery bed.
RESULTS
Between the study period, there were 16 low-risk women choosing to use birth chair during delivery. No episiotomies or postpartum hemorrhage were observed. Over 60% sustained second-degree perineal tear. All babies had Apgar scores over 7 at 1 minute and 9 at 5 minutes. All satisfaction scored 4 or above. All mother-baby dyads had initiated early skin-to-skin contact. Women reported to have less pain and better control while some experienced discomfort after prolonged sitting on birth chair.
EVIDENCE WHERE RELEVANT
The results supported integrating birth chairs into maternity care options for aligning with global trends toward woman-centered, physiological childbirth. Birth chair was a safe alternative promoting upright positions for laboring women. No increase in postpartum hemorrhage was observed when comparing to conventional delivery bed. Using birth chair reduced medical interventions, resulted in better perineal outcomes, high satisfaction scores and positive birth experience. Larger scale experimental studies were recommended for stronger causal inferences.
KEY MESSAGE
Birth chair is a safe, intervention-minimizing option associated with positive maternal and neonatal outcomes and should be promoted in all maternity unit.
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PA309

Midwife-led NBO intervention to support first-time mothers in Japan: A pilot study on mental health and parenting self-efficacy

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PURPOSE
This study aimed to explore the effects of midwife-led Neonatal Behavioral Observation (NBO) on postpartum depression and parenting self-efficacy among first-time mothers in Japan. In a context of increasing perinatal mental health concerns and limited social support, this pilot research sought to determine whether early NBO intervention during hospitalization could improve emotional well-being and parental confidence during the postpartum period.
DISCUSSION
Although this pilot study involved a small sample size (n = 15), preliminary findings showed that mothers in the intervention group had lower EPDS scores (M = 3.29 vs. 5.75) and higher parenting self-efficacy (KPCS: M = 32.0 vs. 27.8) at one month postpartum compared to the control group. These results suggest that NBO may help reduce postpartum distress and foster maternal confidence. This study highlights the potential of early, midwife-led interventions to address emotional challenges in new mothers in Japan, where support remains limited.
EVIDENCE WHERE RELEVANT
Previous research from Nugent et al. (2013, 2014) demonstrated that the NBO intervention enhances parent-infant interaction and reduces postpartum depressive symptoms in first-time mothers. However, evidence remains limited in Japan. This pilot study provides preliminary data supporting the feasibility and potential impact of NBO in Japanese perinatal care settings.
KEY MESSAGE
In Japan, where maternal isolation and low parenting confidence contribute to declining birthrates, midwife-led NBO may offer a practical and meaningful early intervention to strengthen emotional well-being and parent-infant bonding for first-time mothers.
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PA310

The Buda Perinatal Centre: Person-centeredcomprehensive perinatal care: From preconception to toddlerhood - A unique model of care in Hungary

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PURPOSE
The Buda Perinatal Centre (Budai Perinatális Központ) in Hungary was founded on a shared vision of holistic, family-

centred support. Our aim is to present a unique midwife-led model of interdisciplinary perinatal care that can be maintained even in restrictive health systems. As a private initiative, we developed a sustainable financial model independent of the national health insurance system, and aligned our work with the principles of the International Childbirth Initiative (ICI).
DISCUSSION
What sets the BPK apart is our unique midwife-led continuity of care system. Families are supported throughout pregnancy, birth and the postpartum period by a dedicated team. As a perinatal centre—rather than a birth house—we offer access to a broad interdisciplinary network, including perinatal psychologists, physiotherapists, bodyworkers, doulas, lactation consultants, and others, all actively involved in the care process. The three main pillars of our perinatal care: Integrated Medical and Physical Care: A collaborative team of midwives and doctors ensures both safety and continuity across all stages. Complexities are addressed through multidisciplinary dialogue and specialist input. Bodywork and Somatic Focus: We emphasize the importance of the body's innate wisdom, offering Spinning Babies® classes and individualized sessions for breech, discomfort, premature contractions and newborn health. Extensive Information Sharing and Professional Development: Partner-inclusive birth preparation, personalized consultations, and workshops for professionals in areas like communication, bodywork, perinatal psychology and bereavement care.
EVIDENCE WHERE RELEVANT
Since our opening; in the past 2.5 years, over 250 babies were born with us.
KEY MESSAGE
Despite a national decline in births, our average monthly birth numbers have increased in 2025. Our model shows that midwife-led, interdisciplinary perinatal care can be maintained outside conventional systems, offering a sustainable path toward respectful, integrated care.
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PA311

Women's care needs and birth outcomes in an inter-professional birth unit: A prospective cohort study on a health and risk classification system

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BACKGROUND
In 2017, an Icelandic inter-professional birth unit implemented a health and risk classification system to identify women's care needs, creating an opportunity to examine the outcomes of low-risk women in a mixed-risk environment.
OBJECTIVES
To compare birth outcomes in three study groups, defined by women's need for midwifery-led or inter-professional care: 1) low-risk on admission; 2) low-risk on admission but reclassified due to emerging risk factors; 3) medium/high-risk on admission.
METHODS
A prospective cohort study on electronic birth registry data on all women who gave birth in the birth unit in the first year after the implementation of the health and risk classification system, May 9, 2017 - May 8, 2018 (n = 2760). Subgroup analysis was performed for different reclassification indications, when present in the data (n = 864 of 881). Descriptive and unadjusted inferential statistics were presented, using SPSS.
RESULTS
While half of women were low-risk on admission, only one in five was still low-risk at discharge (n = 531). BMI ≥30 and gestation ≥41 weeks increased the likelihood of reclassification. Perinatal mortality and low Apgar score rates were significantly higher among women with risk factors on admission (n = 1348). Women who were reclassified during labor (n = 881) had a significantly higher risk of interventions, maternal complications, and foetal distress. Reclassification due to medical pain relief (n = 576), treatment for prolonged labor (n = 72), and emerging health problems (n = 216), was related to significantly different outcome profiles.
CONCLUSIONS
The outcomes of reclassified women are frequently worse than those of women with risk factors on admission and differ by reclassification indication. The study highlights the importance of discussions about women's informed birthplace choices.
KEY MESSAGE
Previously low-risk women with emerging intrapartum risk factors may benefit from improved care pathways in inter-professional settings.
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PA312

Midwife-led care beyond 41 weeks: Maternal outcomes and women's experience in a hospital outpatient clinic

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PURPOSE
To share the experience and outcomes of a midwife-led outpatient clinic managing prolonged pregnancies (≥41 weeks), focusing on maternal and neonatal outcomes and patient satisfaction. This study highlights the role of midwife-led counseling in supporting informed, shared decision-making in late-term pregnancy.
DISCUSSION
Prolonged pregnancy presents important clinical challenges, as decisions regarding induction of labour versus expectant management have significant impact on maternal and perinatal outcomes. Midwives, who are responsible for managing uncomplicated pregnancies, provide woman-centered care emphasizing empathy, responsiveness, and respect for the natural physiological process of labor. This

midwife-led model of care supports shared decision-making and may contribute to enhanced birth experiences and higher satisfaction levels among pregnant women.
EVIDENCE WHERE RELEVANT
A retrospective cohort study was conducted at the midwife-led clinic of Hospital Clínic (Barcelona) from November 2023 to November 2024, including 100 women with pregnancies ≥41 weeks managed under a midwife-led care model. Data collected included maternal and neonatal characteristics, labor onset and method, birth mode, and patient satisfaction assessed through the SERVQUAL questionnaire. Results showed that 64.1% of women opted for labor induction, while 31.1% experienced spontaneous labour onset. Spontaneous labour was significantly associated with higher vaginal delivery rates ($p < 0.049$). Induction with dinoprostone (Propess®) was linked to better birth outcomes compared to the Cook balloon method ($p < 0.036$). No statistically significant differences were found in maternal or neonatal complications across groups. Patient satisfaction scores were high overall, with particularly strong ratings in the domains of empathy and responsiveness, reflecting the quality and effectiveness of midwife-led care.
KEY MESSAGE
Midwife-led care in prolonged pregnancy ensures safe, evidence-based management with consistently high levels of patient satisfaction. This model highlights the important and evolving role of midwives in counseling, supporting shared decision-making, and providing respectful, personalized care that honors women's preferences and actively promotes positive, empowering birth experiences.
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PA313

Perimenopause: Midwives as potential drivers for change in women's healthy ageing

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BACKGROUND
Perimenopause can greatly impact women's quality of life through physical and mental symptoms, which are influenced by factors like lifestyle, socio demographics, and health history. Tailored health counselling can help alleviate burdensome symptoms in (peri)menopausal, unfortunately many healthcare providers lack adequate training in (peri) menopausal care. Raising awareness and improving access to health interventions are vital for women's healthy aging. (Student) midwives, already involved in reproductive care, are well positioned to support women through the (peri) menopausal transition.
OBJECTIVES
To determine the effect of a tailor-made, evidence based health promotion and lifestyle change plan, in a menopausal consult (with a student midwife), on (peri)menopausal symptoms in Flemish and Dutch women.
METHODS
A prospective cohort pre-post study was conducted in Flanders and the Netherlands to assess (peri)menopausal symptoms using the Greene Climacteric Scale (GCS), comprising 21 items measuring symptom frequency and intensity. Between February 2018 and February 2023, first-year midwifery students each collected data on one (peri) menopausal woman (aged 40–65), including anamnesis, clinical observations, and GCS-scores. Under supervision, students developed individual tailored health promotion and lifestyle plans targeting the three most burdensome symptoms. Data analysis was conducted by two lecturer-researchers using non-parametric statistical methods to evaluate the effects of a tailored health counselling by midwifery students on symptom severity in (peri)menopausal women.
RESULTS
For 325 (peri)menopausal women pre-intervention data were collected, of which 182 provided post-intervention GCS-scores. Overall, total GCS-scores decreased significantly between pre- and post measures. The mean total GCS pre-intervention score was 18,25 (SD±8.53) compared to the mean total GCS post-intervention score of 15,87 (SD±7.57;$p < .001$), resulting in a small effect size (Cohen's $d = .42$, 95%CI=.27-.58).
CONCLUSIONS
Elementary health promotion and life style counselling by student midwives significantly reduced (peri)menopausal symptoms in Flemish and Dutch women.
KEY MESSAGE
Tailored perimenopausal care by midwives could play a pivotal role in healthy aging for women.
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PA314

Supporting out-of-guidance birth choices: Early insights from UK organisations without specialist clinics in the MIROg project

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BACKGROUND
Women who consider birth options outside recommended care pathways do not consistently have access to dedicated specialist services within the National Health Service (NHS). The Midwifery Research on Out of Guidance Care (MiROG) project aimed to examine how such services are structured and implemented across the United Kingdom, including settings both with and without Out-of-Guidance (OOG) birth choice clinics.
OBJECTIVES
To investigate the organisation, delivery, and accessibility of OOG birth choice services across UK maternity care, and to

identify referral patterns, care models, professional roles, and barriers to equitable provision.
METHODS
Thematic analysis was conducted on open-ended responses from participants working in organisations that provide support for OOG birth choices but do not have a designated OOG clinic. These qualitative data were drawn from a national online survey disseminated to NHS midwives and obstetricians involved in the provision of OOG care as part of the MiROG project.
RESULTS
Among respondents, 65% were based in acute hospital settings, and 35% in community, primary care, health boards, or ambulance services. Eighty-two percent indicated some form of OOG care provision, while 53% reported having written guidelines. Five key themes emerged: multidisciplinary involvement; individualised care and shared decision-making; informed choice and respect for autonomy; use of standardised tools; and ongoing service development.
CONCLUSIONS
Findings highlight a clear commitment to respectful, individualised care for OOG birth choices, grounded in multidisciplinary collaboration. However, variations in practice underscore the need for consistent use of standardised tools. Emerging service models indicate progress toward more structured and equitable care.
KEY MESSAGE
Multidisciplinary collaboration, informed choice, and standardised processes are central to safe and equitable OOG maternity care. Ethics approval was granted by the University of Hertfordshire Ethics Committee. The authors declare no conflicts of interest.
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PA315

Perspectives of pregnant women hospitalised for hypertensive syndromes in Northeast Brazil

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BACKGROUND
In Brazil, hypertension in pregnancy continues to be the main cause of maternal mortality, accounting for 37 percent of deaths in pregnant women, and is the second leading cause globally.
OBJECTIVES
To understand the perspectives of pregnant women hospitalised with hypertension.
METHODS
This is an exploratory, descriptive and qualitative study carried out at the Pregnant, Baby and Postpartum Home and on the ward of the Assis Chateaubriand Maternity School. The study included 21 hospitalised hypertensive pregnant women aged 18 and over, excluding women who felt uncomfortable or required rest. Data was collected from June to September 2024 through transcribed interviews and analysed using IRaMuTeQ®software. Approved by the Ethics Committee under protocol 6.844.667.
RESULTS
The women's ages ranged from 25 to 43, with single pregnant women being more prevalent. Most of the pregnant women did not have a paid job. The obstetric aspects included multiparous women who had breastfed and had a family history of hypertension. The data set consisted of 21 texts, of which 169 segments were classified, resulting in a textual utilisation rate of 71.98%. Based on the analysis of the data, the words were organised into three categories: emotional conflicts and concerns of mothers in the process of hospital admission; expectations and anxieties related to the birth and personal resilience, family support and spirituality in pregnant women with hypertension.
CONCLUSIONS
It is essential that the multi-professional health team adopts a comprehensive approach that takes into account not only the clinical aspects of hypertension, but also the emotional and psychological needs of pregnant women.
KEY MESSAGE
To improve care with a more welcoming service and optimise the results for both mother and baby, generating positive impacts on care and the hospital experience.
Eur J Midwifery 2026;10(Supplement 1):A692

PA316

What influences birth choices after a previous cesarean? A study of postnatal women in Nairobi County

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BACKGROUND
Globally, 21% of deliveries are performed by caesarean section (CS), despite WHO and PAHO recommendations to keep rates below 10-15%. Most are repeat CS. While lifesaving, CS is associated with risks such as hemorrhage, infection, and surgical complications. Trial of labour after cesarean (TOLAC) offers an opportunity for vaginal birth after cesarean (VBAC), but uptake remains low in many settings.
OBJECTIVES
This study aimed to identify factors influencing women's decisions regarding mode of delivery following a previous CS.
METHODS
A cross-sectional study was conducted at Pumwani Maternity Hospital and Aga Khan University Hospital in Nairobi County. A total of 384 postnatal women with a history of CS were

proportionally recruited using consecutive sampling. Data were collected using structured questionnaires. Descriptive, univariable, and multivariable logistic regression analyses were conducted using SPSS v22 and Stata v13 to determine predictors of TOLAC preference. Ethical approval was obtained from ISERC, NACOSTI, Nairobi County, and hospital research committees. Informed consent was secured from all participants.
RESULTS
Among participants, 15.6% opted for TOLAC, with a VBAC success rate of 57.3%. The strongest predictors for preferring TOLAC at term were hospital policy (AOR = 5.13, 95% CI: 1.55–10.04), information received from healthcare providers (AOR = 5.59, 95% CI: 2.13–13.88), and personal preference (AOR = 3.59, 95% CI: 1.28–10.19).
CONCLUSIONS
Hospital policy, provider communication, and personal preferences significantly influenced women's decision to attempt TOLAC. These findings emphasize the importance of supportive policies and woman-centred counselling to facilitate informed decision-making after cesarean birth.
KEY MESSAGE
To promote safe and informed birth choices after cesarean, health systems must support midwives and providers in offering respectful, evidence-based counselling aligned with women's values.
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PA317

Validation of a safe San Yin Jiao (SP6) acupressure method for mothers and infants during labor: Protocol for a feasibility study using a 3+3 design

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BACKGROUND
Acupressure at acupoint SP6 is believed to reduce labor duration when applied during childbirth; however, its actual efficacy remains unclear. Previous reviews have highlighted the need to evaluate the safety of acupressure for both mother and fetus, and to standardize its technique and application duration. This study aimed to develop a safe SP6 acupressure method to support future randomized controlled trials.
OBJECTIVES
To verify the safety of SP6 acupressure for both mothers and fetuses.
METHODS
A 3+3 dose-escalation design—commonly used in phase I drug trials—was employed to assess safety and estimate the Maximum Tolerated Dose of acupressure. Maternal and fetal responses were monitored during acupressure to evaluate safety and identify an appropriate application duration. Three cohorts were established with acupressure durations of 10, 20, and 30 minutes. The initial cohort of three pregnant women underwent acupressure for 10 minutes. If no abnormalities were observed, the duration was escalated to 20 minutes in the next coholf one participant in a cohort experienced abnormalities, three additional women underwent acupressure for the same duration. If only one of the six patients exhibited abnormalities, the study progressed to the next cohort; if two or more did, the duration was deemed intolerable and reduced accordingly. The maximum tolerated duration was determined based on the occurrence of any abnormalities, with modifications guided by feedback from participants and acupressure administrators. Safety was assessed through extended observation of maternal vital signs, subjective symptoms, and fetal heart rate.
RESULTS
The study is now ongoing, with three women who underwent 10 minutes acupressure so far.
CONCLUSIONS
The findings will clarify the safety of SP6 acupressure during childbirth for both mother and fetus, providing foundational evidence for future efficacy studies.
KEY MESSAGE
While it is essential to verify the effects of acupressure, understanding its safety profile and standardizing its application method are equally important.
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PA318

Acceptance, negotiation, and substitution through clinical encounters: An ethnographic study of Japanese migrant women's maternal experience with maternity care providers in the Netherlands

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BACKGROUND
Efforts to improve maternity care for migrant women have often focused on the concept of cultural competency, which encourages healthcare providers to accommodate perceived cultural differences. However, recent qualitative studies have criticized the potential for cultural competency to stereotype or otherize migrant women.
OBJECTIVES
This study explores how Japanese migrant women in the Netherlands engage with local maternity care practices, and - inspired by Lo and Stacey's (2008) concept of hybrid habitus - analyzes their responses to clinical encounters. The concept explains how migrants' practices evolve through clinical encounters with healthcare providers in the host country, acknowledging the complexity and dynamism of patient practice, considering the interplay between individual experiences, cultural orientations, and structural forces.
METHODS
Ethnographic fieldwork was conducted from February to May 2024, involving interviews and participant observations with Japanese women who had experienced or were experiencing pregnancy and childbirth in the Netherlands. Interviews were also conducted with midwives, a postpartum nurse, and a doula.
RESULTS
Japanese migrant women in the Netherlands navigated Dutch maternity care by flexibly combining three patterns of

response to clinical encounters. Most of them accepted the Dutch emphasis on shared decision-making and personal autonomy. Some of them also negotiated to incorporate Japanese medicalized practices, such as hospital births and frequent ultrasounds. Additionally, some found alternatives for aspects of Japanese care that were not offered in Dutch maternity care, such as crafting massage tools or by involving Japanese maternity care providers residing in the Netherlands.
CONCLUSIONS
This dynamic response illustrates how migrant Japanese women in the Netherlands actively reshape their maternal care experiences, highlighting the need for individualized, culturally sensitive care beyond fixed cultural categories.
KEY MESSAGE
This study suggests that recognizing migrant women's adaptive strategies in clinical encounters can promote more individualized, respectful, and responsive models of maternity care that transcend static notions of cultural identity.
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PA319

Diagnostic algorithm development based on midwives' clinical reasoning processes in situations involving preterm uterine contractions reported by pregnant women

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BACKGROUND
Midwives' clinical reasoning processes—how they distinguish between normal and abnormal conditions and determine the need for intervention—remain poorly understood.
OBJECTIVES
To clarify the midwifery diagnostic process and algorithmize midwives' clinical reasoning process in situations where pregnant women report uterine contractions during the preterm period.
METHODS
A survey targeting ten experienced midwives was conducted from January to March 2025. Semi-structured interviews were conducted based on simulated scenarios involving pregnant women experiencing prenatal uterine contractions. The interview content was qualitatively analyzed based on algorithm creation indicators to clarify the clinical reasoning process further, and was approved by the ethics committee of Niigata Seiryo University (Approval number 202406).
RESULTS
The aim of this study was explained to ten midwives (mean years of experience = 21.6±9.44; number of deliveries assisted = 380±220); their consent for the survey was obtained. On average, the survey required 25.4±9.27 min to complete. The midwives were found to evaluate the urgency of uterine contractions in simulated pregnant women based on the presence or absence of labor onset signs and membrane rupture sensation, subsequently categorizing them as either "to be immediately reported to a physician for examination" or "physiological uterine contractions." They conducted interviews regarding uterine contractions along with inquiries about the patients' lifestyle habits, minor issues, and self-care ability acquisition status. This information was utilized to provide health guidance tailored to the participants' lifestyle and readiness to prevent future deviations.
CONCLUSIONS
After triaging, midwives evaluate the situation based on two factors: physical assessment of the pregnant woman, and her capacity for self-monitoring and self-care. Pregnant women with low self-monitoring and self-care ability are at an increased risk of uterine contractions. Health guidance is required to maintain and improve the normal course of pregnancy.
KEY MESSAGE
We explored how midwives collect information and assess wellness.
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PA320

How does scope of practice influence the experience, growth and sustainability of midwives in Australia?

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BACKGROUND
Scope of practice has been defined as "the limits of a health professional's 'knowledge, skills and experience' and reflects all tasks and activities they undertake within the context of their professional role" (Downie et al. 2023). Evidence suggests that scope of practice is often limited by multiple factors including but not limited to the clinical context in which the midwife works, management within the institution and the midwife, themself (Medway, Sweet & Muller 2021; Medway, Sweet and Thornton 2020) and in Australia, the scope of a midwife often changes "as the midwife gains new skills and knowledge" (NMBA 2023).
OBJECTIVES
The aim of this study was to understand midwifery scope of practice in Australia from the perspective of midwives including what helps and hinders them to work to full scope.
METHODS
This study surveyed midwives who were currently practising in Australia using purposive and snowballing sampling techniques. Data were collected using a purpose developed survey tool underpinned by the current evidence base. Quantitative data were analysed using descriptive and inferential statistics and qualitative data, via content and thematic analyses.
RESULTS
Preliminary understandings suggest that midwives are unsure of what it means to work to full scope of practice with this influenced by multiple factors including their place of practice. Full results will be presented.
CONCLUSIONS
With a health workforce that is under pressure, understanding what helps and hinders midwives to work to full scope of

practice will positively contribute to education, regulation, research and clinical practice into the future.
KEY MESSAGE
There has been little examination of midwives understanding of scope of practice or what facilitates or inhibits them to work to full scope. The results of this study will help to inform further research, and policy, regulation and advocacy efforts relating to midwifery work in support of contributing to one million more midwives!
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PA321

Nepal, Switzerland, Sweden: Lessons from intentional collaborative co-design and adaptation of TeamBirth to scale respectful maternity care

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PURPOSE
This oral presentation seeks to demonstrate how TeamBirth is a scalable solution that can be adapted in high-income countries, as well as LMICs, to improve respectful maternity care for women giving birth.
DISCUSSION
TeamBirth was developed by Ariadne Labs, a global leader in designing scalable, systems-level solutions that aim to reduce suffering and save lives. As our solutions advance through the three stages of the Ariadne Labs Arc—Design, Test, Spread—we collaborate with partners worldwide, iterate with new knowledge, and refine our approaches. TeamBirth is a process innovation designed to improve interdisciplinary communication and teamwork in childbirth care. This model theorizes that structured, shared decision-making and teamwork facilitated by a labor and delivery planning board will enhance safety and dignity in childbirth.
EVIDENCE WHERE RELEVANT
Implementation in Sweden, Switzerland, and Nepal demonstrate that a human-centered design approach can be leveraged to maintain the core components of TeamBirth, while meeting the cultural/contextual needs of users in birth settings outside of the United States. In Sweden, midwife researchers at the Karolinska Institutet deployed a multi-phase approach to adapt, implement, and analyze the effectiveness of TeamBirth in two pilot hospitals, followed by seven additional sites for evaluation. In Switzerland, midwife leaders from Zurich University of Applied Sciences are leading partnerships with hospitals to make contextual adaptations and conduct pilot testing. In Nepal, Ariadne Labs is partnering with Laerdal Global health to co-design an implementation based on user-feedback from midwives and birthing families in Kathmandu to pilot TeamBirth at two midwife-led birth units.
KEY MESSAGE
The international adaption and implementation of TeamBirth in varied settings demonstrates its potential to improve respectful maternity care, clinical teamwork, safety, and dignity through patient-centered communication. A human-centered design phase pre-implementation with healthcare professionals, including midwives and clinicians, allows for TeamBirth to be adapted, proving to be acceptable and feasible for clinicians and childbearing families globally.
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PA322

Midwifery staffing and structural characteristics of obstetric institutions in Switzerland: A national cross-sectional study

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BACKGROUND
A global shortage of nearly one million midwives poses a significant threat to maternal and neonatal health. Studies have shown that sufficient staffing is not only key to ensuring quality maternity care but also enhances midwives' job satisfaction - an important factor for long-term retention. However, little is known about how structural and organisational characteristics of obstetric institutions are associated with midwifery staffing situations.
OBJECTIVES
To describe midwifery staffing levels and potential shortages in Swiss obstetric institutions, and to explore associations between institutional structural characteristics and staffing situations.
METHODS
A cross-sectional survey was conducted within a nationwide study between spring and summer 2025, targeting all obstetric institutions in Switzerland (N=112). The survey was developed through a multi-step process involving midwifery experts from diverse professional backgrounds. It collects data on institutions, staffing and work conditions of midwives. Multivariable analyses will be conducted to identify structural differences across institutions in relation to their staffing situations.
RESULTS
Preliminary results indicate that structural differences among Swiss obstetric institutions are associated with variations in midwifery staffing levels and the occurrence of staff shortages. Final detailed analyses will report potential differences in terms of institution type, care model, geographic region and setting, and language area.
CONCLUSIONS
Understanding the association between staffing situations and structural characteristics is crucial to identifying systemic weaknesses and informing targeted interventions. While transferability to other countries may be limited, these

findings offer a valuable foundation for further international research. Ethical approval was obtained prior to data collection. The authors declare no conflicts of interest. The study is funded by the Swiss National Science Foundation, and additionally supported by the Swiss Midwives Association.
KEY MESSAGE
Better knowledge of structural and organisational characteristics linked to midwifery staffing can support sustainable workforce planning and quality care provision.
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PA323

Iron deficiency in the first trimester as a predictor of anemia in the third trimester of pregnancy: A retrospective cohort study from the Netherlands

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BACKGROUND
Iron deficiency is the most common cause of anemia and is associated with fatigue, dizziness, and decreased quality of life, even in the absence of anemia. During pregnancy, anemia increases the risk of adverse outcomes including preterm birth, low birth weight, and perinatal mortality. Despite the known benefits of iron supplementation, optimal screening and treatment strategies remain unclear.
OBJECTIVES
To assess the diagnostic value of first-trimester ferritin levels for predicting third-trimester anemia, to determine the prevalence of iron deficiency in early pregnancy, and to explore associations with maternal characteristics.
METHODS
This retrospective cohort study used data from the Dutch VeCaS database, including women from midwifery practices that measured ferritin in ≥70% of pregnancies (n=4.385). Iron deficiency was defined as ferritin ≤30 µg/L, anemia was defined as <6,3 mmol/L. Multivariate logistic regression was used to evaluate associations between iron deficiency and parity, BMI, ethnicity, and smoking status.
RESULTS
Iron deficiency in the first trimester was present in 28.7% of women and tripled the risk of third-trimester anemia. Risk factors of early iron deficiency increased with parity and were also associated with BMI <18.5 kg/m² and non-Western or mixed ethnic backgrounds. Over 50% of women with third-trimester anemia were already iron-deficient in the first trimester, in 39.1% of those, anemia had not yet developed.
CONCLUSIONS
First-trimester ferritin screening may help identify women at risk of developing anemia later in pregnancy. A considerable proportion of iron-deficient women remain undetected under current screening protocols based on hemoglobin alone.
KEY MESSAGE
Early detection of iron deficiency, even in the absence of anemia, could play a crucial role in preventing third-trimester anemia and improving maternal and neonatal outcomes. Current screening practices may warrant revision to incorporate routine ferritin assessment in early pregnancy.
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PA324

How can we best find out what makes individualised care possible in midwifery?

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PURPOSE
Individualised maternity care planning is a cornerstone of respectful care. However, some midwives encounter systemic, cultural, and institutional barriers, particularly when client choices deviate from standard guidelines and norms. In contrast, others report being able to provide this care, either enabled by the systems in which they work or despite them. This presentation will discuss 'what works, where and for whom' to enable midwives in different settings to support individualised care planning.
DISCUSSION
Providing maternity care is a complex process. In most jurisdictions, to manage care for large numbers of clients, maternity services are standardised and routine. When evidence is used, it is often quantitative and population-based, privileging data from large randomised trials or systematic reviews. These methods can override the views and experiences of individuals, as well as cultural differences and diversity, in favour of population-level outcomes. However, newer methods allow for a more nuanced approach. Realist methods are designed to explore complexity. They aim to uncover how and why an intervention works (or doesn't), for whom, and in what circumstances. By examining context–mechanism–outcome configurations (CMOCs), realist approaches are well suited to maternity care, where outcomes are shaped not only by clinical interventions but by relationships, values, power dynamics, and broader system structures.
EVIDENCE WHERE RELEVANT
A realist review was undertaken as part of a doctoral project to identify 'what works, where and for whom' in enabling midwives to support individualised care planning. An initial programme theory, shaped by stakeholder input, suggests midwives are more likely to do so in systems that support midwifery philosophy, value client autonomy, acknowledge cultural differences, and uphold human rights.
KEY MESSAGE
CMO configurations help identify how midwives can be supported to provide individualised care. Delegates can use these insights to reflect on their own practice settings.
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PA325

Right fetal position as a significant risk factor for lack of progress in the second stage of labour

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BACKGROUND
The most common causes of lack of progress in the second stage of labor include cephalopelvic disproportion, abnormal uterine contractions, and abnormal fetal head presentation. The theory suggests that left-occiput anterior (LOA) position may be the the most favorable for the process of birth. However, there is currently no evidence regarding how right versus left the fetal position influences labor.
OBJECTIVES
The aim of this study was to determine whether the risks of cesarean birth due to the lack of progress during the second stage of labor are higher among women with the right fetal position.
METHODS
This case-control study included 3997 births (3730 controls, 267 cases). Logistic regression assessed factors associated with lack of labor progression in the second stage. To address group imbalance, an additional 1:1 and 1:5 random sampling was performed.
RESULTS
After adjusting for other factors, including pre-induction, the use of oxytocin, amniotomy, gestational age, newborn's weight and length, right fetal positioning still increased the risk of lack of progress in the second stage of labor by more than threefold (OR=3.70, p<0.001). Administration of epidural analgesia was the protective factor, which reduced the risk of lack of progress almost tenfold (OR=0.11, p<0.001).
CONCLUSIONS
These results indicate that a right fetal position is a significant risk factor for lack of progress in the second stage of labour. The mechanism by which epidural analgesia may act as a protective factor requires further investigation. Furthermore, our findings suggest a need for research to determine the extent to which fetal position can be influenced in late pregnancy. Promoting a left fetal position could potentially improve perinatal outcomes and decrease the caesarean section rate.
KEY MESSAGE
Right fetal position is a significant risk factor for lack of progress in the second stage of labour.

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PA326

Exploring pregnant women's perceptions of acupressure for pain relief and labour facilitation

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PURPOSE
To explore pregnant women's knowledge, perceived benefits, concerns, and willingness to use acupressure for labour pain relief and facilitation at Prince of Wales Hospital, informing its potential integration into maternity care.
DISCUSSION
A cross-sectional survey (N=89) was conducted at PWH's antenatal ward and clinic (April 2024–May 2025) to assess pregnant women's (≥18 years, gestation ≥23 weeks) perspectives on acupressure. Participants were recruited during routine prenatal visits, with a convenience sample obtained via a QR code linking to an electronic questionnaire (Google Forms). The questionnaire comprised Likert-scale items assessing knowledge, perceived benefits, safety concerns, and willingness to use acupressure, alongside multiple-choice questions allowing multiple selections to capture diverse views. Results revealed 62.92% (56/89) had low knowledge (score ≤2). Perceived benefits included pain relief (67.42%, 60/89 rated ≥3) and labour facilitation (67.42% for induction, 70.79% for duration). Concerns included fetal risks (47.19%, 42/89), adverse reactions (40.45%, 36/89), and safety (33.71%, 30/89). Most (80.90%, 72/89) were willing to try acupressure, with 89.89% (80/89) preferring delivery by trained midwives.
EVIDENCE WHERE RELEVANT
Systematic reviews demonstrate acupressure's efficacy in reducing labour pain intensity and duration (Smith et al., 2017; Chen et al., 2021). Levett et al. (2016) found that integrative approaches, including acupressure, improve pain management and may shorten labour, with minimal adverse effects. Mollart et al. (2015) highlight limited patient awareness, consistent with our findings, emphasizing the need for education. Local data scarcity necessitated this survey to guide evidence-based integration of non-pharmacological methods in Hong Kong's maternity care, aligning with global trends toward holistic labour support.
KEY MESSAGE
Pregnant women support acupressure for labour but lack knowledge and have safety concerns. Education and midwife training can facilitate its adoption in maternity care.

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PA327

The effect of acupoint hot compress on reducing labor pain in primiparous women: A randomized clinical trial

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BACKGROUND
Acupoint hot compress may be a safe, convenient and cost-effective non-drug analgesic intervention, but there is limited evidence at present.
OBJECTIVES
To assess the effects of acupoint hot compress on the labor pain, anxiety and fear of childbirth and sense of delivery control in primiparous women.
METHODS

A total of 186 primiparous women at 37-42 weeks of gestation who were admitted to our hospital for vaginal delivery were randomly assigned to a control group and an acupoint hot compress group. The acupoint hot compress group received routine delivery care plus acupoint hot compress to the Baliao acupoint, while the control group received only routine delivery care without acupoint hot compress. To evaluate labor pain, anxiety and fear of childbirth, sense of delivery control in primiparous women, we use the Visual Analog Scale (VAS), State Anxiety Inventory (S-AI), Wijma Delivery Expectation Scale (W-DEQ-A), Wijma Delivery Experience Scale (W-DEQ-B), and Labour Agentry Scale(LAS).
RESULTS
The intervention group received Baliao acupoint hot compress for an average duration of 230.7 minutes. Compared to the control group, the acupoint hot compress group had significantly lower VAS scores at 3h and 4h after regular labor ($p=0.013$ and $p<0.001$) and in 3cm cervical dilatation ($p<0.001$), as well as lower fear of childbirth ($p=0.012$), higher sense of delivery control ($p=0.004$) and shorter first stage of labor ($p=0.039$). However, no statistically significant differences were observed between the two groups regarding anxiety of childbirth, intraspinal analgesic administration and delivery outcomes.
CONCLUSIONS
The application of acupoint hot compress can markedly alleviate labor pain during the latent phase, diminish fear of childbirth, improve the perception of control during delivery, and facilitate advancements in the initial stage of labor. This method has been validated as an effective and safe non-pharmacological approach to pain management for primiparous women undergoing natural labor.
KEY MESSAGE
acupoint hot compress; Baliao acupoint; labor pain.
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PA328

A midwife-led family planning program targeting postpartum women and their partners

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PURPOSE
Family planning is included as one of the specific objectives of the Sustainable Development Goals (SDGs), which aim to ensure universal access to sexual and reproductive healthcare services by 2030. In Japan, the use of Assisted Reproductive Technology (ART) is becoming increasingly common. Alongside contraception, ART is an important component of family planning, as it helps ensure that women can safely pursue future pregnancies according to their wishes. Currently, in Japan, only women are allowed to receive Postpartum Family Planning (PPFP) guidance. In other words, the partners of postpartum women are not included as targets. We here report on the implementation of a midwife-led PPFP program targeting couples. The key concept of our PPFP program is to help couples openly discuss and make informed decisions about future pregnancies. Therefore, this program went beyond merely providing birth control guidance, but also addressed adjustments in the couple's relationship after childbirth and a reassessment of family roles. Our PPFP program is delivered by midwives who are certified to provide practical guidance on birth control. Further follow-up is needed to determine whether the family planning needs of couples who participated in our PPFP program have been adequately met.
DISCUSSION
Past reports have suggested that postpartum women and their partners are interested in participating in the PPFP program together. In the program, instead of using a one-way, didactic method of knowledge delivery, midwives supported postpartum women and their partners in making informed decisions about future pregnancies through frank discussions.
EVIDENCE WHERE RELEVANT
Blazer et al. (2016) and Worku et al. (2020) reported that PPFP guidance provided to couples by healthcare providers resulted in the adoption of appropriate contraceptive methods.
KEY MESSAGE
We launched a new PPFP program for both postpartum women and their partners, which is a rare initiative among obstetric facilities in Japan.
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PA329

Barriers to implementing in-hospital midwife-led births in Japan

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BACKGROUND
Japan has been promoting establishment of in-hospital midwife-led birth since 2008. However, as of 2023 only approximately 20% of institutions providing maternity services had established in-hospital midwife-led births, a low level.
OBJECTIVES
We aimed to identify barriers to establishing in-hospital midwife-led births in Japan.
METHODS
We conducted a cross-sectional study using the Ministry of Health, Labour and Welfare online database "Shussan Navi." We identified 1859 delivery facilities and sent them study invitations. Data were collected via Google Forms from September to November 2024. The survey addressed willingness toward and concerns regarding implementation, barriers, required support, anticipated challenges, motivation, and confidence. Descriptive statistics were used. The Ethics Review Committee of St. Luke's International University in Tokyo, Japan, approved this study (Approval No: 24-A024).
RESULTS
In total, 267 facilities responded (response rate: 14.4%). Of 263 participating institutions, 53 (20.2%) wished to

establish in-hospital midwife-led births but had not yet done so; 77.4% of these operated mixed wards. Most (94.3%) desired implementation, and midwives were the most frequent advocates (88.0%) but also the most concerned (80.0%). Barriers were identified by 98.1%, with the most common being a lack of midwives with appropriate skills (75.0%) and concerns about profitability (86.3%). Key support needed comprised external training for midwives (96.2%) and admission criteria for mixed wards (100%). Facilities also reported potential operational issues such as shift scheduling (78.3%). Although 52.8% were highly motivated, only 18.9% felt over 60% confident in implementation.
CONCLUSIONS
Although midwives expressed a desire to lead in-hospital midwife-led births, they also voiced strong concerns. Key issues included training, system development, and institutional alignment, especially in mixed-ward settings.
KEY MESSAGE
Establishing in-hospital midwife-led births requires addressing staff training, financial concerns, and system readiness, especially in facilities with mixed wards.
Eur J Midwifery 2026;10(Supplement 1):A706

PA330

Empowering mothers to raise children in their own way: Insights from a community-based hello baby program in suburban Tokyo

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PURPOSE
This practice report explores how community-based postpartum visits can empower mothers to engage in parenting in ways that reflect their individual values and preferences. In particular, it focuses on how verbalizing emotional experiences during early postpartum may support maternal well-being and identity.
DISCUSSION
In Japan, the "Hello Baby" home visit program was implemented nationwide to prevent child abuse and suicide among mothers within the first year postpartum. The program targets all postpartum women and is conducted in collaboration with local governments. I work as a commissioned midwife in a city near Tokyo with a population of approximately 500000 and about 3000 births annually (2024). I visit around 30 families per month under this program. During visits, I often encounter mothers who appear to be enjoying childrearing in their own way. Some mothers explicitly state, "It's hard, but I love my baby," or "I feel fulfilled." In each visit, I use the Edinburgh Postnatal Depression Scale (EPDS) as a tool to guide conversations. By referring to the EPDS scores—whether they are improving, stable, or worsening—I invite mothers to talk about themselves and their relationships with partners, parents, and other significant people in their lives. Through this process, mothers are encouraged to articulate their feelings, recognize their own emotional states, and understand what supports or challenges their current parenting experiences.
EVIDENCE WHERE RELEVANT
Although this is a practice-based report, observational patterns suggest that verbal expression during visits fosters self-awareness and enhances mothers' emotional resilience. EPDS serves not only as a screening tool but also as a conversation starter that leads to individualized support.
KEY MESSAGE
Empowering mothers begins with listening. Home visits that encourage mothers to verbalize their thoughts can validate diverse parenting approaches and foster emotional self-awareness.
Eur J Midwifery 2026;10(Supplement 1):A707

PA331

Optimizing counseling on the first thousand days for women facing language barriers in midwifery practices in the Netherlands: A cross-sectional questionnaire-based pilot study

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BACKGROUND
Lifestyle during the first thousand days is essential for maternal and child health. Language barriers (LB) hinder the transfer of lifestyle information, placing women with LB and their children at increased risk of adverse outcomes.
OBJECTIVES
This pilot study explores strategies to optimize midwives' lifestyle counseling of mothers with LB, focusing on current practices, health literacy assessment (HLA) and best practices.
METHODS
For this study Dutch primary care midwives filled in an online questionnaire based on the 5A-model (Assess, Advise, Agree, Assist, Arrange) to assess counseling strategies and HLA skills, using a validated 8-item scale. Challenges and suggestions for improving a healthy lifestyle for clients with LB were reported. This study is approved by the Medical Ethics Committee of the Amsterdam University Medical Center; informed consent was obtained. No funding; no conflicts are declared.
RESULTS
Of the 67 midwives, 18% reported that more than 25% of their clients experience LB. Commonly used tools to address these barriers were the interpreter telephone service (59.7%) and Google Translate (68.7%). Most midwives spent extra time during consultations with these clients (mean 17.4 minutes), although one-third reported addressing less information, particularly regarding physical activity, healthy weight and dietary patterns. One-third more often scheduled additional consultations for lifestyle support. Approaches, such as Group Care and making use of case managers, were recommended. Suggestions included providing additional prenatal guidance and referring clients to other healthcare

providers. Midwives reported cultural differences as one of the challenges. No factors were associated with improved assessments of clients' health literacy.
CONCLUSIONS
Group Care, having a case-manager and using tools including the interpreter telephone service and Google Translate, appears effective in overcoming LB.
KEY MESSAGE
Improving midwives' skills in overcoming LB, effective use of available tools and enhanced cultural competence in prenatal care are essential.
Eur J Midwifery 2026;10(Supplement 1):A708

PA332

The effect of pain management methods used during the active phase of labour on birth outcomes

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BACKGROUND
Midwives can provide more effective support to pregnant women by adding nonpharmacological methods to the care they provide to reduce birth pain in addition to the continuous birth supportive care practices they provide at the time of birth.
OBJECTIVES
This study aimed to evaluate the effects of pain management methods employed during the active phase of labour on birth outcomes.
METHODS
Conducted using a randomized controlled experimental design, the research included 120 primiparous women who gave birth at a private hospital between September 2023 and June 2025. Participants were allocated to four groups: Intervention 1 (exercise and massage), Intervention 2 (massage and warm shower), Intervention 3 (exercise, massage, and warm shower), and a Control group (pharmacological interventions only). Data were collected using a demographic information form, a birth monitoring form, the Visual Analogue Scale (VAS), the Birth Experience Scale (BES), and a postpartum evaluation form.
RESULTS
Analysis of VAS scores revealed statistically significant differences between groups during cervical dilatation phases of 4–5 cm (p=0.001), 6–7 cm (p=0.034), and 8–9 cm (p=0.030). Pain levels were notably lower in the Intervention 2 group. Regarding the duration of labor, significant differences were found in the lengths of the active (p=0.0001) and transition phases (p=0.022), with shorter durations observed in the intervention groups. In terms of mode of delivery, spontaneous vaginal birth rates were higher in the intervention groups (Intervention 1: 76.7%; Intervention 2 and 3: 86.7%), while the cesarean section rate was higher in the control group. No statistically significant differences were found between the groups in neonatal 1st- and 5th-minute APGAR scores. Although the highest BES score (49.00) was observed in the Intervention 3 group, the differences among groups were not statistically significant.
CONCLUSIONS
In conclusion, non-pharmacological methods such as massage, exercise, and warm showers, when applied during the active phase of labor, appear to facilitate pain management, shorten labor duration, and increase the rate of spontaneous birth.
KEY MESSAGE
Integrating these practices into midwifery care may enhance both physical and emotional support for women, ultimately improving birth outcomes.
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PA333

Integrated birth centre: An evidence option for normal birth in a Hong Kong public hospital

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PURPOSE
The midwife-led Integrated Birth Centre (IBC) in Kwong Wah Hospital offering individualized care to low-risk mothers throughout the prenatal, labor and postpartum period. This study compared the maternal and neonatal outcomes and mother-friendly practices between IBC and conventional Delivery Suites (DS).
DISCUSSION
A retrospective cohort study was conducted between October 2023 and March 2025 to compare the birth outcomes between the mothers cared under IBC and DS. Maternal outcomes included severe perineal trauma, perineal infection, postpartum hemorrhage, postnatal anemia, postnatal depression, and mother friendly practices. Neonatal outcomes included Apgar scores <7 and NICU admissions. Data was analyzed with Chi-square tests using the SPSS 30.
EVIDENCE WHERE RELEVANT
There were 154 mothers having normal vaginal deliveries (IBC: n=35; DS: n=119) in the study period. There was no significant difference between the two groups in the maternal and neonatal outcomes. Mobility and adopting different birth positions in IBC were significantly higher (p<0.001). There was no significant difference in the rate of non-pharmacological pain relief, restrictive episiotomy, delayed cord clamping, early skin-to-skin contact and breastfeeding.
KEY MESSAGE
The findings support IBC as a safe option and a positive birth environment compared with conventional DS for low-risk mothers. The model of care and setting support informed choices, encourage movement, and promote skin-to-skin contact and breastfeeding. Future research should combine larger quantitative cohorts with robust qualitative methodologies to fully evaluate both clinical outcomes and the birth experience in alternative birth settings.
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PA334

Risk factors for suicidal ideation among postpartum women in Japan: Outcomes of a factor analysis

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BACKGROUND
Suicide is the leading cause of maternal mortality, accounting for 28.6% of maternal deaths. In Japan, the perinatal suicide rate peaked in 2022 at 8.4 per 100000 births, higher than in many countries. However, factors increasing suicidal ideation risk in postpartum Japanese women are not well understood.
OBJECTIVES
This study aimed to identify risk factors for suicidal ideation among postpartum women in Japan.
METHODS
Between November 2024 and March 2025, an anonymous survey was conducted among 1,208 mothers who were ≤1 year postpartum and underwent postpartum checkups at municipalities in Japan. Questionnaire items were based on preliminary qualitative surveys and literature, reviewed by maternal and child health experts, and finalized after quantitative surveys. Exploratory and confirmatory factor analyses were performed using data provided by respondents.
RESULTS
The survey was completed by 230 respondents. Six factors related to suicidal ideation risk among postpartum women were identified: "self-blame regarding childcare," "unrelieved physical and mental stress," "decreased self-esteem due to childbirth and childcare," "loneliness felt in the relationship with the partner," "isolation due to severed connections with others," and "searching for a way to escape the current situation." The overall Cronbach's α was 0.92, with factor-specific Cronbach's α of 0.71 – 0.89. Model fit indices were: $x2 = 674.01$, $df = 309$, $P < 0.001$, GFI = 0.83, AGFI = 0.79, and RMSEA = 0.07.
CONCLUSIONS
This study identified six risk factors for suicidal ideation in postpartum women and demonstrated a reliable model. The results aligned with theoretical predictions and were logically sound and reasonable. Future studies should further examine these factors and develop screening tools.
KEY MESSAGE
The results of the exploratory factor analysis suggested risk factors for suicidal ideation in postpartum women.
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PA335

Relationship between quality of maternity care and parenting confidence one month postpartum in Japan

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BACKGROUND
A woman's childbirth experience and high-quality care from midwives and other maternity professionals can increase maternal self-esteem and confidence in early parenting.
OBJECTIVES
To examine the relationship between the perceived quality of maternity care or mode of delivery and maternal parenting confidence one month postpartum.
METHODS
We conducted a prospective survey in Japan. At Time 1, we sent the survey information to all hospitals nationwide where women could give birth. These women were requested to complete an online questionnaire within seven days of giving birth to allow for the assessment of demographics and information during childbirth, depressive symptoms and perceived quality of care (Perceived Care Quality scale; PCQ). Time 2 followed the same cohort at one month postpartum, measuring parenting confidence using the Karitane Parenting Confidence Scale (KPCS). The analysis was restricted to women who delivered at term gestation with a partner. We conducted a multivariate linear regression with the KPCS score as the outcome variable. Research ethics committees of the Graduate School of Medicine, University of Tokyo, approved this study.
RESULTS
Of the 1825 women who had completed, 1689 met the inclusion criteria. Higher PCQ scores were clearly associated with increased KPCS scores at one month postpartum ($\beta=0.19$, $p<.001$), adjusting for covariates. Compared to spontaneous birth, epidural analgesia was linked to lower parenting confidence ($\beta=-0.05$, $p<0.036$). Cesarean delivery bore no significant relation to KPCS ($\beta=-0.04$, $p=0.090$).
CONCLUSIONS
The quality of care had a lasting effect on maternal confidence during early parenting. Providing respectful and high-quality intrapartum care can play a crucial role in advancing birth outcomes and encouraging maternal confidence in the postpartum period.
KEY MESSAGE
Midwives' respectful care can help empower women through attentive support that responds to their respective needs and personal strengths.
Eur J Midwifery 2026;10(Supplement 1):A712

PA336

Evaluation of postpartum breastfeeding continuation and risks of glucose tolerance abnormalities and obesity in women with gestational diabetes mellitus

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BACKGROUND
Breastfeeding Continuation and Glucose Tolerance Increased energy expenditure for milk production and improved insulin sensitivity allow for efficient utilization of blood glucose. Additionally, oxytocin and prolactin secreted by the mother during breastfeeding are involved in regulating blood sugar levels.
OBJECTIVES
This study aims to investigate the degree of postpartum breastfeeding continuation in women with Gestational Diabetes Mellitus (GDM) and its impact on the prognosis

of diabetes, focusing on the health status of both mother and child, including type 2 diabetes, glucose tolerance abnormalities, and obesity.
METHODS
The study design is a retrospective cohort study. Data was collected from medical records of 390 women with GDM at the affiliated university hospital over eight years from 2011 to 2018. A total of 233 items were collected, including the timing of GDM diagnosis, baseline information, blood glucose levels during and after pregnancy, HbA1c, child growth status, and feeding methods.
RESULTS
Sixty-two percent of participants breastfed for six months or longer. Women who breastfed for this duration had significantly lower rates of glucose abnormalities (6%) compared to those who breastfed for less than six months (13%). Additionally, prolonged breastfeeding correlated with a lower average maternal BMI than shorter durations.
CONCLUSIONS
Mothers who continued breastfeeding for up to one month postpartum showed greater weight loss and lower blood glucose levels compared to those who did not continue breastfeeding. Additionally, there was a tendency for lower HbA1c levels in mothers who continued breastfeeding.
KEY MESSAGE
It is important to convey that for women with GDM, continuing breastfeeding is crucial for postpartum weight management and blood glucose control, providing significant health benefits to mothers.
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PA337

Expanding the midwifery role in oncofertility: A national cross-sectional study on barriers and competency needs in Italy

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BACKGROUND
Oncofertility—addressing fertility preservation during cancer treatment—is a critical but still underdeveloped area of women's care. Midwives, with their holistic approach and expertise in reproductive health, are ideally positioned to support cancer patients, yet their role in oncofertility remains unrecognized and undefined.
OBJECTIVES
To explore the knowledge, attitudes, and perceived competencies of Italian midwives regarding oncofertility, and to identify structural and educational barriers preventing their integration into oncofertility pathways.
METHODS
A cross-sectional survey was distributed to all 61 Provincial Orders of Midwives in Italy, reaching registered members nationwide. Since no validated assessment tool existed, the questionnaire focused on perceived barriers as proxy indicators of competency gaps. It was based on literature-informed domains and included Likert-scale items addressing seven thematic factors.
RESULTS
164 midwives responded. The most common answer across all items was "uncertain," indicating a widespread lack of knowledge and confidence. Over 70% of participants did not feel able to provide clear information or navigate referral processes. The vast majority (89%) agreed that workplace training on oncofertility was severely lacking. Several biases and rigid beliefs regarding patient characteristics, prognosis, and reproductive choices were also identified.
CONCLUSIONS
Midwives in Italy are currently unprepared to support oncofertility due to systemic, cultural, and educational gaps. A validated assessment tool and standardized competency framework are urgently needed. Specific postgraduate training should be implemented to empower midwives to act as patient navigators within interdisciplinary teams for fertility preservation.
KEY MESSAGE
Midwives have great potential to contribute to oncofertility care, but their integration requires urgent educational, institutional, and policy-level actions to overcome existing barriers.
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PA338

Barriers and facilitators for implementation of continuity of midwife care: A review of reviews

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BACKGROUND
Continuity of Midwife Care (CoMC) significantly improves maternal and neonatal outcomes. However, global implementation remains limited, hindered by various barriers and facilitators across healthcare settings. This review of reviews synthesizes existing evidence on barriers and facilitators to CoMC implementation using the Consolidated Framework for Implementation Research (CFIR) as an analytical tool.
OBJECTIVES
This review of reviews synthesizes existing evidence on barriers and facilitators to implementing CoMC using the CFIR framework. Findings aim to inform practice, guide policy, and improve global maternal and neonatal outcomes in alignment with the SDGs.
METHODS
Following the Joanna Briggs Institute (JBI) methodology, a review of reviews was conducted. Comprehensive searches of Embase, Medline, CINAHL, and grey literature identified reviews published between 2013 and 2024 that addressed CoMC implementation. Data were categorized by CFIR 2.0 domains: innovation characteristics, outer setting, inner setting, characteristics of individuals, and implementation processes.

RESULTS
Six reviews met inclusion criteria. Barriers to CoMC were systemic and included hierarchical power dynamics, limited midwife autonomy, workforce shortages, and inadequate policy support. Facilitators were more context-specific, influenced by healthcare infrastructure and resources. Key facilitators included supportive leadership, collaborative care models, and national guidelines promoting CoMC.
CONCLUSIONS
Barriers to CoMC are deeply embedded in healthcare systems, while facilitators are highly dependent on local contexts. Bridging the evidence-practice gap requires applying implementation science methodologies, such as CFIR, to inform policy and intervention strategies. Collaboration between countries with similar healthcare systems can foster knowledge-sharing and adaptation of successful CoMC models. These findings offer actionable insights for policymakers and healthcare professionals to advance CoMC integration globally.
KEY MESSAGE
The evidence for continuity of midwifery care is unequivocal. What's missing is not knowledge, but action. To close the persistent evidence–practice gap, we must urgently embed this proven model into policy, training, and health systems through implementation science, shifting from recommendations to results, from research to reform.
Eur J Midwifery 2026;10(Supplement 1):A715

PA339

Healthcare providers' perceptions of maternal and newborn care quality in the West Bank, Palestine: A qualitative study

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BACKGROUND
The Sustainable Development Goals highlight the need for high-quality antenatal, intrapartum, and postnatal care to reduce maternal morbidity and mortality and enhance overall well-being.
OBJECTIVES
This study aimed to explore healthcare providers' perceptions of maternal and newborn care quality in the West Bank, occupied Palestinian territories, where the healthcare system faces systemic and political challenges.
METHODS
This qualitative study was undertaken in government hospitals and primary healthcare clinics operating under the Palestinian Ministry of Health across the north, central, and south regions of the West Bank. Between May and October 2023, sixteen in-depth, semi-structured interviews were conducted with healthcare providers, comprising 12 midwives and four physicians. The interviews were guided by the Quality Maternal and Newborn Care Framework, which focuses on practice, organization, values, philosophy, and care providers. Data were analyzed using the reflexive thematic analysis approach.
RESULTS
Two main themes were developed. The first, "navigating high demands in an unpredictable system," highlights the toll of professional burnout and systemic challenges, including resource shortages, administrative inefficiencies, and the impact of the Israeli occupation. The second, "opportunities for enhancing care quality," identifies pathways for improvement, including expanding the role of midwives in decision-making, encouraging respectful and person-centered care, increasing access to evidence-based clinical training, and strengthening care coordination and continuity.
CONCLUSIONS
The findings highlight critical challenges and key opportunities for improving maternal and newborn care quality in the West Bank. Addressing these issues holistically through the lens of the Quality Maternal and Newborn Care Framework aligns with global priorities and offers a pathway to strengthen the quality of care in conflict-affected settings.
KEY MESSAGE
Maternal care quality, newborn care quality, healthcare in conflict settings, midwifery, reflexive thematic analysis, qualitative research methods, Palestine.
Eur J Midwifery 2026;10(Supplement 1):A716
Poster session 1 (Group A)

PA340

Midwifery continuity of care in Germany: Challenges, opportunities, and future perspectives

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PURPOSE
To investigate the implementation of a new model of Midwifery Continuity of Care (CoC) in Germany, including its benefits, current challenges, and possible strategies for integrating it into the German healthcare system. Another objective is to present the current state of Midwifery Continuity of Care in Germany.
DISCUSSION
Midwifery CoC is recommended by the WHO in countries with well-functioning midwifery systems, offering numerous benefits for mothers and newborns. In Germany, 98% of all births take place in hospitals and only 2% out-of hospital. Thus, ensuring the Midwifery CoC is hampered by the separation of inpatient and outpatient sectors, which operate under separate reimbursement systems. Currently, there is no standardized working or care model to enable midwives to provide Midwifery CoC in the hospital. There is an excess demand for Midwifery CoC for births in hospitals. The ongoing KoHaLa project is developing a care and work model tailored to German healthcare structures. Challenges, opportunities, and future perspectives will be presented in the form of a

SWOT analysis.
EVIDENCE WHERE RELEVANT
While specific data for Germany is limited, international evidence supports the positive outcomes of Midwifery CoC, and ongoing projects like KoHaLa aim to adapt these models to the German context.
KEY MESSAGE
Understanding the conditions that facilitate or hinder the implementation of models of Midwifery CoC is essential. Addressing structural barriers and fostering supportive work environments are crucial steps toward integrating continuity of care models into German maternity care.
Eur J Midwifery 2026;10(Supplement 1):A717

POSTER SESSION 3 (GROUP B)

PB001

Changes in the competency of midwives providing perinatal mental health care after participating in psychologist-led group supervision: A pre-post, qualitative study

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BACKGROUND
Perinatal mental health is a public health concern, and midwives are uniquely positioned to provide perinatal mental health support.
OBJECTIVES
Midwives must often provide perinatal mental health care to mothers with mental health problems. However, meeting such care demands falls outside their expertise, leaving them psychologically burdened.
METHODS
We examined psychologist-led group supervision as a form of 'support for midwives' who provide perinatal mental health care and examined its impact on their competency. This study involved 11 midwives working at home-visit stations that support women with perinatal mental health problems. Experienced psychologists conducted three sessions of group supervision focused on self-reflection, case sharing, feedback, and support strategies. Data from individual interviews post-supervision were thematically analysed.
RESULTS
Six themes emerged: (1) Corrected the understanding of the whole case and reduced and modified negative emotions; (2) Recognised the need for goal setting and evaluation in home-visit care services and identified improvement areas; (3) Learnt and practised counselling skills; (4) Realised the benefits of peer support through the psychologist's counselling experiences; (5) Increased understanding and trust among colleagues through the effects of group learning; and (6) Enhanced understanding of the professionalism of psychologists.
CONCLUSIONS
Psychologist-led group supervision helped midwives increase their understanding of cases, improve their goal setting and evaluation skills, acquire counselling skills, and understand the importance of trusting colleagues and other professionals. Access to psychologist-led supervision needs improving.
KEY MESSAGE
Group supervision helped midwives understand mothers' developmental characteristics, easing negative feelings, while offering a judgement-free space to share experiences.
Eur J Midwifery 2026;10(Supplement 1):A718

PB002

Mapping core competencies for midwifery clinical practice and assessing training needs: A national cross-sectional observational study

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BACKGROUND
Mapping midwives' competencies is pivotal for aligning Italian education with international standards and ultimately improving maternal–infant outcomes. Yet few nationwide profiles of self-perceived skills and training gaps exist.
OBJECTIVES
To profile Italian midwives' self-perceived essential competencies and identify priority training needs.
METHODS
A national cross-sectional online survey (up to March 2025) circulated via professional Orders employed a 98-item instrument derived from the 2019 International Confederation of Midwives framework. Content validity was excellent (Ave-CVI 0.99). Items were rated on a five-point Likert scale. Descriptive statistics summarised mean scores; subgroup analyses compared midwives with ⩽12 versus >12 years' experience. This interim analysis includes 126 licensed midwives.
RESULTS
Mean global scores indicated high overall confidence. The strongest domain was care during labour and birth (4.28 ± 0.97), followed by general competencies (4.04 ± 0.92). Sub-domains scoring ⩾4 included birth coaching (4.02), labor (4.31), hands-on birth care (4.40), immediate postpartum (4.44), and breastfeeding support (4.38) . Lower values emerged for antenatal skills (3.43 ± 1.01) and, most notably, family planning and rehabilitation (3.15 ± 1.32). Midwives with more than twelve years' experience outperformed newer colleagues across all domains ($p < 0.001$). The highest individual item was promoting early exclusive breastfeeding (4.67 ± 0.60), whereas assisting couples undergoing medically assisted reproduction scored the lowest (2.84 ± 1.21).
CONCLUSIONS
Italian midwives feel highly competent in intrapartum care and breastfeeding but identify critical deficits in reproductive counselling, pelvic-floor rehabilitation, neonatal screening and support for assisted conception. These gaps define

priorities for undergraduate curricula, structured CPD and workforce realignment.

KEY MESSAGE

Italian midwives excel in labour and breastfeeding support but urgently need further training in reproductive counselling, rehabilitation and assisted-reproduction care to meet evolving service demands.

Eur J Midwifery 2026;10(Supplement 1):A719

PB003

Assessing the long-term impact of a structured LGBTQ+ health intervention on midwifery students: The ATHENA study

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BACKGROUND

LGBTQ+ individuals face persistent health disparities in sexual and reproductive care, partly due to healthcare professionals' limited training in providing inclusive, sensitive services. Incorporating LGBTQ+ content into undergraduate curricula is essential for shaping competent and empathetic future healthcare providers.

OBJECTIVES

This study is the first to evaluate the immediate and six-month retention effects of a structured educational intervention on Greek midwifery students' knowledge and attitudes toward LGBTQ+ reproductive health needs and rights.

METHODS

In this prospective cohort study, a 3-hour educational intervention—including a lecture, case study analysis, and group discussions on gender equality and LGBTQ+ reproductive health—was delivered across three venues (November–December 2024). Pre- and post-intervention surveys were completed by 61 final-year midwifery students, with follow-up at six months. Instruments included the validated Greek version of Wahlen's (2020) questionnaire and a purpose-designed tool measuring knowledge of LGBTQ+ reproductive health in Greece.

RESULTS

Participants had a mean age of 21.8±2.2 years; 98.4% identified as women, 80.3% as heterosexual, and 49.2% as religious. The Wilcoxon signed-rank test indicated significant improvements in both attitudes and knowledge following the intervention ($p<0.001$ for both). Mean knowledge scores rose from 49.32% (SD=15.24%) pre-intervention to 65.44% (SD=12.06%) post-intervention ($p<0.001$). Knowledge retention remained stable for key concepts after six months ($p>0.05$), and although scores declined slightly in secondary areas, they remained significantly higher than baseline ($\beta = 0.381$, $p<0.001$).

CONCLUSIONS

The findings support the effectiveness of brief, targeted educational interventions in improving midwifery students' understanding and attitudes toward LGBTQ+ health. Sustained improvements at six months underscore the importance of integrating LGBTQ+ health content into midwifery curricula to promote equitable and inclusive care.

KEY MESSAGE

A brief, structured training significantly enhances midwifery students' knowledge and attitudes regarding LGBTQ+ healthcare, with effects largely retained after six months—highlighting the need for curriculum integration to ensure long-term impact.

Eur J Midwifery 2026;10(Supplement 1):A720

PB004

Postnatal women's satisfaction with the quality of care provided by domiciliary students of Lira University in Lira City, Uganda: A cross-sectional study

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BACKGROUND

Domiciliary care, a form of community midwifery practice, is midwife-led continuity of care implemented in various countries worldwide. In Uganda, domiciliary care is mainly limited to midwifery training institutions. This care model spans from prenatal, intrapartum and postpartum, characterized by daily follow-up visits for a week postnatally. Domiciliary is aimed at ensuring a continuum of care during the critical early postnatal period and is premised on respectful, culturally sensitive, and women-centered care principals. This study assessed postnatal women's satisfaction with the quality of care provided by undergraduate Midwifery students of Lira University undertaking domiciliary care in Lira City.

OBJECTIVES

To assess postnatal women's satisfaction with the quality of care provided by Undergraduate Midwifery students of Lira University during domiciliary in Lira City.

METHODS

198 postpartum mothers who received domiciliary care from Lira University undergraduate midwifery students in Lira City participated in this cross-sectional quantitative community-based study. A modified version of the midwifery quality postpartum care measurement tool and the patient satisfaction tool were used to gather data between June and July 2024. SPSS version 27 was used for data analysis. Ethical approval was obtained (LUREC-2023-56) and informed consent provided by all participants.

RESULTS

Most of the participants had attained primary school education, were unemployed, aged 20 -33 years, and were cohabiting or unmarried. 92% of them expressed great satisfaction with the quality of care during domiciliary. Nearly none of the participants or their babies experience complications postnatally. The majority of women expressed gratitude for the time students spent on screening, support, and health education, and reported rigorous follow-up for seven days following delivery and an opportunity to contact their student midwives beyond the formal domiciliary period.

CONCLUSIONS

Participants were highly satisfied with the quality of care received during domiciliary.

KEY MESSAGE
Integrate domiciliary care into the standard of care for all postnatal women for better outcomes.
Eur J Midwifery 2026;10(Supplement 1):A721

PB005

An exploration of an interprofessional approach to perinatal mental health education: A qualitative descriptive study

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BACKGROUND
Perinatal mental health morbidity can negatively affect a woman's emotional and physical health. Evidence highlights the need for accessible and collaborative mental health care during the perinatal period from skilled healthcare professionals. However, there has been a lack of emphasis on perinatal mental health education and training for healthcare professionals.
OBJECTIVES
This study explores and evaluates postgraduate student's experiences of an interprofessional perinatal mental health education programme.
METHODS
A qualitative descriptive research study with a purposive sample of postgraduate healthcare professionals (n=10) was conducted. The sample included 5 registered midwives and 5 registered mental health nurses. Participants had completed the first year of the MSc in Perinatal Mental Health programme or relevant standalone modules, at a Higher Education Institute in Ireland. Data collection were conducted via four online small-group discussions and thematic analysis was utilised to analyse the narrative data.
RESULTS
Three themes illustrate participants' experiences of the perinatal mental health programme: Learning with other professionals, Enhanced confidence for clinical practice and Challenges of the programme.
CONCLUSIONS
The interprofessional programme offered participants opportunities for developing networking relationships which continued into clinical practice. Participants acknowledged the benefits of the programme in acquiring specialist knowledge and skills regarding the spectrum of perinatal mental health. The blended learning delivery of the programme was welcomed by many participants. However, it is important to consider how best to deliver material of an emotional or sensitive nature, as participants expressed a sense of isolation when this material was provided online.
KEY MESSAGE
The education of midwives and other healthcare professionals in the specialism of perinatal mental health requires professionals to work collaboratively. Interprofessional collaboration can be optimised through high quality educational programmes that prepare practitioners to be responsive to the diverse and complex needs of women and families.

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PB006

Strengthening midwifery training through targeted interventions at koidu government hospital, Sierra Leone

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PURPOSE
Sierra Leone continues to face high maternal and neonatal mortality rates, partly due to insufficient midwifery education. A baseline assessment at Koidu Government Hospital in January 2023, revealed significant theoretical and practical training gaps, including outdated curricula, limited clinical exposure, and a lack of educator support. This quality improvement initiative aimed to enhance midwifery training and improve clinical outcomes.
OBJECTIVES
1. To implement a redesigned competency-based curriculum and mentorship program that addresses identified training gaps. 2. To assess changes in student competency, confidence, and selected maternal and neonatal outcomes following the intervention.
DISCUSSION
These interventions were conducted from April to September 2023. Thirty-two midwifery students participated. Key components included simulation-based skills workshops, updated teaching materials, and a faculty mentorship program. Competency was measured using Objective Structured Clinical Examinations (OSCEs) before and after the intervention. Confidence was assessed through a 5-point Likert scale survey. Clinical outcomes, including postpartum hemorrhage (PPH) rates and neonatal complications, were monitored over three months before and after the intervention.
EVIDENCE WHERE RELEVANT
OSCE scores increased from a baseline average of 56% to 86% post-intervention ($p < 0.01$). The proportion of students reporting feeling "confident" or very confident rose from 40% to 85%. Facility data indicated a decrease in PPH rates from 14% to 9%, while early neonatal complications declined by 18% post-intervention.
KEY MESSAGE
Investing in practical, competency-based midwifery education and mentorship can lead to better-trained providers and contribute to safer childbirth outcomes.
Eur J Midwifery 2026;10(Supplement 1):A723

PB007

Digital learning and teaching in midwifery education: A post-pandemic scoping review update

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BACKGROUND

Digital teaching approaches are emerging in university-based midwifery programmes. They often claim a learner-centered and scalable approach. To find out about post-pandemic developments, this scoping review builds on an earlier review by Downer et al. (2021) of digital midwifery education methods.

OBJECTIVES

The scoping review aims at identifying post-pandemic trends, technological advancements and challenges in digital midwifery education in order to build a solid ground for innovation and co-operation.

METHODS

A comprehensive scoping review of 9 databases and grey literature following JBI standards and PRISMA guidelines was conducted. Publications from 2021 to March 2025 were included. All publications were selected when including undergraduate midwifery students in university-based education, using digital teaching or learning technologies.

RESULTS

Overall, 37 studies met the inclusion criteria, reporting immersive technologies, such as virtual, or augmented reality, focusing on hands-on birth simulations, anatomy, and emergency scenarios. Mobile and web-based learning providing flexible access to theory, quizzes, and clinical cases. Video-based resources, such as visual demonstrations and simulated practice for skill-building and interactive and creative methods like storytelling and game-based approaches to deepen engagement and reflection.

CONCLUSIONS

Previously, digital resources were limited to ePortfolios, mLearning, virtual reality, and videos which facilitated flexible learning that assisted students to develop critical thinking. Challenges of implementing digital resources were found, such as academics' time constraints. Digital learning resources have grown in quantity, show a greater variety in approaches and improved in quality. However, not all available digital technologies have been reviewed and evaluated. This study recommends educational research that evaluates new digital resources. Moreover, a standardized international terminology for digital technologies in midwifery education is needed.

KEY MESSAGE

Technological advances and innovative pedagogical approaches can enhance flexibility and improve students' learning experiences. To make them widely available, detailed descriptions of new educational resources, as well as a further in-depth analysis and research is needed.

Eur J Midwifery 2026;10(Supplement 1):A724

PB008

Empowering midwifery students through community service learning: An interprofessional approach at Karel de Grote University in Antwerp, Belgium

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PURPOSE

The course "Social Commitment by Students" in the midwifery program at Karel de Grote University of Applied Sciences and arts (KDG), integrates Community Service Learning to enhance students' cultural competence, ethical awareness, and interprofessional collaboration. This abstract highlights the course design, its focus on interprofessional teamwork, and its relevance to midwifery education.

DISCUSSION

The program links theory and practice through community-based projects, such as mentoring vulnerable pregnant individuals and providing sexual education to unaccompanied minors. It is built on three pillars: - Societal Engagement – Students contribute to real-world initiatives that address concrete needs identified by community partners. - Academic Competence – They apply academic knowledge and skills to community challenges, bridging classroom learning with practical experience. - Critical Reflection – Through journaling and discussions, students reflect on their experiences, fostering both personal and professional growth. Collaboration with professionals from diverse disciplines deepens students' understanding of interprofessional teamwork and its role in holistic care.

EVIDENCE WHERE RELEVANT

Service-learning in healthcare education enhances clinical skills, empathy, teamwork and communication while fostering critical thinking and civic responsibility. It boosts competencies like reflection, problem-solving, and cultural awareness, preparing well-rounded professionals. (Tijsma et al., 2020).

KEY MESSAGE

Integrating societal engagement, academic competence and reflection into midwifery education equips students with the skills, knowledge, and perspectives essential for interprofessional, culturally competent care. The course "Social Commitment by Students" at KDG exemplifies an effective model for enhancing midwifery curricula globally.

ADDITIONAL READING

Tijsma G, Hilverda F, Scheffelaar A, et al. Becoming productive 21st century citizens: a systematic review uncovering design principles for integrating community service learning into higher education courses. Educ Res. 2020;62(4):390-413. doi :10.1080/00131881.2020.1836987

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PB009

Clinical training experiences of sexual and gender minority midwifery students in the United States

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BACKGROUND

Clinical education is essential to midwifery training, but the experiences of sexual and gender minority (SGM) students in these settings remain underexplored. Discrimination and exclusion in clinical settings may undermine training quality, professional development, and retention in the workforce.

OBJECTIVES

To explore differences in clinical training experiences by SGM identity among midwifery students in the United States.

METHODS

We conducted a national online cross-sectional survey of newly certified midwives (<5 years) in the US, recruited from the US midwifery certifying body. We combined sexual orientation and gender identity responses to characterize whether a respondent identified as SGM versus straight and cis-gender. Multiple measures of clinical education experiences were self-reported. We estimated bivariable and multivariable associations between each measure of clinical education experience and respondents' SGM status.

RESULTS

Of the 611 newly certified midwives who completed our survey, 20% of respondents identified as SGM. In bivariable and multivariable models, SGM midwives reported significantly more negative clinical education experiences than their non-SGM peers. They were less likely to report excellent interactions with preceptors, other midwives, and physicians, less likely to report satisfaction with their preceptorship experience, and more likely to report bullying during training. They also scored significantly lower on three validated scales assessing the quality of clinical education.

CONCLUSIONS

SGM midwifery students face distinct challenges in clinical education that may compromise their training and well-being. These disparities highlight the urgent need for inclusive clinical learning environments, targeted faculty development, and institutional accountability to ensure equity in midwifery education and support a diverse workforce to best meet patient needs.

KEY MESSAGE

To foster a diverse and resilient midwifery workforce, clinical education must actively address discrimination and create affirming, inclusive spaces for SGM students.

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PB010

Development of a quality assurance assessment tool to meet accreditation standards for midwifery education: A Delphi study

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BACKGROUND

High-quality midwifery education is critical to developing a competent midwifery workforce capable of delivering essential sexual, reproductive, maternal, and newborn health services. While global standards for improved education exists, calls for enhanced quality and accreditation systems in low-resource settings like Bangladesh face persistent implementation challenges.

OBJECTIVES

To validate and culturally adapt a Quality Assurance Assessment Tool aligned with global midwifery education standards, tailored to support internal quality processes and meet national accreditation requirements in Bangladesh.

METHODS

A three-round modified Delphi study engaged 55 participants—including midwifery educators, institutional leaders, and researchers from Bangladesh, India, and Sweden. In round 1: A workshop in Dhaka with 25 experts guided initial tool development. In round 2: Field testing with 30 faculty members and principals from five institutions evaluated the tool's relevance, usability, and face validity, and in round 3: The 25 workshop experts reviewed final revisions, leading to full consensus. The study was approved by the Directorate General of Nursing and Midwifery Services in Bangladesh.

RESULTS

The tool demonstrated strong face and content validity and was affirmed as both contextually appropriate and aligned with global and national midwifery education standards. Participants confirmed its potential to support an internal quality assurance process aligned with the national accreditation.

CONCLUSIONS

This validated Quality Assurance Assessment Tool offers a robust, context-sensitive framework to enhance midwifery education quality in Bangladesh. It holds promise as a model for adaptation in other low-resource settings. The next phase will involve developing an implementation guideline through a Delphi process.

KEY MESSAGE

A validated, culturally adapted Quality Assurance Assessment Tool has been developed for midwifery education in Bangladesh, offering a practical framework aligned with global standards and national accreditation requirements. - This tool empowers institutions in low-resource settings to strengthen internal quality assurance processes in midwifery education, with potential for broader regional adaptation and impact.

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PB011

Healthcare professionals' knowledge, and experiences of caring for women with epilepsy in the perinatal period: A systematic review

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BACKGROUND

Epilepsy is one of the commonest neurological conditions

experienced by pregnant women and therefore crucial that health care professionals involved in perinatal care are knowledgeable and competent in caring for women with epilepsy during pregnancy.
OBJECTIVES
To explore, appraise, and synthesize primary evidence in relation to midwives and healthcare professionals' knowledge, attitudes, and experiences of caring for women with epilepsy during the perinatal period.
METHODS
A systematic review of quantitative and qualitative studies was conducted. Five electronic databases (e.g. CINAHL, Medline, PsychINFO, EMBASE, and ASSIA), were systematically searched from inception up until September 2024 with no date, language or geographical limiters set owing to a dearth of research in this subject area. Two authors independently assessed the quality assessment and extracted data, and data analysis followed the principes of narrative synthesis.
RESULTS
Fourteen papers were included for narrative synthesis. Three themes emerged: (1) Knowledge base; (2) Risk perception; and (3) Strategies to enhance knowledge and care provision.
CONCLUSIONS
Our findings demonstrate that healthcare professionals lack comprehensive knowledge required to care for women with epilepsy during the perinatal period and that there is little being done on these significant knowledge deficits which can impact on the health and wellbeing of this population.
KEY MESSAGE
This review emphasizes the need to address the knowledge deficit in maternity epilepsy and makes recommendations on education and training toolkits for all midwives and healthcare professionals caring for women with epilepsy during the perinatal period.
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PB012

Integration of safe delivery app (SDA) into nursing and midwifery curricula in India

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PURPOSE
India has made notable progress in reducing maternal and newborn mortality. However, gaps in quality of care persist, often due to gaps in sexual reproductive healthcare professionals' (SRHPs) knowledge and skills, as well as limited access to latest national evidence-based clinical guidelines (Sodha et al., 2022). Digital tools are increasingly recognized for their potential to improve learning outcomes among SRHPs. (Armour et al., 2025). The Safe Delivery App (SDA), developed by Maternity Foundation, offers evidence-based guidance for managing childbirth and related emergencies and is tailored to support nurses and midwives.
DISCUSSION
In 2017, a version of SDA aligned with Indian clinical protocols was launched. Recognizing the value of SDA as a self-directed learning and reference tool, the Indian Nursing Council integrated it into both the Nurse Practitioner in Midwifery and B Sc Nursing curricula, giving all educators and students access to the national maternal and newborn protocols communicated in a concise manner (Sodha et al., 2022). A study showed significant improvement in knowledge of key maternal and newborn topics among nursing and midwifery students using SDA (Usmani et al., 2019).
EVIDENCE WHERE RELEVANT
From 2021 to 2023, around 2000 nursing and midwifery students were onboarded annually. In 2024, this number increased to 6649, as revised curriculum cohorts reached relevant semesters. By mid-2025, SDA had reached over 13500 students, with more than 6500 successfully earning the SDA Champion certificate. A usability and feasibility survey among nursing students showed 99% found the app easy to use and clinically relevant, and were motivated to use SDA for both learning and peer support.
KEY MESSAGE
Integrating SDA into national midwifery and nursing curricula demonstrates how digital tools can effectively strengthen pre-service education. This approach ensures future midwives are equipped with accessible, standardized, and evidence-based clinical guidance key to improving maternal and newborn care outcomes.
Eur J Midwifery 2026;10(Supplement 1):A729

PB013

Evaluation of pregnancy outcomes in vegetarian/vegan women

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BACKGROUND
Plant-based diets like vegetarianism and veganism have gained popularity due to ethical, environmental, and health concerns. However, their impact during pregnancy remains controversial. Proper maternal nutrition is vital for fetal development and maternal well-being. Diets excluding animal products may lead to deficiencies in essential nutrients, possibly affecting pregnancy outcomes.
OBJECTIVES
This study aimed to evaluate pregnancy and postpartum outcomes in women adhering to vegetarian or vegan diets. It focused on nutritional behaviors, supplement use, and neonatal health indicators such as birth weight, length, and head circumference.
METHODS
A descriptive and cross-sectional design was used with a sample of 15 vegetarian/vegan women admitted to the obstetrics clinics of a public hospital. Data were collected via a Personal Information Form and a Nutritional Behaviors Evaluation Form. Statistical analyses included descriptive statistics, Mann-Whitney U, ANOVA, and Kruskal-Wallis tests.
RESULTS
Participants had a mean age of 35.00±3.98 years; 53.3% had a normal BMI. Most followed a vegan diet (60%) and were motivated by animal welfare (73.3%). Nutritional supplement use was reported by 80%, mainly for health reasons. Anemia was diagnosed in 33.3% of participants. Neonatal outcomes included 13.3% with low birth weight, 26.7% with below-average length, and 26.7% with small head circumference.

Breastfeeding difficulties were noted by 6.7% of mothers.
CONCLUSIONS
Vegetarian and vegan diets may pose certain risks during pregnancy, particularly if not carefully managed. However, with appropriate dietary planning and sufficient supplementation, many of these risks can be mitigated.
KEY MESSAGE
Plant-based diets can support healthy pregnancies when carefully planned and nutritionally adequate.
CONFLICTS OF INETEREST
The authors declare no conflicts of interest.
ETHICAL APPROVAL
Ethical approval was obtained from the Scientific Research Ethics Committee of a public university.

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PB014

Lessons learned from the Safe Delivery+ programme: Using digital health tools to support midwifery training and capacity building

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PURPOSE
Maternity Foundation strengthens maternal and newborn healthcare by equipping midwives especially in low- and middle-income countries and humanitarian settings with digital learning tools. Central to this effort is the Safe Delivery+ Programme, featuring the Safe Delivery App (SDA), which provides cost-effective, evidence-based information through training to improve quality obstetric and neonatal care. This poster presents key lessons learned from implementing diverse midwife training modalities using the SDA. The trainings are usually a blend of online and/or on-ground training focusing on knowledge and skills, using low-dose-high-frequency, Training of Trainer programmes and localized cascading approaches. By sharing insights, challenges, and successes, we aim to inform and inspire others engaged in midwifery training and capacity building.
DISCUSSION
Implementing digital tools like the Safe Delivery App across diverse contexts has highlighted the importance of flexibility, local ownership, and blended learning approaches. Success depends not only on the quality of the content but also on how well it is adapted to local training systems, languages, and cultural norms. Building strong partnerships with local stakeholders and investing in capacity building at every level have been key to ensuring sustainability and impact.
EVIDENCE WHERE RELEVANT
Over the past decade, Maternity Foundation has trained midwives globally, with a strong focus on rural and underserved areas. Continuous monitoring and evaluation guide the programme's progress. Data from 16 countries show a 24% average increase in knowledge, 22% increase in confidence, and 65% improvement in clinical skills among midwives trained through the SDA+ programme. The SDA is an evidence-based, adaptable tool for both in-service and pre-service training. End-user feedback reflects positive experiences and high acceptability, highlighting the SDA's potential to support professional growth and practice.
KEY MESSAGE
Digital health tools like the SDA can support midwifery training and capacity building, particularly in resource-limited settings, when implemented through context-responsive, evidence-informed strategies.

Eur J Midwifery 2026;10(Supplement 1):A731

PB015

Early labour: An investigation of midwifery clients' experiences and needs

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BACKGROUND
Early labour is defined as the time from the onset of uterine contractions resulting in progressive effacement and dilation of the cervix up until the start of the active phase. Admission to hospital in early labour is associated with increased risk of caesarean section and birthing parents are often advised to stay at home during this phase. However, birthing parents frequently report high levels of anxiety and need for reassurance during early labour.
OBJECTIVES
This study aimed to gain a deeper understanding of Ontario midwifery client's experiences in early labour and how midwives can best support their clients during this time.
METHODS
Three focus groups, one in-person and two virtual, were conducted with fourteen Ontario midwifery clients. The discussions were transcribed, coded and themes were developed and refined in an iterative process using thematic qualitative analysis.
RESULTS
Four key themes emerged from our analysis: client's uncertainty in early labour, the desire for clear communication, the importance of the midwife/client relationship, and the value of having a variety of coping mechanisms available.
CONCLUSIONS
Birthing parents emphasized their desire for information and clear communication throughout early labour. A trusting relationship with their midwife was a key factor in a positive birth experience. Birthing parents also reported valuing access to different coping mechanisms to utilize during early labour.
KEY MESSAGE
Though early labour can be a time of great uncertainty for birthing parents, a strong relationship with their midwife, having tools for coping available, and clear communication facilitate a positive experience in early labour. This project received ethics approval from the Community Research Ethics Office, and I have no conflicts of interest to declare.

Eur J Midwifery 2026;10(Supplement 1):A732

PB016

Assessments of the mental health of midwifery students in Hamilton, Ontario, Canada and their needs for wellness programming: Preliminary results from a mixed-methods study

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BACKGROUND
Mental wellbeing of healthcare students is a persistent issue across disciplines. Intensive curricula of healthcare programs – balancing demands of academic and clinical schedules – place substantial pressure on students, making it difficult to prioritize wellbeing. Despite research focused on mental health and retention of healthcare students internationally, the literature lacks a focus on the well-being of midwifery students.
OBJECTIVES
The objectives of this study are three-fold: 1. Assess mental health of midwifery students in the Midwifery Education Program at McMaster University, Hamilton, Ontario, Canada. 2. Identify factors that influence the mental health of student midwives. 3. Identify priority interventions to inform the development of wellness programming for student midwives.
METHODS
For this study, a mixed-methods sequential explanatory design was used. Phase one – Population-based online survey including validated tools for mental health concerns and burn-out. Phase two – Qualitative focus groups/interviews
RESULTS
Mental health – in the form of stress, anxiety, and depression – appears to deteriorate throughout midwifery training. Ontario midwifery students report moderate levels of personal burnout across all four years of their program. Work-related burnout appears low early, increasing to moderate in years three and four. Most students express adequate access to factors such as sleep, nutrition, and socialization; however, many more are dissatisfied with their lifestyle. Students perceived sessions related to preparation for upcoming clinical rotations and work-life to be of most benefit to overall wellness, followed by sessions pertaining to academic and life skills.
CONCLUSIONS
Midwifery students demonstrate willingness to report on wellness factors and partner in improving their educational experiences. We hope to develop a wellness initiative to be implemented within the midwifery program with the goal of increasing educational and professional longevity.
KEY MESSAGE
To continue to grow midwifery in Canada, midwifery students must successfully complete their training programs and go on to have longevity in the profession.

Eur J Midwifery 2026;10(Supplement 1):A733

PB017

EdSeX4all: Inclusive and innovative sexuality education for women with health conditions in nursing, midwifery education and healthcare

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PURPOSE
Female sexuality in the context of health conditions is often overlooked in healthcare and higher education, frequently treated in a reductive and biological manner. Women with functional impairments, gynecological cancers, or pregnancy-related conditions face stigma, invisibility, or superficial care, even from nurses, midwives, and educators. The EdSeX4all project, submitted for Erasmus+ funding, addresses these gaps through an inclusive sexuality education model. It promotes multilingual digital resources, practical workshops, and community interventions to empower women and support open, respectful discussions about sexuality. The project aligns with UN Sustainable Development Goals (SDGs 3, 4, 5, and 10), contributing to quality education and healthcare, gender equality, and reduced disparities, fostering more humanized, person-centered care. Led by the Santarém Higher School of Health (Portugal), partners include the University of Évora (Portugal), University of Castilla-La Mancha (Spain), University of West Attica (Greece), and the San Cebrián Foundation (Spain). Aims: To enhance sexual competence among educators, nursing and midwifery students, and health professionals; to promote gender equality; and to empower women with specific health conditions to experience sexuality with dignity. Methods: The project comprises four components: qualitative and quantitative research; educational modules; workshops for professionals and communities; and a multilingual digital guide, using participatory methods, interviews, hybrid formats, and gamification.
DISCUSSION
A holistic approach to sexuality education supports inclusive healthcare and higher education's transformative role. Ethics: Ethical standards observed; informed consent and anonymity ensured. No conflicts of interest declared.
EVIDENCE WHERE RELEVANT
Studies show gaps in sexuality education and stigma in care for women with health conditions, supporting project relevance.
KEY MESSAGE
The EdSeX4all project addresses the neglect of female sexuality in healthcare and education, especially for women with health conditions. It promotes inclusive, multilingual sexuality education through research, training, and community engagement. By empowering women and training professionals, it supports gender equality and person-centered care, aligned with UN Sustainable Development

Goals.
Eur J Midwifery 2026;10(Supplement 1):A734

PB018

Development of critical thinking among midwifery students: Analysis of teaching strategies in theoretical and practical contexts in Tunisian midwifery training

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BACKGROUND
Critical thinking has become an essential skill for midwifery practice.
OBJECTIVES
This doctoral research aims to identify and analyze the teaching strategies that foster its development in the midwifery pre-service education programme.
METHODS
A mixed-methods approach with a qualitative predominance was adopted, structured around three complementary components. The first focused on the teaching strategies used in theoretical courses, was explored through a questionnaire distributed to all midwifery faculty at the faculty of health science of Tunis (related to Tunis El Manar University). The second component examined the pedagogical practices implemented during the clinical placements and was based on eight semi-structured interviews conducted with midwives clinical preceptors. Finally, a focus group was conducted with students to gather their perceptions of the strategies experienced, as part of a data triangulation process aimed at enhancing the validity of the results. The quantitative data from the questionnaire were analyzed using SPSS, while thematic analysis was used for the interviews and focus group discussions.
RESULTS
Preliminary results show that educators support strategies like debates, group work, and problem-based learning to promote critical thinking, but these are underused in practice. In clinical placements, methods such as situational questioning, debriefing, and guided autonomy also support critical thinking, though inconsistently applied. Students note a gap between theory and clinical practice, viewing the clinical approach as more effective for developing reflective thinking.
CONCLUSIONS
The study highlights the need to strength pedagogical training and ensure consistent use of active, reflective strategies in midwifery education. A structured and coherent integration of such practices is essential to cultivate a culture of critical thinking.
KEY MESSAGE
While educators and preceptors value active and reflective methods, their use remains inconsistent. The study calls for stronger pedagogical training and structured integration of these strategies to foster a culture of critical thinking.
Eur J Midwifery 2026;10(Supplement 1):A735

PB019

Strengthening the resilience of student midwives in Hong Kong

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PURPOSE
Retention of student midwives is vital to ensuring a sustainable midwifery workforce. Resilience plays a crucial role in helping students navigate the demanding nature of education and clinical practice. In Hong Kong, midwifery training has seen an annual attrition rate of approximately 3.7% (2018–2022), with the highest rate reaching 7.8% in 2019–2020 during the COVID-19 pandemic. Additionally, only around 65.2% of graduates (2019-2024) remain in midwifery roles within public hospitals. This session will provide expert insights into the challenges faced by student midwives and explore strategies to enhance resilience for improved retention and professional sustainability.
DISCUSSION
As the sole institution providing an 18-month post-registration diploma program in midwifery, the School of Midwifery in Hong Kong plays a pivotal role in shaping the future workforce. However, course evaluations highlight significant stressors, including intense academic pressures, demanding clinical workloads, complex obstetrical cases, and cultural expectations within hospital settings. While some students demonstrate resilience, others experience burnout or leave the profession due to health concerns. Understanding the key factors influencing resilience is essential for fostering a supportive learning environment.
EVIDENCE WHERE RELEVANT
Resilience is defined as the ability to maintain emotional equilibrium in response to adversity (Johnson et al., 2017). High levels of stress are linked to emotional exhaustion and disengagement (Eaves and Payne, 2019), yet a positive response to challenges can be a catalyst for resilience development (Williams, 2016). Interventions such as simulation-based training, web-based learning, and guided reflective practices have shown promising results in strengthening resilience among midwifery students (Clohessy, McKellar and Fleet, 2019).
KEY MESSAGE
Training midwives is a resource-intensive process. Ensuring resilience among student midwives is fundamental to sustaining a competent workforce. This expert sharing session will delve into resilience-building strategies, emphasizing the need for further research and institutional support to enhance student retention and professional development.
Eur J Midwifery 2026;10(Supplement 1):A736

PB020

Bridging professions: From nurse to midwife developing a digitally-enabled, blended learning MSc to expand and diversify the midwifery workforce

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PURPOSE
The innovative MSc Midwifery (shortened) programme at the University of Bradford was specifically designed for registered adult nurses in response to the national maternity workforce challenges. The two-year Level 7 blended (80% online, 20% face-to-face) programme offers an inclusive and flexible route to dual registration as a midwife by supporting accessibility for adult learners balancing education, family, and work.
DISCUSSION
The programme was co-created with input from students, service users, maternity voices, and stakeholders across the North East and Yorkshire region. The curriculum is grounded in feminist and constructivist pedagogies and underpinned by problem-based and flipped-classroom learning; digital literacy and simulation, critical thinking and integration with key community initiatives (Better Start, Born in Bradford). The programme reflects the national shift towards digitally competent, culturally responsive midwives. By recruiting from the adult nursing workforce, this programme accelerates midwifery registration while introducing complementary clinical expertise into maternity teams, an increasingly vital strategy in the context of rising medical, psychological, and social complexities among the women and families within current maternity services. With national recruitment now approved for 2026, this model represents a strategic workforce pipeline ready for scalable implementation across the UK.
EVIDENCE WHERE RELEVANT
The MSc Midwifery (Shortened) programme at the University of Bradford aligns with the NMC (2023) Standards for Pre-registration Midwifery Programmes, Education Framework, and Supervision and Assessment Standards, ensuring regulatory compliance and high-quality delivery. Co-designed with LMNS, NHS Trusts, students, and experts by experience, it responds to national imperatives including the Ockenden Report (2022) and NHS England's Three-Year Delivery Plan (2023) by offering a flexible, inclusive route to dual registration.
KEY MESSAGE
An MSc Midwifery (shortened) programme rooted in workforce diversification, regulatory standards, pedagogical innovation, and stakeholder engagement can offer an academically rigorous, practice-ready pathway for dual registration in midwifery.

Eur J Midwifery 2026;10(Supplement 1):A737

PB021

Perinatal mental health education in nursing and midwifery

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PURPOSE
This project aims to present a comprehensive curricular framework designed for leaders and educators to adequately prepare the future nursing and midwifery workforce to effectively address the complex mental health, behavioral health, and social welfare needs of pregnant individuals.
DISCUSSION
These innovative initiatives are positioned as pilot programs aimed at establishing a cross-disciplinary subspecialty certificate for students in midwifery and psychiatric-mental health nurse practitioner tracks, ultimately enhancing the readiness of healthcare professionals to support the mental health needs of pregnant individuals.
EVIDENCE WHERE RELEVANT
Background: In response to the urgent call from the U.S. Department of Health and Human Services to enhance maternal mental health support, the Midwifery and Psychiatric/Mental Health Nursing faculty at NYU Rory Meyers College of Nursing have committed to integrating these critical elements into nursing education. Methods: We developed a hybrid curriculum that seamlessly integrates midwifery and mental health nursing concepts, focusing on the intersection of maternal and mental health as a vital component of nursing and midwifery education. Findings: Key initiatives within the curriculum include specialized modules on the prescribing of psychiatric medications for pregnant individuals, as well as immersive simulations that address critical issues such as intimate partner violence, perinatal loss, and trauma-informed care.
KEY MESSAGE
The United States has the highest maternal mortality rate among high-income countries. Deaths from suicide, drug overdoses, and other causes related to mental health and substance use issues are the leading cause of pregnancy-related deaths in the U.S., accounting for more than 22% of those deaths.

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PB022

Midwifery students' experiences and perspectives of providing continuity of care within a hospital setting in Ireland

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BACKGROUND
Continuity of Care (CoC) leads to better maternal and infant health outcomes (Sandall, 2024). Evidence suggests that women value an ongoing relationship with midwifery students, especially in a CoC model (Tickle, 2021). In Ireland, midwifery education Standards (2016) mandate that all students experience the continuum of care, however, the specific integration of this model of care within the curriculum remains unclear.
OBJECTIVES
To explore the experiences of midwifery students in a CoC model while working within a hospital setting.
METHODS
A qualitative descriptive design was adopted. A validated anonymous questionnaire consisting of 39 questions, with

a combination of Likert scale items and open-ended text boxes were used to collect data. Free text responses were thematically analysed.
RESULTS
Thirty-four students responded to the questionnaire. Two themes were synthesised from the data: 'Suspended between two models of care' and 'Bridging the gap to registration'. The first theme identified how midwifery students navigated the tension between institutional norms and the demands of their roles, balancing practice placements, academic responsibilities and personal life. The second theme highlighted the student's development of their professional status, particularly in the initiation, development and maintenance of relationships with women. Students emphasised how the CoC experience supported their understanding and experience of care from the woman's perspective within the hospital setting.
CONCLUSIONS
Midwifery students may have difficulty adapting to a CoC model of midwifery care if their experience is solely within a hospital setting. However, providing more exposure to alternative models of care could enhance their confidence in choosing to work in a CoC model of care after qualification. Integrating a CoC model requires negotiation with the established practice placements within the hospital.
KEY MESSAGE
Midwifery students require exposure to multiple models of care prior to qualification.
Eur J Midwifery 2026;10(Supplement 1):A739

PB023

From small steps to system change: Embedding simulation and interprofessional learning in midwifery education

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PURPOSE
Midwifery education must evolve to reflect the complexity of real-world maternity care. At Swansea University, our midwifery team has embedded simulation-based education (SBE) across all academic levels beginning with focused, student-centred scenarios and expanding to fully integrated, interprofessional training grounded in national standards such as PROMPT Wales. We recognise and value the importance of sharing knowledge and experiences for the benefit of coeducation.
DISCUSSION
Our journey began with small-scale simulation focused on the foundations of midwifery practice such as communication, compassionate care and safe physiological birth. The team underwent specific training to deliver simulation using the SUSiM framework and RUST debrief model to build student confidence and reflective capacity. Over time, SBE expanded to include students from paramedicine, mental health nursing, operating department practice, and social work. Scenarios progressed in complexity, aligned to a spiral curriculum, and were co-facilitated in English and Welsh to support inclusive education. Senior students participated in PROMPT based interprofessional SBE. These sessions addressed obstetric emergencies with structured escalation, role clarity, and shared decision-making. Faculty development and peer mentorship underpinned high-quality delivery.
EVIDENCE WHERE RELEVANT
Student feedback has been consistently positive, with evaluations averaging 4.8/5. Learners reported increased preparedness for clinical practice and deeper understanding of team roles. Psychological safety was cited as key to this confidence building, a known contributor to both simulation effectiveness and team performance. Literature supports SBE's capacity to improve care quality, safety, and interdisciplinary collaboration. It enables ethical, immersive learning without patient risk and facilitates behaviour change through realism, reflection, and debriefing.
KEY MESSAGE
Strategically embedded simulation, grown through collaboration, prepares midwifery students for complexity in maternity care through safe, inclusive, and transformative educational practice. It enhances student confidence in delivering holistic midwifery care, promotes positive outcomes for women and their families, and supports equity, diversity, and inclusion through bilingual delivery and interprofessional learning environments.
Eur J Midwifery 2026;10(Supplement 1):A740

PB024

The development of a midwifery education association: Strategic and focused movement into the future

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PURPOSE
The purpose is to share the conceptual framework underlying the development of a new nationwide association dedicated to midwifery education, as well as to share steps in the strategic planning process.
DISCUSSION
A national midwifery education association can move us from siloed programs to connected community with capacity to learn best practices from each other and the broader landscape of health professional education. Although there are existing midwifery associations to promote the profession, none are solely focused on improving the status of U.S. midwifery education. This gap leaves midwifery education vulnerable to the priorities of others, posing an existential threat. Further, it creates inefficiencies in programs that are already resource-strapped, as each program builds their program content independently. Additionally, this association can move the profession from being hidden and at times indistinguishable from nursing or medicine, to a profession at the forefront, tackling the biggest challenges facing midwifery education. Midwifery education associations can be found in other countries and can serve as potential models for what is possible to build, e.g. the Canadian Association of Midwifery Educators and the Trans-Tasman Midwifery Education Consortium in Australia and New Zealand.
EVIDENCE WHERE RELEVANT
The role and importance of midwifery professional associations has been well documented within ICM

publications and evidentiary record is found in: Mattison C, Bourret K, Hebert E, et al. Health systems factors impacting the integration of midwifery: an evidence-informed framework on strengthening midwifery associations. BMJ Glob Health. 2021;6(6):e004850. doi:10.1136/bmjgh-2020-004850.
KEY MESSAGE
Excellent education is the bedrock of excellent midwifery care, delivering well-prepared and capable midwives whose practice is congruent with the midwifery model. We believe that by creating an organized network of midwifery educators and providing access to the right skills and tools, we can accelerate the growth, accessibility and sustainability of excellent midwifery education across credentials.
Eur J Midwifery 2026;10(Supplement 1):A741

PB025

Advancing excellence in midwifery education and practice in Ghana: A comprehensive assessment of educational institutions and clinical sites for innovative actions

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BACKGROUND
Globally, midwives are critical to the achievement of maternal and newborn health targets by ensuring quality sexual, reproductive, maternal, newborn and adolescent health services. Their competency, ethical conduct, and access to supportive environments directly influence outcomes. In Ghana, midwifery education and practice are core to the strategic programmatic actions of the Ministry of Health (MOH) and key partners like UNFPA towards achieving the transformative results of zero preventable maternal deaths. Midwifery education in Ghana has evolved to direct-entry programmes at diploma, bachelor, masters and postgraduate specializations levels, resulting in well-educated midwives with strong leadership and services potentials. Strategic policy provisions (2018-2023) of the MOH sought to establish Midwifery Education and Practice Centres of Excellence Programme (MEPCEP-G) to further assure quality of academic education and clinical skills practice. A comprehensive assessment of earmarked institutions and clinical sites was conducted to set benchmarks for initiating innovations.
OBJECTIVES
To determine the strengths and gaps of midwifery education institutions and their primary clinical facilities to drive MEPCEP innovations.
METHODS
A standardized assessment tool based on ICM/WHO global standards evaluated the governance, infrastructure, teaching resources, clinical partnerships and research capabilities of 9 midwifery institutions and 9 primary clinical sites.
RESULTS
All institutions were duly accredited, had strong governance structures, well-equipped skills labs, some ICT resources and conducive classrooms. Faculty met minimum qualification requirements. However, research capabilities among faculty varied significantly and the quality of educational innovations and skills training were weak requiring transformation for MEPCEP.
CONCLUSIONS
Introduction of MEPCEP in Ghana is a laudable innovation requiring quality in accreditation, faculty research capabilities and exemplary student competency building.
KEY MESSAGE
Investment into MEPCEP through structured institutional assessments are foundational to efforts in enhancing the quality of midwifery education and practice.
Eur J Midwifery 2026;10(Supplement 1):A742

PB026

Midwifery exchange in Ghana: An international collaboration to provide effective and sustainable continuing education for midwives in rural Ghana

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PURPOSE
The purpose of our presentation will be to share the ongoing work Midwifery Exchange in Ghana (MEG) has been doing to support continuing education for midwives in rural Ghana.
DISCUSSION
MEG is a partnership between U.S. and Ghanaian Midwives whose focus is to reduce the disproportionately high rate of infant and maternal mortality in rural Ghana by focusing on continuing education. MEG has designed a training program to teach the Helping Babies Breathe and obstetrics emergencies curricula to Ghanaian midwives. They have also partnered with GYNZONE, an online learning platform, to provide education about perineal repair. MEG started this initiative by hosting two conferences in Wa, Ghana that we structured to focus on sustainability. We used the traditional train the trainer model and took it one step further by focusing on the development of teaching skills of the Ghanaian trainers. After the conferences, we were able to support the trainers to facilitate education at rural health centers by providing support through a Whatsapp group and by providing a stipend to the trainers. By this method, over 30 additional training sessions were held with the aim of having refreshers every year. In addition we have partnered with GYNZONE and our training champions are helping 100 midwives complete the online perineal repair modules and we are able to provide each one with a stipend to pay for the wireless data they use in order to complete the online education.
EVIDENCE WHERE RELEVANT
Our presentation will share some of the data we have collected over the course of this project.
KEY MESSAGE
By providing online support and a stipend to a skilled group of Midwifery Training Champions, MEG has created a continuing education program for rural midwives that is effective and sustainable.

FUNDING
MEG plans on sponsoring travel expenses so Cecelia Kakariba can join us to present.
Eur J Midwifery 2026;10(Supplement 1):A743

PB027

Artificial Intelligence (AI) in midwifery education for low and middle-income countries: The opportunities and challenges

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BACKGROUND
Artificial intelligence (AI) is increasingly recognised in health professional education, with growing interest in its application within low and middle-income countries. Given the ongoing structural and resource related challenges facing midwifery education in these settings, AI presents a promising opportunity to address these barriers and enhance educational outcomes.
OBJECTIVES
This study explores the potential opportunities and challenges of integrating AI into midwifery education in low and middle-income countries.
METHODS
A scoping review was conducted in February 2025 using the Web of Science, PubMed, Scopus and CINAHL databases. Keywords such as "midwifery education" and "artificial intelligence" were used. Articles were screened for relevance and selected studies were categorised according to domains of the Global Standards for Midwifery Education. The results were then analysed to assess their specific implications for midwifery education in low and middle-income country contexts.
RESULTS
Fifteen papers met the inclusion criteria, including qualitative (n=3) and quantitative (n=2) studies, reviews (n=4), opinion pieces (n=3), oral presentation abstracts (n=2) and an experimental study (n=1). Key opportunities included the ability of AI to reduce educator workload, facilitate personalised learning and enhance simulation-based training. Challenges included ethical concerns, a lack of AI training for educators and students, implementation costs and risks of data bias.
CONCLUSIONS
AI has the potential to transform midwifery education in low and middle-income countries by addressing persistent barriers and contributing to more equitable health outcomes globally. However, targeted efforts are needed to navigate the associated challenges responsibly.
KEY MESSAGE
AI offers a transformative opportunity to strengthen midwifery education in low and middle-income countries by addressing workforce shortages and resource gaps, although its success depends on ethical, inclusive and context sensitive implementation.
Eur J Midwifery 2026;10(Supplement 1):A744

PB028

A dual study approach to Post-Birth Warning Signs (PBWS) education: Experiences and implementation

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BACKGROUND
The Association of Women's Health, Obstetric, and Neonatal Nurses (AWHONN) developed the Post-Birth Warning Signs (PBWS) program through a multi-year initiative aimed at improving postpartum discharge education and recognition of warning signs.
OBJECTIVES
1. Examine the impact of AWHONN's Post-Birth Warning Signs education on maternal outcomes and the role of midwives in supporting early recognition of complications. 2. Explore patient-centered and provider-focused tools relevant to midwifery practice that improve the recognition and timely response to postpartum warning signs.
METHODS
This presentation builds upon two interconnected studies exploring the AWHONN PBWS education. The first was a qualitative study exploring women's experiences (N=41) of education about PBWS. The second study involved the integration of PBWS education in low resource settings (N=23) with follow up focus groups. Thematic content analysis was used to identify meaningful patterns and themes across transcripts.
RESULTS
Postpartum patients who received a nurse-led review of the Save Your Life Handout felt informed, empowered, and able to recognize warning signs, while those without verbal review reported confusion and delays seeking care. These results informed updates to the handout, expanded education formats, and led to a mobile app. The second study explored nurse experiences implementing PBWS in low-resource settings, highlighting challenges and successes in interprofessional collaboration.
CONCLUSIONS
Findings demonstrate that effective PBWS education improves patient knowledge and supports safer postpartum transitions. Successful implementation requires interprofessional collaboration, with midwives playing a critical role in delivering clear, consistent messaging that empowers patients to recognize complications and seek timely care.
KEY MESSAGE
Midwives, as key providers of postpartum care, play an integral role in bridging gaps in the recognition of PBWS through enhanced communication and tailored education strategies to ensure early recognition and timely intervention.
Eur J Midwifery 2026;10(Supplement 1):A745

PB029

Experiences with online teaching and hands-on simulation within perineal repair for midwifery students in Norway

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PURPOSE

Clinical relevance: Midwifery students can increase clinical competence and confidence in undertaking perineal repair as a combined online and hands-on course. This eventually leads to a faster leaning pathway during clinical placements. This also improve patient safety when students have trained on phantoms and not suturing first time on women.

DISCUSSION

Background: The University of South-Eastern Norway implemented a combination of online learning and hands-on simulation for perineal repair skills in 2014. Methods: The midwifery students are offered a comprehensive training package one week before their clinical placement (1). The package contains online preparation with videos and quizzes and four days with different topics for hands-on simulation (2). Simulations are performed using medical trainers representing the vulva, vagina and perineum (3). We are one simulation instructors for every seven students. This allows for individual supervision. We have 10 years' experience in developing this effective learning package at the university. We find that simulation activities in suturing immediately before practice result in the students now often participate in perineal repairs already in their first week of clinical placement. The reason is that the supervisor trusts their basic competence and surgical skills. Students from USN were those in a national survey who reported having the highest number of instructional days during their education (1). Our clinical training facilities report that midwifery students arrive well prepared for perineal repair.

CONCLUSION

Combining online learning and hands-on simulations is beneficial for the theoretical and practical skills that are required for midwifery students. A combination of various teaching methods can also have a positive impact on midwifery students' preparation for suturing in clinical practice.

Eur J Midwifery 2026;10(Supplement 1):A746

PB030

Residency training for obstetric nurses: An experience report on the progress and challenges of RESENFO-Ceara-Brazil

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PURPOSE

Training obstetric nurses is seen as one of the most effective strategies for reducing maternal morbidity and mortality in the world. It was with this in mind that 15 years ago, together with the Association of Obstetricians/Nurse Midwives, we started the embryo of the project for the first Residency in Obstetric Nursing (RESENFO) in Ceará-Brazil.

OBJECTIVE

To report on the RESENFO-Brazil-Ceará training experience.

DISCUSSION

Experience report from the Department of Nursing and Maternity School Assis Chateaubriand/UFC. Data collection: March 2013 to March 2025 and consisted of three parts: first - to show the pedagogical strategies for resident training, such as: theoretical / practical content, preceptorship, monitoring and evaluation Second part: data related to the goals required by the program: number of assistance to vaginal deliveries and neonates, prenatal consultations at the three levels of health care. And third: a survey of the graduates and their insertion in the job market. It was based on the Brazilian Ministry of Health's good practices for pregnancy, labor and birth, according to the WHO.

EVIDENCE WHERE RELEVANT

RESENFO has 5470 hours, 80% of which is in-service practice and 20% theory. Pedagogical actions include the general and pedagogical coordinator, tutor, field preceptor and teachers. Monitoring and assessment is based on competencies with active methodologies such as OSCE, clinical simulation and skills training. The average number of procedures is 110 vaginal deliveries, 35 prenatal deliveries and 30 neonatal deliveries. As for the profile of the graduates, the majority work in the hospital network, in public service. Conclusion: The training of obstetric nurses has changed the scenario of labor and birth care in the state of Ceará.

KEY MESSAGE

With excellence, effort and dedication, we are contributing to a million midwives in the world and certainly preventing thousands of maternal deaths.

Eur J Midwifery 2026;10(Supplement 1):A747

PB031

Student midwives' exposure to physiological birth practices: A cross-sectional study of 3055 births during 2020-23 in England

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BACKGROUND

Among a range of care episodes and proficiencies UK midwifery students must complete to qualify, they need to personally facilitate 40 births. Students' experiences of midwifery-led birth practices are dependent on their exposure within the clinical environment; however, such variation has not yet been explored.

OBJECTIVES

The aim of this study was to analyse, describe and compare the characteristics of the 40 births personally facilitated by one cohort of 77 students within one English inner-city

university placed in nine NHS organisations.
METHODS
Routinely collected data were extracted from 77 undergraduate student midwifery documents relating to births from 2020-2023. 3055 births were included. Data were analysed using descriptive and inferential statistics.
RESULTS
Most births occurred in Obstetric Unit (OU) settings (71%), 27% in alongside midwifery-led units and only 1% were homebirths. Most care was provided to birthing women/people who were multiparous at term gestation, who used at least one form of pharmacological analgesia. Most births were facilitated in either semi recumbent (45.6%) or lithotomy birth positions (24%) with the OU setting accounting for 91% of these. Some birthing pool use for labour and/or birth were documented where the majority occurred in Alongside Midwifery Unit (AMU) settings. Comparisons between each student demonstrated wide variations of exposure to midwifery-led care practices.
CONCLUSIONS
Our findings highlighted that the students had extensive experience within OU settings and medicalized care practices but less consistent exposure to midwifery-led practices. Without exposure to midwifery-led birth practices across all settings, students qualify without the necessary experience to build their competency to optimise physiological birth processes, raising concerns for their preceptor period and beyond.
KEY MESSAGE
This is the first study to explore birth characteristics from the midwifery student perspective and reveal important concerns regarding maternity care provision in England with implications for the future workforce.
Eur J Midwifery 2026;10(Supplement 1):A748

PB032

Empowering neurodiverse midwifery students to excel: Reducing pre-registration attrition and improving post-registration retention of midwives

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PURPOSE
Purpose of the presentation: To discuss strategies employed by my higher education institution and neurodiverse champions involving academic staff and students to improve experiences and outcomes of neurodiverse midwifery students. The strategies include: Midwifery pedagogy that offers diverse teaching strategies Accessibility learning support services Student wellbeing support Peer and mentor support Staff training on how to support students Creation of a dedicated space on students' hub for neurodiverse students Provision of bespoke support sessions for students Provision of easy to use clinical placement checklist as a resource for practical placements Co-development of student-led neurodiverse workshops.
DISCUSSION
Increasing and strengthening the midwifery workforce globally is essential for improving health outcomes for women and their families and reducing maternal and newborn mortality and morbidity (WHO, 2025). Embracing the unique strengths of neurodiversity and empowering each student to excel is a step in a right direction for reducing pre-registration attrition and increasing midwifery workforce (Twinley 2024; Wilson and Dalman, 2024). Identification of strengths relating to neurodiversity such as attention to detail, empathy, motivation and drive are essential for empowering students to excel (Duong and Vogel, 2022).
EVIDENCE WHERE RELEVANT
One of the strategies for increasing skilled midwifery workforce is to empower neurodiverse midwifery students to excel, reduce pre-registration attrition (McDowall and Kiseleva, 2024), and improve post-registration retention (NHS England, 2018). Evidence shows that higher number of neurodiverse students are entering higher education (Gunin et al. 2021). However, there is a higher rate of temporary withdrawals and /or attrition in comparison with their peers (Santhanam and Wilson 2024). Neurodiversity continues to be a perceived stigma which means some students may remain hidden, therefore cannot be adequately supported to excel (Neal-Boylan and Miller 2017).
KEY MESSAGE
Neurodiverse students should be given maximum support to increase their chances of successfully completing their educational programme to increase future midwifery workforce (McDowall and Kiseleva, 2024).
Eur J Midwifery 2026;10(Supplement 1):A749

PB033

Barriers and enablers in implementing strategies to maintain clinical competence of midwife educators: Findings from a scoping review

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BACKGROUND
Well-educated and prepared midwife educators are crucial for providing high-quality education and training. Midwifery educators are required by the International Confederation of Midwives to maintain clinical competence, however there is little known about the strategies used, and factors that influence this.
OBJECTIVES
To identify how midwifery educators maintain clinical competence, and the barriers and enablers that influence this process.
METHODS
The authors searched six databases for peer-reviewed articles, published from 2004 to 2024, to explore how midwifery educators maintain clinical competence. Content analysis was used to report findings.
RESULTS
1951 articles were retrieved in the preliminary search. After screening, 21 articles were included in the final review. Three main strategies used by midwifery educators to maintain

clinical competence were identified: (1) incorporating clinical practice into educator's roles at education institutes; (2) workshops and training programs; and (3) midwifery educators engaging in hands-on clinical practice at hospitals. Barriers to implementing strategies for maintaining clinical competence among educators included high workload and insufficient support from employers. These barriers were particularly evident in low- and middle-income countries, where maintaining clinical competence was a huge challenge. Conversely, enablers included opportunities for regular time in clinical practice, and ongoing workshops and trainings.
CONCLUSIONS
Multiple barriers, including a lack of time, resistance from clinical staff, and education institutes not valuing clinical practice, hinder educators' ability to maintain clinical competence. Regular clinical practice requires institutional and clinical site support, dedicated dual roles are unavailable to most educators. Educators often engage in hands-on clinical practice on their own initiative, which is difficult when balancing a high teaching workload. Institutional support is crucial to facilitate educators' involvement in clinical practice.
KEY MESSAGE
Midwife educators require institutional support and dedicated opportunities for maintaining competence in clinical practice. Clinical practice enhances educators' clinical skills and significantly benefits students by providing educators with up-to-date knowledge of clinical practices.
Eur J Midwifery 2026;10(Supplement 1):A750

PB034

Transcultural adaptation and psychometric validation of the Iranian version of the quality of respectful maternity care questionnaire for the Portuguese context of labor care

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BACKGROUND
The Quality of Respectful Maternity Care Questionnaire in Iran (QRMCQI) assesses maternal perceptions of the care received during labor, but it is culturally adapted and validated for Iranian women. The absence of validated instruments in European Portuguese to assess the quality of respectful maternity care during labor motivated this research.
OBJECTIVES
To cross-culturally adapt and assess the psychometric qualities of the QRMCQI in Portuguese women.
METHODS
This is a cross-sectional methodological study, conducted according to ethical principles, which included several phases: translation and cultural adaptation of the original instrument from Farsi to Portuguese, with the author's permission and support from experts; content validation by experts in maternal health and education; assessment of apparent validity with women from the target population; and a pilot test. Psychometric validation included confirmatory factor analysis and reliability assessment.
RESULTS
Initially, the Content Validity Ratio (CVR) applied to the 60 items in the questionnaire indicated that 10 did not meet the minimum criterion and were eliminated. In calculating the Item-Content Validity Index (I-CVI), two items had values ⩽ 0.78 and were also removed. Test-retest reliability analysis, with 200 participants, demonstrated excellent stability, with weighted kappa coefficient greater than 0.81 for most items. Confirmatory factor analysis revealed a good fit of the model (x^2/df=1.94; CFI=0.988; TLI=0.987; GFI=0.981; RMSEA=0.029; SRMR=0.061), resulting in a final version with 47 items. Overall reliability, measured by McDonald's ω coefficient, was 0.910, indicating high internal consistency.
CONCLUSIONS
The Portuguese version of the QRMCQI has robust psychometric properties and is a valid and reliable instrument for assessing experiences of maternity care in hospital births.
KEY MESSAGE
Its application can support research and guide continuous improvement programs in institutional maternal care.
Eur J Midwifery 2026;10(Supplement 1):A751

PB035

A collaborative approach to perinatal pelvic health: Pilot integration of midwifery and physiotherapy training

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PURPOSE
Safe, personalised care for women and birthing people is a central aim of recent maternity reports in England (NHS England, 2016; 2023). Achieving this requires effective multidisciplinary collaboration, as highlighted in several reviews of maternity services reporting on women' birthing peoples experiences and maternity outcomes (Ockenden Report 2022; Felker et al 2024). In response, one local health region introduced an innovative interprofessional education model to enhance collaboration between midwifery and physiotherapy learners in Perinatal Pelvic Health clinics.
DISCUSSION
The pilot project aimed to embed pelvic health education into antenatal care pathways and prepare learners for integrated, preventative practice. Midwifery students undertook a one-week spoke placement within physiotherapy-led leadership placements, engaging in pelvic health clinics, contributing to antenatal education initiatives, and participating in a national podcast. Findings demonstrated that interprofessional placements improved learners' understanding of system-based maternity care, enhanced access to underrepresented placement experiences, and supported the achievement of NMC (2019) proficiencies. Students developed confidence in

addressing pelvic health concerns, explored digital health tools, and gained leadership experience through quality improvement projects. The pilot also addressed cultural considerations in pelvic health, including the needs of trans and minoritised ethnic communities.
EVIDENCE WHERE RELEVANT
The service evaluation highlighted positive learner experiences, improved knowledge of referral pathways, and strengthened interprofessional communication. This model supports the co-creation of preventative, person-centred services and aligns with public health goals to improve lifelong maternal well-being.
KEY MESSAGE
Crucially, learning together enables midwifery and physiotherapy students to understand each other's roles, build mutual respect, and develop the collaborative skills essential for delivering holistic, equitable care. Embedding interprofessional education in maternity education fosters a future workforce that is better equipped to meet the complex pelvic health needs of women and birthing people across the care continuum.
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PB036

Developing a graduate entry midwifery master's in New Zealand: A joint workforce initiative using a three-whare model honouring different ways of knowing, being, and doing

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PURPOSE
To present an innovative collaborative process used to develop a graduate entry, Master of Clinical Practice (Midwifery) programme for registered health practitioners, leading to registration as kahu pōkai | midwife under Te Tatau o te Whare Kahu Midwifery Council of New Zealand. The programme aimed to mitigate workforce shortages in midwifery, opening access to existing health professionals, including nurses currently working in the maternity sector. This was a joint project between Te Whatu ora Health NZ and Auckland University of Technology as the Tertiary Education Provider.
DISCUSSION
The collaborative approach that was employed in the design and development of the project proposal, the programme, and curriculum pedagogy is based on pūrakau (storytelling), reflecting the principle of whanaungatanga (relationships, sense of family, connection). It involved the learning and teaching being developed and delivered through a three-whare model, ensuring that different ways of knowing, being, and doing will be honoured. This approach aligns with the principle of whanaungatanga by fostering relationships and shared learning.
EVIDENCE WHERE RELEVANT
The programme, approved by the Committee on University Academic Programmes, provides an additional education pathway for becoming a registered kahu pōkai midwife, and is anticipated to attract a culturally diverse cohort of ākonga (students) to the profession in Aotearoa NZ from a range of registered health professionals. It will offer a culturally safe ako (teaching) space that ensures a high level of successful completion for ākonga, preparing them for the kahu pōkai midwifery workforce. The programme delivers a unique transformative ako experience, emphasising safety and quality care that is whānau-centred across the kahu pōkai midwifery scope of practice. Learning and teaching aspects from a three-whare model, for Tangata whenua (Indigenous Māori) and Tangata Tiriti (non-Indigneous) alike, are embedded throughout the programme.
KEY MESSAGE
The programme will help alleviate workforce shortages and further strengthen diversity within midwifery graduates, that honors cultural safety.
Eur J Midwifery 2026;10(Supplement 1):A753

PB037

"Alive and tangible": Midwifery research-related learning, professional and personal development for student midwives in the context of a UK undergraduate research internship experience

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PURPOSE
This poster reports evaluation of an undergraduate midwifery research internship programme funded by the National Institute for Health and Care Research (NIHR) and University of East Anglia in England. It highlights key aspects of professional and personal development and demonstrates the value of this learning experience in engaging midwifery students in research. It also considers the value and accessibility of this learning approach in different resource settings.
DISCUSSION
Three student midwives participated in a bespoke research internship programme over the course of six months in 2024. Activities included completion of data collection and analysis for a self-driven research project, engagement with a service user group, accessing learning materials provided via the NIHR academy, workshopping research ideas, in-person presentation at a midwifery research network meeting, and attendance at one local and one international conference (with poster presentation). The students completed a post-internship evaluation survey about their experiences and learning. Thematic analysis of their responses identified three themes, "catalyst for personal and professional development", "an outward looking perspective" and "community via research".
EVIDENCE WHERE RELEVANT
There is a strong drive in the UK to increase midwife research engagement due to recognition of the importance of research participation, delivery and leadership by nurses and midwives to enhance health outcomes (NHSE, 2021). Enabling midwife and nurse research activity must remain a priority within UK

health research strategy (Darzi, 2024). Qualified midwives face multiple barriers to pursuing research in their careers, which must be addressed at an early career stage (Terry and Spendlove, 2025).
KEY MESSAGE
Internships provide hands-on learning and positively impact student midwives' personal and professional development in research, encouraging consideration of research as a viable element within their midwifery practice. Pragmatic challenges regarding accessibility need to be overcome, requiring educators to consider ways of scaling such experiences including in different resource settings.
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PB038

Effectiveness of educational resources for midwives with the aim of support provision to women with twin pregnancies following use of ART

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BACKGROUND
Midwifery care in Japan faces challenges regarding continuous support for women with twin pregnancies following Assisted Reproductive Technology (ART). To address this, we developed online resources aimed at fostering maternal instincts among these women and evaluated their effectiveness.
OBJECTIVES
To evaluate the effectiveness of developed online resources in enhancing midwives' knowledge.
METHODS
Participants were divided into the intervention (wherein educational resources were viewed) and non-intervention (wherein educational resources were not viewed) groups; a randomized controlled trial was conducted. A multiple-choice knowledge test designed for this study was applied to measure effectiveness. Descriptive statistics were calculated with regard to demographic characteristics and scores on the knowledge test for both groups. Covariate analysis was applied with relation to the primary endpoint, namely, total scores on the knowledge test administered post-test. This study was conducted with approval from the Teikyo University of Science Research Ethics Review Committee (Approval code: 24A019).
RESULTS
A total of 64 respondents (31 and 33 from the intervention and non-intervention group, respectively) were included as study participants. Pretest scores were 0.94 (SD±0.85) and 0.45 (SD±0.62) for the intervention and control groups, respectively. Posttest scores increased to 1.97 (SD±1.28) and 0.52 (SD±0.76) for the intervention and control groups, respectively. Covariate analysis revealed that the effects of the interventions were statistically significant ($p<0.001$).
CONCLUSIONS
The online resources were found to be effective in enhancing midwives' knowledge. The contents of these resources are grounded in qualitative research and have been deemed relevant to specific care-related challenges that commonly arise in practice. Moving forward, these resources need to be applied in clinical practice, and the long-term learning effects will warrant evaluation.
KEY MESSAGE
Online educational resources significantly improved midwives' knowledge in supporting women with twin pregnancies after ART. Grounded in qualitative research, these resources address real-world care challenges and show potential for practical application in clinical settings.
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PB039

The Friday read: An innovative approach to fostering the development of research capacity using a weekly email of highlights of a research study

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PURPOSE
To promote access to reading research studies, stimulate interest in research methods and application of the findings to midwifery, we developed the Friday Read. The Friday Read involves the selection of one (open-access) research study emailed each Friday to student midwives and clinical midwives through a research interest network across one region in England. The study selected is summarised in relation to the findings and application to midwifery in 150 words maximum. A summary of one key learning point of the method is included. For example, a discussion of the importance of blinding in a randomised controlled trial. The summary is easy to follow in a few minutes to encourage reading, and access of the full paper. Topics selected are contemporary and different research methods are used to enable a wide range of key principles of research methods to be highlighted. The studies are also selected to support student learning if studying a research methods module
DISCUSSION
There is a fundamental need to increase capacity in knowledge, skills and confidence in understanding research methods in the midwifery workforce. Being able to recognise the impact of research in defining problems, planning solutions, developing new knowledge and application to practice is essential to improve care and outcomes for mothers and families. Having skills in reading research, discerning the quality of the method used in execution of the study, along with interpretation of the findings and relevance to midwifery practice are critical skills for all midwives.
EVIDENCE WHERE RELEVANT
Developing these skills involves commitment (Palmer et al. 2023). Reading research and considering methods used takes time, and often only initiated when a particular challenge arises.
KEY MESSAGE
Feedback is very positive indicating that Friday Reads are important and have the potential to develop research interest

that underpins development of research capacity. A formal evaluation is planned Autumn 2025.

Eur J Midwifery 2026;10(Supplement 1):A756

PB040

Midwifery students' experiences of peer-to-peer led learning using the digital ICM application at home and during international clinical placement: a qualitative pilot study

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BACKGROUND

Midwifery education is increasingly embracing digital tools and international collaboration to enhance clinical competence and promote global health awareness. However, high clinical workloads and limited supervision can restrict learning opportunities. This project examines structured, student-centred learning during international mobility placements, utilising the International Confederation of Midwives (ICM) digital solution in both pre-service and in-service training. Featuring over 50 peer-led practice sessions across maternity care, the app provides standardised scenarios and real-time feedback to support reflective learning with peers.

OBJECTIVES

This study aims to explore how structured, student-centred learning activities—supported by digital tools and international peer collaboration—enhance clinical competence, reflective practices, and cultural adaptability among midwifery students during international mobility placements.

METHODS

The study examines the experiences of Norwegian student midwives participating in co-created learning activities with their Tanzanian peers. A qualitative design will be employed, using focus group interviews and reflective journals from Norwegian students participating in a mobility program in Tanzania in September 2025. Data will be analysed using Braun and Clarke's thematic analysis to identify patterns in students' experiences.

RESULTS

Tentative results from this study are expected to reveal how digital tools and peer-led simulation activities enhance midwifery students' learning during international mobility placements. Norwegian students are likely to report increased clinical confidence, improved practical skills, and a deeper understanding of respectful, woman-centred care. Collaborative learning with Tanzanian peers is anticipated to foster cultural competence, reflective practice, and adaptability in diverse healthcare environments.

CONCLUSIONS

The study will generate recommendations for integrating digital tools and structured, student-centred learning activities with midwifery curricula aligned with international standards.

KEY MESSAGE

The tentative study highlights that structured, peer-led learning activities—supported by the ICM digital app—significantly enhance midwifery students' clinical competence, cultural awareness, and ability to provide respectful, woman-centered care during international mobility placements.

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PB041

Enhancing magnesium sulphate administration in pre-eclampsia and eclampsia care: Midwifery perspectives from Ghana

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BACKGROUND

Pre-eclampsia, a leading cause of maternal morbidity and mortality globally, poses significant challenges particularly in Low- and Middle-Income Countries (LMICs). Magnesium sulphate (MgSO) is the recommended anticonvulsant for severe cases, yet its consistent use remains problematic in settings like Ghana. In Ghana, midwives administer magnesium sulphate for pre-eclampsia and eclampsia as part of their scope of practice, fulfilling a key Basic Emergency Obstetric and Newborn Care (BEmONC) signal function. However, their roles, practices, and perspectives remain largely understudied.

OBJECTIVES

This study explored midwifery practices, experiences, and contextual challenges related to magnesium sulphate use in pre-eclampsia care in Ghana.

METHODS

A qualitative descriptive study was conducted in Ghana's largest tertiary healthcare facility. Data were collected through WhatsApp interviews with 35 midwives actively involved in maternity care. Thematic analysis was used to identify recurring patterns and contextual factors influencing the use of MgSO by midwives.

RESULTS

Midwives gain proficiency in magnesium sulphate administration mainly through clinical experience, boosting their confidence and skills. However, gaps in pre-service education mean many midwives lack foundational knowledge of magnesium sulphate use, with in-service training helping to fill these gaps. Systemic challenges like resource shortages still hinder consistent care. Nevertheless, midwives stress the urgent need for ongoing training and stronger health system support.

CONCLUSIONS

The study highlights the critical role midwives play in administering MgSO for pre-eclampsia care in LMIC settings such as Ghana. Addressing systemic barriers and enhancing training opportunities for midwives are crucial steps towards improving maternal health outcomes.

KEY MESSAGE

Globally, magnesium sulphate use remains suboptimal for pre-eclampsia care, particularly in low resource settings.

Effective use of magnesium sulphate in pre-eclampsia care depends on strengthening midwifery education, enhancing in-service training, and addressing health system challenges in LMICs.

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PB042

Creating a care training program including trauma information for midwives and nurses working in newborn intensive care unit and evaluation of its effectiveness

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BACKGROUND

It's suggested that the well-being of newborns, families, and health professionals will be positively affected by integrating Trauma-Informed Care (TIC) into nursing and midwifery care practices.

OBJECTIVES

The aim of this study is to establish a care training program, including trauma information, for midwives and nurses providing care in neonatal intensive care units in Türkiye, and to evaluate its effectiveness.

METHODS

Research was conducted as a quasi-experimental study between January 14-21, 2023, to develop a trauma-informed care training program for midwives and nurses providing care in the neonatal intensive care unit, within the scope of a Master's Thesis to evaluate its effectiveness. In the study, an introductory information form, pre-test, post-test, and follow-up test were used as data collection tools to evaluate knowledge, skills, and attitudes. Descriptive statistics, single-factor repeated measures ANOVA, and Cochran Q test were used in the analysis of quantitative data, and content and thematic analyses were used in the analysis of qualitative data.

RESULTS

270 midwives/nurses applied to study. 177 people participated in training and completed the pre-test. 146 people participated in the post-test after training. 137 people were included in the whole process by completing TBB applications and the follow-up test. It was determined that participants' mean scores for knowledge and skills increased significantly ($p<.05$) from pre-test to post-test to follow-up test. Mean scores for attitude decreased significantly after application compared with after training.

CONCLUSIONS

When participants' views on training were evaluated, it was determined that they needed TIC training and wanted their neonatal nurses/midwives to receive it. They stated that their TBB application skills improved after training and that they were able to provide holistic care, including psychological care, to newborns. It was determined that training increased awareness among midwives/nurses of the importance of TIC presentation in the NICU, and they were able to develop an action plan to remove obstacles in the application process.

KEY MESSAGE

It's recommended that midwives/nurses working in the NICU take an active role and assume responsibility in the diagnosis, treatment, and rehabilitation processes for newborns, parents, and themselves.

Eur J Midwifery 2026;10(Supplement 1):A759

PB043

Becoming a midwife. Navigating power, violence, and transition in midwifery education: A scoping review

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BACKGROUND

Obstetric violence (OV) is a deeply ingrained issue within maternity care, shaping both professional practice and the educational experiences of midwifery students.

OBJECTIVES

This scoping review explores how OV impacts midwifery students during their undergraduate education.

METHODS

By using the political theory concept of biopower by Michel Foucault, besides the anthropological concepts of liminality (Victor Turner), and rites of passage (Arnold van Gennep) as theoretical frameworks, the existing evidence in the fourteen included publications is mapped. Three key themes related to students' exposure to and internalization of OV within clinical training are highlighted. Findings are categorized into three major dimensions.

RESULTS

First, the individual dimension reveals the merging of biopower and liminality, where students struggle with ethical dilemmas, emotional distress, and the pressure to conform to hierarchical norms that normalize OV. Second, the institutional dimension examines rites of passage within obstetric settings, illustrating how students navigate institutional expectations, power imbalances, and professional identity formation. Third, the structural dimension highlights the ongoing reproduction of the modern obstetric institution, demonstrating how students become embedded in a system that perpetuates OV through medicalized protocols, surveillance, and disciplinary power.

CONCLUSIONS

By integrating insights from biopower, liminality, and rites of passage, this study contributes to a deeper understanding of how OV influences midwifery training and calls for transformative approaches to ethical and compassionate birth care.

KEY MESSAGE

This review underscores the profound and multifaceted impact of OV on midwifery students, shaping their perceptions, coping mechanisms, and professional trajectories. Addressing these challenges requires critical engagement with education, clinical mentorship, and structural reforms in maternity care.

Eur J Midwifery 2026;10(Supplement 1):A760

PB044

Promoting psychological safety for student midwives using restorative practice

principles with the professional midwifery advocate (PMA) role; An innovative education model

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PURPOSE

To enable student midwives to feel psychologically safe, enabling them to speak out without fear and feel valued in both their placement and institutional setting.

DISCUSSION

Psychological safety is a significant threat to midwives today. Being psychologically safe means being able to admit mistakes without fear of retribution and having the freedom to speak. To encourage psychological safety, individuals must have a sense of belonging and be in an environment where questions can be asked openly (Edmonson, 1999; Nemanick and Edmonson, 2022). The Advocating for Education and Quality Improvement (A-EQUIP) model (2017) was launched in England to modernise midwifery regulation and support staff to deliver women-centred care (Better Births, 2016). The model includes restorative work (usually delivered as restorative circles), which encourages connection and promotes healing via discussion and sharing experiences (Yarboi et al, 2024). Restorative circles can offer a space for support and reflection. Now integrated into our curriculum, these circles, led by PMAs, encourage students to build and maintain relationships, influence problem solving and respond to conflict by sharing ideas and ways they have managed challenging situations, helping generate autonomous, courageous and accountable practitioners.

EVIDENCE WHERE RELEVANT

Current workplace culture impacts on learning (Young et al., 2018). Students are faced with the challenges of maternity systems; capacity issues, inefficient systems and disconnect between teams. This impacts on learning and education opportunities, fostering isolation, feeling unheard and in the way. Students should be given access to different learning modalities: both theory and in the field (Wrenn & Wrenn, 2009); before attending restorative circles, students have a theoretical overview of the PMA role and model, enabling students to recognise the PMA service in their maternity setting, enhancing the probability of them using it in practice.

KEY MESSAGE

The restorative AEQUIP model can be integrated into midwifery education, helping promote psychological safety for student midwives.

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PB045

Repro TLC supporting midwives in abortion training in the United States

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PURPOSE

Midwifery and abortion share a complicated history in the United States (US) healthcare. As medicine professionalized, physicians disenfranchised midwives and abortion care from mainstream practice, leaving both separated from standard education and training. Today, midwives often compete with physician-prioritized systems for training opportunities. To address these gaps in education and training, the non-profit organization Repro TLC highlights midwives as abortion care learners, providers, and trainers, in midwifery-led and interdisciplinary learning. For the last 13 years, Repro TLC's work with midwives in both challenging and successful political, legal, and clinical environments can model strategies to integrate midwives into abortion care for other countries and organizations.

DISCUSSION

In many settings in the US, midwives work alongside physicians, each with overlapping and complementary scopes of practice in abortion care. Telemedicine, clinic, and hospital sites offer incredible opportunities for interdisciplinary learning, optimizing each care worker's skills and meeting trainee's specialty and regional needs. Challenges and benefits of interdisciplinary training models will be discussed, including how the midwifery model of care prioritizes individual patient care needs within care worker communities.

EVIDENCE WHERE RELEVANT

Repro TLC's Board Chair and midwife training alum will review the history of abortion exceptionalism in the United States. Repro TLC's Executive Director and birth worker, alongside a midwife, abortion clinic co-owner, and a midwife Chief Clinical Officer, will present Repro TLC's individual clinical training (ICT) program. Each will explore operationalizing midwifery-led training models at their respective clinics. All will present how these models work in real-time, including medication abortion learning collaboratives, procedural clinic care, and pre- and post-abortion support mechanisms.

KEY MESSAGE

Midwives are ideal trainers for abortion learners from any discipline. Purposeful spotlighting of and leadership by midwives and collaborative birth workers in abortion care and training expands access to high-quality, patient-centered comprehensive sexual and reproductive healthcare.

Eur J Midwifery 2026;10(Supplement 1):A762

PB046

School classes visit midwives: A teaching project in the BSc midwifery program

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PURPOSE

As part of the 'School classes visit midwives' project in the final semester of the Bachelor's Degree Program in Midwifery at the ZHAW in Switzerland, students have the opportunity to introduce young people to the work of midwives. Midwives are in high demand as teachers of pregnancy, birth and the puerperium in primary schools. By getting to know midwives and their work, children aged around 12 can learn from

an early age that pregnancy, birth and the puerperium are primarily healthy and natural processes. Sixth-semester midwifery students can share their knowledge with young people in an age-appropriate way and contribute to general healthcare and prevention.
DISCUSSION
In this project, students are given the opportunity to present obstetrics as a natural process to a future target group. They plan teaching units and evaluate them after implementation. The project highlights the challenge of providing age-appropriate access to healthcare topics, which requires a great deal of specialized knowledge. Young people often gain their first insights into obstetric topics and approach them with an open mind. The lessons take place at ZHAW, providing the students with their first experience of university life.
EVIDENCE WHERE RELEVANT
The teaching units are designed using the principles of skills-based and age-appropriate teaching, such as the storyline method, mini-simulations and exploratory learning.
KEY MESSAGE
Both students and young people benefit from the 'School classes visit midwives' teaching unit. The students gain experience in sharing their knowledge as future healthcare providers. Meanwhile, the young people gain initial access to the midwifery profession and learn about the natural process of childbirth. This lays the foundations for accessing midwifery care in adulthood.
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PB048

"Ethics for all": Interprofessional ethical training in the education of healthcare professionals

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PURPOSE
The "Ethics for all" teaching and learning concept promotes ethical reflection, discussion, decision-making and collaboration within interprofessional healthcare teams. Developed by an interprofessional team of lecturers at Zurich University of Applied Sciences (ZHAW), it is designed for the joint teaching of midwives, occupational therapists, health promoters, physiotherapists, physicians and social workers.
DISCUSSION
The training enables participants from various healthcare professions to collectively resolve challenging dilemma situations from practice. It fosters the development of professional competences (reflection and problem-solving), social competences (communication and collaboration), and personal competences (self-reflection, tolerance for ambiguity). The concept incorporates ethical case examples based on real-world practice scenarios and e-learning units that are interprofessionally transferable. The foundation for reflection is provided by a decision-making framework for ethical. The learning unit uniquely integrates the three dimensions of interprofessional collaboration, ethics, and communication. Co-creative teaching methods foster group processes and shifts in perspective.
EVIDENCE WHERE RELEVANT
This concept has already been successfully implemented, evaluated, and refined multiple times in the education of healthcare professionals. Through insights gained from the implementation and evaluation process, a comprehensive teaching and learning concept has emerged that addresses the three dimensions mentioned earlier. In this way, midwifery students can learn and practise ethical skills together with members of other professions and contribute their professional perspective. The ethical competence cultivated through this approach enables well-founded ethical decision-making, improves the quality of care and has the potential to positively impact the experience of moral distress.
KEY MESSAGE
The purpose of this best-practice concept is to encourage joint learning and collaboration in the field of ethics. The practice cases that form the core of this concept address multiple professions. Midwifery students develop their ethical competencies in an interprofessional context, broadening their professional perspective in the process.
Eur J Midwifery 2026;10(Supplement 1):A764

PB049

Development of stress response scale for midwives working in hospitals

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BACKGROUND
Hospital-based midwives are routinely exposed to multifaceted stressors inherent in perinatal care, yet standardized and validated instruments tailored to their stress responses remain limited.
OBJECTIVES
This study aimed to develop a psychometrically sound instrument to measure stress responses specific to midwives working in hospital settings
METHODS
A sequential mixed-methods design was employed. In Study 1, qualitative data were collected from 75 midwives via open-ended responses to identify salient stressors and associated responses. Thematic analysis led to the conceptualization of six preliminary subdomains. Study 2 involved the development of a 38-item draft scale based on qualitative findings and prior literature. A nationwide survey was conducted with 402 midwives engaged in childbirth services at hospitals. Exploratory and confirmatory factor analyses were performed to establish factorial structure and dimensionality, yielding a refined 28-item scale encompassing five factors.
RESULTS
The finalized scale demonstrated high internal consistency (Cronbach's α=0.91; subscales: 0.79–0.88). Confirmatory factor analysis indicated acceptable model fit indices (GFI=0.833, AGFI=0.804, SRMR=0.074). Test-retest reliability was supported (r=0.77, p<.01). Criterion-related validity was evidenced by a moderate correlation with an established external scale (r=0.50, p<.01), and construct validity was substantiated by a negative association with work engagement (r=–0.28, p < .01).

CONCLUSIONS
The developed scale offers a valid and reliable measure of stress responses in midwifery practice and holds utility for informing occupational health interventions, workforce policy, and future research in maternity care settings.
Eur J Midwifery 2026;10(Supplement 1):A765

PB050

Strengthening midwifery education: An assessment of bachelor's midwifery curricula in the West Bank, occupied Palestinian territories (oPt)

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BACKGROUND
Despite the global initiatives to improve midwifery education, gaps remain in curricula, along with limited access to quality midwifery education programs and training opportunities. Since the establishment of the first four-year direct-entry bachelor's degree program in midwifery in the West Bank, occupied Palestinian territory (oPt), in 1997, no comprehensive evaluation has been conducted to assess the quality or content of midwifery education programs.
OBJECTIVES
To assess four-year direct-entry bachelor's midwifery programs against the International Confederation of Midwives (ICM) essential competencies for midwifery practice.
METHODS
We conducted a cross-sectional rapid assessment of all five direct-entry bachelor's midwifery programs in the West Bank in August 2023. Data was collected over two weeks by midwifery faculty members using a self-assessment tool comprising 92 ICM essential competencies. Data was analyzed using frequencies and percentages for each competency category based on the total number of assessed indicators.
RESULTS
Across the five midwifery programs, total competency scores ranged from 54.3% to 68.5%. Scores for ongoing care of women and newborns ranged from 77.8% to 88.9%, while antenatal care competencies ranged between 70.6% to 84.4%. Competencies related to care during labor and birth scored between 61.5% to 69.2%. The lowest competency scores were found in sexual and reproductive health and rights, ranging from 16.7% to 41.7%.
CONCLUSIONS
While midwifery programs are based on similar core concepts, variations and gaps exist, particularly in competency coverage. Some deficiencies are linked to inadequate clinical training opportunities and limited services in clinical settings.
KEY MESSAGE
Medical childbirth models can hinder midwifery students' quality clinical training, particularly in the area of care during labor and birth. Midwifery faculty members require training in pedagogy, evidence-based updates, and research competencies to proficiently update curricula and incorporate new knowledge into teaching and learning.
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PB051

Developing midwifery entrustable professional activities to bridge competencies and clinical assessment in student education

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BACKGROUND
Entrustable Professional Activities (EPAs) have long been used to describe units of professional practice in medical education. Midwifery competency frameworks, including the ICM Essential Competencies, articulate learning outcomes as professional attributes. While essential to defining professional profiles, this approach complicates assessment in clinical settings. Robust, observable Midwifery EPAs can bridge competency frameworks and workplace-based evaluation.
OBJECTIVES
This study examined the applicability of the EPA concept to midwifery education. The aim was to develop entrustable, observable activities that reflect core professional values and support structured workplace-based assessment in midwifery education.
METHODS
Following an integrative literature review in 2024, an expert panel of six midwives with backgrounds in clinical practice, education, and research developed an initial set of Midwifery EPAs. Between April and June 2025, the EPAs were refined through a two-round Delphi process with 18 midwifery education experts. A third Delphi round and pilot implementation are planned for August 2025 to confirm and test the final EPA set.
RESULTS
Fourteen Midwifery EPAs were developed, each including a title, core steps, and supervision levels. A key result was the deliberate framing of EPAs to reflect core midwifery values, emphasizing the woman as an active partner in care. In the first Delphi round, consensus (⩾ 0.8) was reached for three EPAs; eight required moderate and three substantial revision.

After the second round, all EPAs achieved consensus (≥ 0.8) with minor language adjustments.
CONCLUSIONS
The developed Midwifery EPAs translate core competencies from established frameworks, including the ICM Essential Competencies, into observable, assessable professional activities. They reflect core midwifery values by linking educational goals with workplace responsibilities and supporting transparent competency-based assessment. Further research is needed to evaluate their implementation and impact.
KEY MESSAGE
The EPA framework is applicable to midwifery education, translating competencies into observable, assessable activities and forming a foundation for workplace-based learning and assessment.
Eur J Midwifery 2026;10(Supplement 1):A767

PB052

Effectiveness of education on diagnosis of symptoms and risks of child abuse and neglect given with the teach back method

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BACKGROUND
Child abuse and neglect are critical public health issues requiring early identification by healthcare professionals, including midwifery students. The Teach-Back method is a learner-centered strategy that promotes comprehension and knowledge retention.
OBJECTIVES
This study aimed to evaluate the effectiveness of an educational program on recognizing the signs and risks of child abuse and neglect, delivered to midwifery students using the Teach-Back method.
METHODS
A pre-test/post-test control group design was used with second-year midwifery students (n=86), randomly assigned to intervention (n=43) and control (n=43) groups. The intervention group received education using the Teach-Back method, while the control group was trained via traditional instruction. Data were collected using the Descriptive Information Form, the Scale for Identifying the Signs and Risks of Child Abuse and Neglect, and the Child Abuse and Neglect Awareness Scale, both before the training and at the 4th week after.
RESULTS
No significant demographic differences were found between the groups. Post-test scores indicated that the intervention group had significantly higher awareness levels than the control group ($p<0.05$). A moderate positive correlation was observed between awareness and identification scores in the intervention group. However, there was no significant difference between groups in terms of improvements in identifying signs and risks.
CONCLUSIONS
The Teach-Back method effectively increased students' awareness of child abuse and neglect. However, it did not significantly improve their ability to identify associated signs and risks.
KEY MESSAGE
While the Teach-Back method enhances awareness in midwifery students, additional strategies may be necessary to improve their diagnostic skills regarding child abuse and neglect. Ethics: The study was approved by an institutional ethics committee, and informed consent was obtained from all participants. The authors declare no conflict of interest.
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PB053

Next-Generation communication skills learning in basic midwifery education: The role of generative AI chatbots

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PURPOSE
Effective communication is a core competency in midwifery. Students are required to build empathy, convey trust, and support women holistically during pregnancy; however, conventional training methods often lack the capacity to offer repeated, realistic, and individualized opportunities for practicing these skills. To address this gap, we introduced a generative AI-based chatbot that simulated realistic interactions with pregnant woman with the aim of enhancing communication skills and pioneering next-generation basic midwifery education.
DISCUSSION
Students engaged in AI-facilitated role-play scenarios consisting of interactive voice-input conversations. These scenarios cultivated advanced communication competencies and enabled real-time, reflective decision-making. Each interaction was designed to promote immediate reflection by giving personalized feedback, which aimed to reinforce learner-centered, individualized growth. The chatbot was positively evaluated for its accessibility; flexibility; and its unique capacity to provide repeatable, safe, and personalized training. Nevertheless, occasional system errors and limitations in dynamic response tailoring highlighted areas for further refinement.
EVIDENCE WHERE RELEVANT
Student feedback demonstrated clear increases in self-confidence, heightened self-awareness, and perceived improvements in practical communication skills. Detailed conversation log analyses suggested the chatbot's effectiveness in promoting reflective learning and individualized educational experiences.
KEY MESSAGE
Incorporating generative AI chatbots into basic midwifery education represents a next-generation approach that significantly enhances communication skills through learner-centered, adaptive, and scalable training. As digital tools become more adaptive and sophisticated, they offer a valuable complement to traditional midwifery training, preparing future professionals to engage empathetically and effectively with those in their care.
Eur J Midwifery 2026;10(Supplement 1):A769

PB054

Embedding inclusion in midwifery education: The co creation of a midwifery inclusivity in curriculum toolkit

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PURPOSE

This presentation will explore the development, structure, and practical application of the toolkit, and advocate for inclusive curricula as a foundation for equitable and effective midwifery education.

DISCUSSION

An inclusive midwifery education is essential to preparing students to provide culturally safe, personalized care to diverse populations. Midwifery students have consistently commented on a lack of representation of ethnic, cultural, sexual, and gender diversity within the midwifery curriculum, contributing to disparities in student experience and sense of belonging. The education toolkits that exist to assess curriculums are not discipline specific and the Decolonising Midwifery Education Toolkit has not included sexual orientation, gender identity, learning difficulties and disabilities. A diverse team—including midwifery students, educators, a service user, and a cultural safety lead—participated in a three-hour facilitated workshop to co-create the MIiC toolkit. This collaborative session was designed to harness lived experiences and pedagogical perspectives to inform the development of a meaningful, practical resource. Participants identified key elements of inclusive curriculum design and delivery, which were synthesized into a set of guiding questions. The objective of the toolkit is to enable educators to focus more explicitly on where diversity, inclusion and cultural safety can be embedded into the curriculum

EVIDENCE WHERE RELEVANT

1. Wong SHM, Gishen F, Lokugamage AU. Decolonising the medical curriculum: humanising medicine through epistemic pluralism, cultural safety and critical consciousness. London Rev Educ. 2021;19(1):1-22. doi:10.14324/LRE.19.1.1
Okiki C, Giusmin G, Hunter L. Only for the white: a qualitative exploration of the lived experiences of Black, Asian and minority ethnic midwifery students. Nurse Educ Today. 2023;131:105982. doi:10.1016/j.nedt.2023.105982
Royal College of Midwives. Decolonising the Midwifery Education Toolkit. Royal College of Midwives; 2023.

KEY MESSAGE

The MIC toolkit supports midwifery educators in creating inclusive learning environments that reflect and respect diversity. Its implementation can enhance student engagement while fostering the knowledge and confidence to deliver safe, responsive midwifery care.

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PB056

'Workplace culture', midwifery students' experiences and observations, from a qualitative multiple case study of their voices during their education journey

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BACKGROUND

The context was set amidst declining midwifery staffing levels (NMC 2022), increased attrition in midwifery education (HEE 2019), now at 11% in midwifery and nursing education (UK Government 2025), and issues surrounding standards of practice (Kirkup 2015, Ockenden 2022, Kirkup 2022).

OBJECTIVES

There is minimal research that seeks to hear the students' voices and why they choose to stay on their midwifery programme, and factors that influence this choice. Hearing students' voices enabled insight of their experiences of the two workplace cultures they were embedded in, the Academic and Clinical workplace, and how this informed their choices to complete their education.

METHODS

A constructivist interpretive paradigm, using a multiple-case study approach. A purposive sample of a cross-section of students from all years of the pre-registration midwifery programme, drawn from two UK Higher Education Institutes. Data were collected from unstructured focus groups and interviews over one academic year. Data were transcribed and analyzed using a grounded theory approach, together with Harré's Positioning Theory.

RESULTS

During their education, professionalism was influenced by practice supervisors, lecturers, peers, and women. Students developed understanding of two workplace cultures, academic and clinical. A sense of belongingness to midwifery was achieved when lecturers and practice supervisors demonstrated supportive characteristics. Adverse effects of not feeling valued or trusted resulted in fear and subliminally led to quiescent and acquiescent silence so as not to be bullied.

CONCLUSIONS

Fear of senior professionals, bullying, and non-compassionate care are entrenched in the clinical culture of maternity services. Students witness this punitive approach regularly and subliminally these attitudes may become normalized behaviour. There is the potential that this normalized behaviour which is inappropriate and unprofessional could continue once qualified.

KEY MESSAGE

Education of midwifery students built on trust, kindness, collaboration, evidence and equity across the academic and clinical domains, to ensure sustainable, compassionate and safe maternity services.

Eur J Midwifery 2026;10(Supplement 1):A771

PB057

Midwife-Led training on Pregnancy Associated Acute Kidney Injury (PrAKI): A collaborative model for sustainable impact

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PURPOSE

This abstract shares implementation insights from delivering a collaborative, midwife-to-midwife training program focused on pregnancy associated acute kidney injury (PrAKI) and fluid balance at University of Zambia and Ndola Teaching Hospital in Zambia. The aim was to enhance midwives' knowledge, skills, and confidence in identifying and managing PrAKI, fostering sustainable professional development thereby improving maternal outcomes

DISCUSSION

PrAKI affects up to 22.2% of pregnant women in some regions, with obstetric haemorrhage, eclampsia, and sepsis among the leading causes. Many cases are preventable if detected and managed early. Recognising the knowledge-practice gap, we implemented early stakeholder engagement to co-design training content and implementation model with maternity educators, clinical governance leads, and nephrology and obstetric specialists, to ensure local relevance and alignment with development goals. Pre-training activities included stakeholder mapping, locally adapted materials and baseline assessments to identify implementation barriers. Training was co-facilitated by local and visiting midwives, using real-life scenarios and interactive exercises on fluid balance and early PrAKI recognition. Peer-led learning encouraged confidence-building and reflection. Structured pre-training activities included simplified reading materials and baseline knowledge surveys. Post-training follow-up included mentorship, peer-review sessions, and reflective journaling to reinforce learning. The program adopted mentorship and collaborative learning strategies, promoting mutual respect and fostering continuous professional growth. Time constraints and varying baseline knowledge were managed through flexible scheduling and tailored group discussions.

EVIDENCE WHERE RELEVANT

Implementation outcomes included high reach (95% attendance), acceptability and adoption (increased use of fluid balance monitoring). Peer-to-peer learning significantly contributed to shared problem-solving and improved care practices.

KEY MESSAGE

Embedding structured implementation strategies, including co-design, peer-learning, mentorship and iterative follow-up, within midwife-led, peer-to-peer training onPrAKI led to high engagement, strengthened professional agency and early signs of practice change. This model aligns with targets within the WHO and ICM Midwifery Accelerator to strengthen midwifery leadership and maternal health outcomes.

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PB058

Implementing a customized hands-on research course for the midwifery educators and midwives from Southeast Asia: A process documentation

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PURPOSE

Research empowers a profession's identity, including midwifery. The State of World's Midwifery 2023 highlights the relatively weak research capacity among the midwives from SEAR, recommending urgency in bridging the gap to ensure midwives from SEAR can generate their own evidence, showcase the impact of midwifery on society and establish midwifery as a profession unequivocally, even as several SEAR countries transition to Midwife-led-models of care. Foundation for Research in Health Systems (FRHS), developed a research course for early-career midwives and educators from SEAR aiming to introduce a culture of research in their education, practice and advocacy. The course, provided them with an opportunity to build upon their existing knowledge of research and use it to generate primary evidence to advance midwifery as a profession.

DISCUSSION

A 9 month-long course was conceptualized using the theory of experiential learning. A course curriculum was developed and content validated by established midwifery researchers. Kirkpatrick's Four-levels of Training Evaluation was used to develop the indicators on participants' reactions, learning, behavior and course-results, and formative mixed-method evaluation measufres were built into the course. The course was implemented in a hybrid-model: weekly 3-hourly online sessions, and face-to-face workshops, 5 days each, at three timepoints during the course: 1) first month "developing a protocol using participant-generated research questions", 2) third month: "practice ethical data collection processes", 3) 7th month "data cleaning, analysis and scientific writing". Two batches of participants (n=18) underwent the course between 2022-2025. 4-10 mentoring sessions were also provided to hand-hold participants.

EVIDENCE WHERE RELEVANT

Growing confidence and higher levels of assertiveness and professional identity were reported by the participating midwives and was visible in their interactions with relevant government authorities to seek approvals, and advocacy for their projects.

KEY MESSAGE

The novel course resulted in three pioneering midwifery projects by midwives from SEAR, three abstracts submitted to ICM Congress 2026, showcasing the course's effectiveness.

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PB059

Continuity of midwifery care – The perfect model according to midwifery students – A Swedish interview study

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BACKGROUND

World Health Organization recommends continuity of care for pregnant women due to favorable outcomes such as being more likely to have a spontaneous vaginal birth and a positive

birth experience. Midwifery continuity models are rare in Sweden, and few midwifery students are exposed to such models during their clinical placements. Students' attitudes about such models are largely unknown.
OBJECTIVES
This study explored midwifery students' thoughts about midwifery continuity models of care and the benefits of women and midwives.
METHODS
A qualitative study including 16 midwifery students in Sweden were interviewed in 2023. Data was analyzed by reflexive thematic content analysis according to Braun and Clark.
RESULTS
The study explored the main theme: 'Midwifery continuity models of care are a perfect complement for women, families, and midwives in Swedish maternity care'. The main theme was described by the following themes: Increased knowledge of midwifery continuity of care would strengthen the interest; Working in a midwifery continuity model of care should be based on midwives' preference; and Convincing evidence of midwifery continuity of care for women.
CONCLUSIONS
The study emphasized the importance of offering women and midwives the opportunity to be part of a midwifery continuity care model, and continuity care was viewed as the future model of care.
KEY MESSAGE
Midwifery students wanted better conditions for women in maternity care and a sustainable way of working for midwives.
Eur J Midwifery 2026;10(Supplement 1):A774

PB060

The process of academization of midwifery training in Germany: An analysis of the institutional-structural and personnel framework conditions

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BACKGROUND
Midwives in Germany are authorized and qualified by midwifery law and professional regulations to provide primary care for women and couples and their newborns and infants during pregnancy, birth and the first year of life. The demands on the profession and the role of the midwife have changed due to a complex and changing range of tasks and require extended qualifications (cf. DHV 2011, DGHWI 2018). This need was met by the legislator in Germany with the amendment of the Midwifery Act and the Study and Examination Ordinance for Midwives at the end of 2019 and beginning of 2020.
OBJECTIVES
The study is dedicated to the overarching question of how teaching in midwifery degree programmes in Germany is designed at the institutional-structural and personnel level.
METHODS
This question is addressed within the framework of a qualitative-reconstructive study. Two synopses of structural features of degree programmes (2019, 2021), a document analysis of module handbooks (2019), expert interviews with programme directors (2019) and professional biographical-narrative interviews with lecturers (2019/2020) were conducted. The project received a favourable ethics vote from the German Society for Educational Science (DGfE). There is no conflict of interest.
RESULTS
On an institutional-structural level, the results show a study landscape in Germany that is in a process of development with regard to various structural features. Based on the professional biographical narrative interviews with lecturers three teaching types can be reconstructed, which differ in terms of their habitual patterns.
CONCLUSIONS
This study makes a significant contribution to the professionalization of those involved in university-based midwifery education and provides relevant impetus for the further development of degree programmes in Germany.
KEY MESSAGE
The results emphasize the relevance of human and time resources for the implementation of competence-based, science-based and practice-integrated initial university education.
Eur J Midwifery 2026;10(Supplement 1):A775

PB061

Estonian midwives' perceptions of artificial intelligence in healthcare: A cross-sectional study

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BACKGROUND
The integration of Artificial Intelligence (AI) into midwifery care is an inevitable result of technological advancement in healthcare. According to previous studies, healthcare professionals understand the possibilities of using AI differently and have limited knowledge of how to use it in clinical practice. Knowledge about midwives' perception of AI use is scarce.
OBJECTIVES
This study aimed to describe Estonian midwives' perceptions of AI use in healthcare.
METHODS
A cross-sectional study was conducted in 2024 among midwives working in Estonia (n=56) using the Shinners Artificial Intelligence Perception (SHAIP) tool. Data were collected through convenience sampling and analyzed with descriptive statistics, Analysis of variance (ANOVA) test, and Spearman's correlation.
RESULTS
Midwives perceived that the use of AI would impact their professional role but were not prepared to use it. The availability of sufficient training in the use of profession-specific information systems was low. Most agreed that the use of AI will enhance population health outcomes, patient treatment and care. The results indicate that working experience, organisation type and the use of digital meetings and remote platforms outside work can affect midwives'

perceptions of the professional impact of AI and their preparedness to use it.
CONCLUSIONS
The findings suggest that Estonian midwives are not prepared to use AI, confirming the results of previous studies among other healthcare professionals. This highlights the need for developing relevant training programs, both at foundational and advanced levels.
KEY MESSAGE
Providing training and involving midwives in the development of new technologies will help to increase the preparedness for AI use. This will also enhance the interest and adaptability to use AI-based solutions in their work.
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PB062

Integrating Erasmus blended intensive programmes into the midwifery curriculum: The case of Tallinn Health University of Applied Sciences

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PURPOSE
The Importance of the Erasmus Blended Intensive Programme in Midwifery Education. In today's globalized healthcare landscape, midwives must be adaptable, culturally competent, and prepared to collaborate across disciplines and borders. At Tallinn Health University of Applied Sciences, the midwifery curriculum includes two Erasmus BIPs—Breastfeeding and Early Interaction Basics and Beyond and a Public Health Course. These programs are offering students the opportunity to engage in international, collaborative learning, supported by structured reflection and peer feedback. Research and student feedback indicate that combining asynchronous virtual study with in-person intensive collaboration leads to deeper learning and more sustainable skill development BIPs address both needs, providing a balanced pedagogical approach that improves both academic and professional outcomes.
DISCUSSION
The Erasmus BIP model effectively enhances intercultural competence, self-regulation, and professional identity in midwifery students. Blending virtual and physical learning fosters critical thinking and collaboration. Despite technological challenges, outcomes suggest BIPs are a scalable, evidence-based approach for global midwifery education.
EVIDENCE WHERE RELEVANT
Evidence from the TOTEMM project (Borrelli et al., 2024) shows that midwifery students participating in an inclusive mobility model reported significant improvements in intercultural sensitivity, empathy, and non-judgmental attitudes. Quantitative analysis indicated a statistically significant increase in intercultural awareness between pre- and post-mobility assessments, while qualitative feedback highlighted enhanced confidence and openness. According to Henderson et al. (2017), students benefit from online environments due to flexible scheduling, ability to revisit materials, and autonomous task management.
KEY MESSAGE
BIPs represent an accessible, scalable solution that does not require excessive resources yet brings clear benefits. Short-term mobility increases access to international experience for more students, making BIPs a realistic and impactful element of modern curricula. It supports students in developing the cultural competence, interpersonal skills, and resilience necessary to thrive in diverse clinical environments and ultimately contribute to improved maternal and newborn health outcomes globally.
Eur J Midwifery 2026;10(Supplement 1):A777

PB063

PROMISE app implementation for data driven midwifery education: A mixed-methods multi-state evaluation in India

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BACKGROUND
Despite proven reductions in maternal and newborn mortality through midwife-led care, India still faces gaps in midwifery education and supervision. The Fernandez Foundation's PROMISE App (2020) embeds ICM competencies, monitors clinical skill acquisition, and generates real-time dashboards to guide educators and policymakers.
OBJECTIVES
a. Digitally embed ICM essential competencies in training. b. Create actionable quality-of-care dashboards. c. Correlate process indicators with maternal and newborn outcomes. d. Evaluate feasibility, efficiency, and scalability of digital mentorship across four states.
METHODS
From December 2020 to May 2024 in Andhra Pradesh, Odisha, Telangana, and West Bengal, we conducted a mixed-methods evaluation. Quantitative data were captured via PROMISE App modules, logging 377,769 trainee and woman interactions. Key performance indicators aligned with INC/ICM curriculum were summarized descriptively. Qualitative data included structured interviews and focus groups with 30 midwifery educators and 70 NPM trainees, exploring user experience and mentorship benefits.
RESULTS
Across four years, 97 educator trainees and 488 Midwife students logged antenatal, birthing, and postnatal interactions. Among 25,761 births, 92.5% of mothers received privacy and companionship; 98% were spontaneous; 64% of newborns received immediate skin-to-skin care. Maternal outcomes included a 97% live-birth rate and average Apgar scores of 8-9. Mentors reported a 40% reduction in administrative workload, and trainees rated the app 4.8/5, citing enhanced accountability and time savings ("The PROMISE App simplifies data capture.").
CONCLUSIONS
The PROMISE App embeds ICM competencies, delivers real-time dashboards, and links process metrics to positive

outcomes. Digital mentorship proved feasible, scalable, and aligned with WHO and Indian frameworks, reducing paperwork and improving clinical learning. Widespread adoption can accelerate progress toward SDG 3.1.
KEY MESSAGE
Real-time digital mentorship like PROMISE strengthens midwifery education quality and accountability in resource-limited settings.
Eur J Midwifery 2026;10(Supplement 1):A778

PB064
Preventing turnover of midwives working at university hospitals in Japan: A one-year cohort study on preceptee–preceptor combinations and work engagement
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BACKGROUND
In Japan, approximately 70% of midwives work in hospitals, and the issue of midwife turnover has been recognized for many years. According to estimates by the Japan Nurses Association, there is a shortage of midwives compared to the number currently employed. After being hired by a hospital, newly graduated nurses are often educated through a preceptorship system. In this system, a senior nurse (preceptor) is assigned to each newly graduated nurse (preceptee) to provide one-on-one guidance. However, the impact of the preceptee–preceptor combination has not yet been fully clarified. This study aims to clarify the preceptee–preceptor relationship by focusing on Work Engagement (WE) in relation to workplace retention.
OBJECTIVES
The objective of this study is to examine preceptee–preceptor combinations in a one-year prospective cohort study.
METHODS
A one-year prospective cohort study (with four time points) was conducted using a self-administered questionnaire. Preceptees and preceptors were surveyed between April 2021 and March 2022 at one university hospital. The survey items included basic demographic information, the Japanese version of the Utrecht Work Engagement Scale (UWES-J), and a turnover intention scale.
RESULTS
Questionnaires were distributed to 50 nurses working in six wards of a university hospital. Nine preceptee–preceptor pairs who responded to all four surveys were included in the analysis. When both the preceptee and preceptor had high WE at the beginning of April, the preceptee's WE remained stable throughout the year, even if the preceptor's WE fluctuated. In contrast, when both the preceptee and preceptor had low WE at the start, their WE scores tended to fluctuate in parallel over the one-year period.
CONCLUSIONS
Preceptees with high WE may benefit from a hands-off approach, while those with low WE require more supportive and attentive preceptorship.
KEY MESSAGE
Matching preceptorship to preceptees' WE may support retention and foster midwifery development.
Eur J Midwifery 2026;10(Supplement 1):A779

PB065
A cross-sectional study on the use of artificial intelligence-supported tools in theoretical and clinical midwifery education among midwifery students in Turkiye
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BACKGROUND
Artificial Intelligence (AI) is revolutionizing health education. Nevertheless, in spite of its potential to improve learning outcomes, the factors influencing its adoption and use among midwifery students remain understudied.
OBJECTIVES
To identify factors influencing the use of AI-enabled tools in theoretical and clinical midwifery education among students in Turkiye.
METHODS
This is an online cross-sectional study involving midwifery students in Turkiye. The questionnaire was created using Google Forms and distributed to department heads through their institutional e-mail addresses. The researchers used a Demographic Information Form and an AI Utilization Form to collect data. Data collection began on May 19, 2025, and will continue through fall semester. SPSS was used for analysis, with significant variables examined using multiple linear regression.
RESULTS
Preliminary findings showed that 693 female students from universities in seven geographical regions of Turkiye participated, with a mean age of 20.97 ± 2.65 years. Most were enrolled in public universities and had used AI tools (92.8%). The most frequently used tools were ChatGPT, Siri, Gemini and Duolingo. AI usage in midwifery education increased by 83.7%, with clinical settings utilizing it for research, assignment completion, case analysis, disease investigation, medication information, patient histories, and care plan development. Age-related AI use was 1.08 and 1.09 times higher among students with computer access and AI training. Utilization was significantly lower among those living in rural areas ($p \leq 0.05$).
CONCLUSIONS
Integrating AI tools into midwifery education needs to improve digital access, develop AI literacy, provide structured training and address regional inequalities; especially in rural areas.
KEY MESSAGE
Improving access to AI tools, enhancing knowledge about AI and clearly communicating their educational benefits can increase students' confidence and promote greater adoption in midwifery education.
Eur J Midwifery 2026;10(Supplement 1):A780

PB066
A gentle start to breastfeeding: Supporting babies to latch and parents to feel confident
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PURPOSE

To explore the role of physiological alignment in supporting breastfeeding dyads in the early postpartum period, with a focus on increasing milk transfer, comfort, and parent confidence.

DISCUSSION

The early days of lactation can feel overwhelming for many families. As a Registered Midwife and IBCLC, I have observed that simple strategies rooted in physiology and relational care can significantly impact infant feeding outcomes and parent experience. By focusing on infant reflexes, parent comfort, and natural feeding behaviours, providers can facilitate effective alignment and attachment at the breast. This presentation reflects on patterns observed across diverse practice settings, exploring how practical support and attention to parent-infant interaction can help reduce stress and promote feeding success. Intuitive adjustments are highlighted as simple but powerful ways to improve breastfeeding outcomes in the early days of lactation. Additionally, I reflect on how confidence-building communication plays a role in shifting parent experiences from anxiety-provoking to empowering.

EVIDENCE WHERE RELEVANT

Literature supports the value of instinctive feeding approaches, such as biological nurturing and baby-led latching in improving breastfeeding outcomes and reducing nipple trauma. Case-based reflection and practical application will be framed within this evidence.

KEY MESSAGE

Midwives are uniquely positioned to guide early breastfeeding experiences by integrating physiological knowledge with respectful, intuitive care. Small shifts in approach can significantly improve outcomes and improve parent confidence, especially during the early days of lactation.

Eur J Midwifery 2026;10(Supplement 1):A781

PB067

The legacy of those who have gone before- using human anatomical pro-section to facilitate students midwives understanding of anatomy in a workshop setting

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PURPOSE

In this example of an education initiative, first year student midwives take part in a bespoke practical multi station workshop in the anatomy center at their University. Using flipped classroom pedagogical principles, students are guided through stations featuring prepared human anatomical pro-sections of specific regions and structures of the female body. The practical mirrors the content of the anatomy and physiology lectures the students have already received. A workbook has been designed by Midwifery lecturers in collaboration with Biosciences lecturers to support the workshop. Student Midwives work in groups, rotating through the workstations and using the pro-sections and their knowledge to answer the questions in the workbook.

DISCUSSION

Understanding anatomy and physiology can be challenging for student midwives (Johnson et al 2015), Hashemiparast (2019) identifies the need for a link between theory, simulation and real life for learning to be truly embedded. Learning that involves human anatomical pro-section allows student midwives to better understand the integrated nature of the human body and see beyond the theory, textbooks, apps, and websites to appreciate the complexities and capabilities of the human body. This enables student midwives to have confidence in the both normal birth and the detection of complications (ICM 2023). This practical learning experience helps to create a foundation and lifelong knowledge which will equip future midwives to be autonomous practitioners and strengthen their confidence as the lead professional in the care of mothers and babies.

KEY MESSAGE

In order to ensure the future midwives that are skilled, knowledgeable and competent, midwifery lecturers need to be creative in the way they deliver programmes of education to suit all styles of learners. Schools of Midwifery may have access to resources included in anatomy centers but need ideas on how to meaningfully include human anatomical pro sections into to the Midwifery curriculum.

Eur J Midwifery 2026;10(Supplement 1):A782

PB068

Bridging borders: A U.S.–Kenya simulation-based midwifery education cooperative initiative

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PURPOSE

Through a partnership between U.S. and Kenyan midwifery educators, we co-designed a midwifery clinical initiative focused on responding to obstetric emergencies with simulation-based scenarios as a training mechanism.

DISCUSSION

The aim of this initiative is to enhance critical thinking and clinical competence for midwifery students as they learn to manage OB complications. Training in obstetric complications through simulation offers valuable learning and enhances midwifery students' readiness for emergency clinical situations that may arise, requiring skillful, practiced management. Kenyan and US educators collaborated to develop a simulation curriculum to provide foundational training for the clinical setting. The curriculum was implemented at two midwifery education programs, one in Kenya and one in a US Institution.

EVIDENCE WHERE RELEVANT

Simulation-based education enables students to develop and refine clinical skills, decision-making, and interprofessional communication in a safe, controlled environment. It is particularly valuable for preparing midwives to manage high-risk, low frequency events such as postpartum hemorrhage, shoulder dystocia and neonatal resuscitation. The World Health Organization (2021) includes simulation in its Midwifery Education Toolkit as a recommended method for

competency-based education and systematic reviews have supported the effectiveness (Cooper et al. 2012; Yucel et al., 2020).
KEY MESSAGE
Simulation is a potentially powerful tool in midwifery education across settings. Cross-national collaboration fosters innovation and not only enhances students' critical thinking and clinical competence, but also enriches learning by the mutual respect developed through international partnership, as students consider context and resource availability in diverse settings.
Eur J Midwifery 2026;10(Supplement 1):A783

PB069

Simulation of miscarriage in the skills lab: Strengthening midwifery students' competence

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PURPOSE
Learning to support parents after early pregnancy loss is a central learning objective in German midwifery education (HebStPrV 2020). The new AWMF S2k guideline "Early Pregnancy Loss in the First Trimester" (2024) emphasizes the importance of sensitive, individualized care and the integration of grief processes. It is essential that midwifery students acquire these skills during their studies to provide high-quality, empathetic care, in line with the Sustainable Development Goals (SDG 3;4). This project describes the development and implementation of simulation scenarios in the Skills Lab to specifically prepare students for the complex clinical, communicative, and emotional demands of supporting parents after miscarriage.
DISCUSSION
The simulation scenarios are based on established guidelines for scenario development (INHAL, 2021) and are designed by authors with expertise in the field of pregnancy loss. These authors provide practical insights and concrete recommendations for professional practice. The content is based on current guidelines, evidence-based research, and international studies. By integrating these competencies into the curriculum, the project supports the goal of ensuring equitable, respectful, and culturally sensitive care.
EVIDENCE WHERE RELEVANT
The scenarios have been developed in line with current standards and validated by professionals. Initial feedback indicates that participating students feel more confident in managing miscarriage situations, providing care, and communicating with those affected after completing the simulations. This increased competence directly contributes to the quality and sustainability of maternal healthcare (SDGs).
KEY MESSAGE
It is crucial that midwifery students learn to handle miscarriage situations during their studies. Simulation-based training in the Skills Lab enhances students' confidence and competence in dealing with loss, fosters empathetic communication, and prepares them to guide parents through various care options in different settings. By integrating SDG principles into midwifery education, the project ensures that future midwives are equipped to deliver high-quality, sensitive, and sustainable care to families experiencing early pregnancy loss.
Eur J Midwifery 2026;10(Supplement 1):A784

PB070

Student midwives' lived experience of caring for bereaved parents following perinatal loss using actor-based simulation: A phenomenological study

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BACKGROUND
Student midwives frequently encounter bereaved parents in clinical practice; however, the experience of caring for them can be a significant source of stress. Whilst the use of simulation to teach bereavement care is considered a powerful experiential form of learning, evidence for its effectiveness as a transformative learning strategy is limited.
OBJECTIVES
To explore student midwives' lived experience of caring for bereaved parents experiencing perinatal loss using actor-based simulation.
METHODS
A purposive sample of nine 2nd year student midwives participated in an actor-based bereavement simulation scenario. Interpretative Phenomenological Analysis was conducted to gain a deep understanding of the meaning of the experience using semi-structured interviews. Transformative Learning Theory was applied as an analytical framework to illustrate how the student midwives made sense of and learnt from the simulated experience.
RESULTS
Three themes emerged from the analysis 'a rollercoaster of emotions'; 'trying to console and making things easier'; 'A unique learning experience'
CONCLUSIONS
The study highlighted the important role of simulation as a model of bereavement education that equips students with the necessary knowledge, skills, and confidence to provide compassionate, respectful care to bereaved parents experiencing perinatal loss.
KEY MESSAGE
The emotional toll of caring for bereaved parents is significant. Higher education institutions should adopt experiential forms of learning using actor-based simulation scenarios to emotionally prepare students to holistically care for parents affected by perinatal loss.
Eur J Midwifery 2026;10(Supplement 1):A785

PB071

Use of authentic videos in midwifery education to reflect on real-life dilemmas in routine enquiry about the experience of violence in antenatal care

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BACKGROUND
Guidelines encourage routine enquiry about the experience of violence in antenatal care. Lack of training and the sensitive nature of this enquiry have been identified as barriers into implementing this practice.
OBJECTIVES
To develop and test a video-based workshop on enquiring about violence in antenatal care.
METHODS
Twenty-one authentic consultations were recorded in which the midwife enquired about violence. Following Conversation Analysis (CA) four communicative dilemmas were identified: 1. How to prepare for asking the questions on violence: 2. How to ask the actual questions; 3. How to respond to a "no" answer and 4. How to respond to a "yes" answer. These formed the base for the workshop, which was piloted among experienced midwives prior to being held with midwifery students. Students provided an oral and written evaluation.
RESULTS
A total of 25 students participated in the workshop which started with a lecture, followed by viewing of anonymized videos on each of the dilemmas which were reflected upon in pairs and in plenum. The workshop lasted six academic hours. Twenty-one students provided an evaluation. Free responses showed that students appreciated the authenticity of the videos, the structure of the workshop and the opportunity to reflect. They wished for more examples and longer videos. Almost all students expressed feeling more secure in how to approach the topic, an increased awareness of how questions can lead to a no response and how to create the opportunity for disclosure and how to inform about safety and support services.
CONCLUSIONS
The workshop provided an effective way of teaching and training midwives on communicative skills on how to enquire about violence in antenatal care.
KEY MESSAGE
The use of evidence-based content about what is (in)effective in midwife-woman interaction accompanied by actual interactional materials provides an innovative and rigorous way to train midwives in the delicate matter of asking about violence.

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PB072

What helps mothers maintain breastfeeding

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BACKGROUND
A council in northwest England, commissioned an evaluation to explore barriers to breastfeeding (BF) continuation beyond 8 weeks and assess current support provision.
OBJECTIVES
To identify factors that enable or inhibit BF, understand service accessibility via family hubs, and explore disparities across ethnic and socio-economic groups. Recruitment was challenging and required re-development.
METHODS
A qualitative approach was adopted; recruiting mothers who had stopped breastfeeding before 8 weeks and health professional (HPs) Interviews and focus groups were conducted, including 24 mothers, 2 midwives, 2 baby friendly support workers (BFSW) and 2 health visitors.
RESULTS
Thematic analysis revealed 3 key themes: Support: BFSWs were vital for early and continued support, facilitating referrals to infant feeding specialist midwives. Family attitudes strongly influenced continuation. Ethnic minority mothers valued home support especially and were less likely to access group services. HP's support was valued, but could be inconsistent including referral to specialist services. BF specialists were highly valued education: Mothers reported limited antenatal education and some inconsistent professional advice, particularly regarding tongue tie. Partners' education was highlighted as crucial. Health professionals (HPs) expressed satisfaction with training and noted low uptake of antenatal sessions. Communication: Some mothers found information confusing or inaccessible; often relying on friends or social media and were often unsure or unaware of family hub services. HPs and mothers cited inconsistent discharge communication and referral to BF services, also inconsistent quality of family hub staff when making initial BF phone contact and promoting BF services.
CONCLUSIONS
BF services were highly valued and effective when accessed. Improvements in communication via a variety of media and flexible antenatal education offered outside office hours would be beneficial. Investment in more BFSWs, ongoing training and research to address the diverse needs of mothers and partners would support BF continuation.
KEY MESSAGE
Communication is key to ensuring BF services are accessible to support continuation.

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PB073

(Re)entering academia: Midwives experiences of postgraduate education in Canada

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BACKGROUND
With only one midwifery postgraduate education program in Canada, the limited postgraduate educational pathways specifically for midwives in Canada is a barrier to full participation in health leadership, policy, and research. Building capacity in research, leadership, education,

policy and advocacy is essential for midwifery growth and sustainability. Postgraduate education is a key factor to support this growth.
OBJECTIVES
The aims of our study were to better understand the experiences of midwives in Eastern Ontario, Canada who pursue postgraduate education and the influences of gender and discourses on their experiences.
METHODS
We used feminist poststructuralism, a qualitative methodology, to explore and critique discourses, relations of power, and gender through the examination of text and language. After ethical approval and consent, we interviewed 4 participants. Audio recordings of the interviews were transcribed verbatim and checked for accuracy. We used feminist poststructuralist discourse analysis to analyze the interview transcripts.
RESULTS
In this presentation, we will present two themes from this study: 1) Developing strategies and building support – Sometimes this is going to be unpredictable, 2) Navigating the journey – I need more work-life balance.
CONCLUSIONS
The professional demands, coupled with models of care and remuneration, and the challenges of on-call work, make the pursuit of postgraduate education challenging for midwives in Eastern Ontario, Canada. These challenges must be addressed to make midwifery a sustainable career with clear pathways for midwives who would like opportunities to advance their careers in areas such as leadership, policy, education, and research.
KEY MESSAGE
Midwives faced unpredictability and a need for work life balance during their postgraduate education in Canada. To support sustainable careers in midwifery in Canada, supportive models of care and remuneration should be developed and implemented to ensure that midwives have more opportunities to enrol in postgraduate education programs.
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PB074

Adaptation and efficacy of a cultural competency training program for Icelandic midwives: A mixed-methods pilot study

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BACKGROUND
Cultural competency training programs have been implemented in many countries to ensure safe and high-quality maternity care services for migrant women.
OBJECTIVES
This study describes the adaptation and efficacy of the Operational Refugee and Migrant Maternal Approach (ORAMMA) cultural competency program to the Icelandic context.
METHODS
Adaptation of the training program involved translation of material and critical review of the ORAMMA teaching material by midwives with experience in providing care for migrant women in Iceland. These changes were described. To assess efficacy, a mixed-methods design was implemented. Twelve midwives and 15 midwifery students participated in the training. First, cultural competency was evaluated before and after training with a questionnaire. Wilcoxon and McNemar tests were used to compare scores. Then, semi-structured focus group interviews were conducted one month after training. Data were analysed through qualitative descriptive analysis.
RESULTS
The adaptation of the program required the incorporation of research, laws, regulations, healthcare services, and social support specific to Iceland, but no structural changes were made. After training, participants had statistically significantly higher median scores in self-perceived cultural competency (Med = 24 vs. 25), skills (Med = 6 vs. 5), attitude (Med = 9 vs. 7) and knowledge (Med = 22 vs 18). Qualitative descriptive analysis revealed themes of "practical and useful information", "more understanding and empathy" and "increased confidence".
CONCLUSIONS
The findings show that the program can be successfully adapted to a Nordic context and improve midwives' cultural competency. They may inform policy and practice regarding the implementation of cultural competency training programs.
KEY MESSAGE
Cultural competence programs can increase midwives' skills, knowledge, empathy and confidence and address inequities in maternity care.
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PB075

Strengthening midwifery students clinical education: Effectiveness of a novel midwifery precepting program in Sierra Leone

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BACKGROUND
Sub-Saharan Africa faces some of the highest maternal mortality rates globally and the greatest shortage of midwives. Strengthening midwifery education and clinical training is one of the most impactful interventions to reduce maternal mortality. Global reports cite a lack of investment in educators, limited skills and knowledge in contemporary teaching methods, and limited clinical experience for students as key barriers.
OBJECTIVES

To address these gaps, a six-month, low-dose, high frequency midwifery preceptor course was developed and piloted in Sierra Leone. This study aims to evaluate the program's effectiveness in strengthening preceptors' clinical and precepting competence and confidence.
METHODS
Two midwifery schools in Sierra Leone participated in this intervention, each with n=10 midwife preceptors (N=20). A pre-post-test design was used to evaluate participants at the end of the intervention (6-months). Eighteen Objective Structured Clinical Examinations (OSCEs) were used to determine mean differences between scores. Paired t-tests were used for each of the OSCEs with a preset alpha of 0.05. Wilcoxon signed-rank tests examined the average difference in median pre- and post-scores for self-assessments of competence and confidence in precepting with participants answering 5-item Likert scale questions.
RESULTS
All OSCEs had significant improvement from pre- to post-test. The largest mean difference was for incomplete abortion/ manual vacuum aspiration (mean: 0.4576, SD: 0.1547) while the smallest mean difference was in repair of perineal tears (mean: 0.0926, SD:0.1191). Self-assessed confidence and competence were also significant with average median scores increasing 1.43 points (IQR: 0.85, p=0.002) and 1.32 points (IQR: 0.80, p=0.0002) respectively.
CONCLUSIONS
Preceptors in the midwifery preceptor program showed significant improvements in clinical and teaching competence and confidence. This effective program may be a useful strategy in strengthening midwifery education and maternal healthcare in a region with the highest burden of maternal mortality.
KEY MESSAGE
This novel low-dose, high-frequency preceptor program was found to be highly effective across all midwifery domains.
Eur J Midwifery 2026;10(Supplement 1):A790

PB076

Transformative learning in challenging settings: A bidirectional educational program led by "Matronas Comunitarias" on the immediate response to imminent birth in prison contexts

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PURPOSE
To explore how a simulation-based educational program, co-designed and implemented by the student-led initiative Matronas Comunitarias (MCUCH) from the University of Chile in collaboration with Gendarmería de Chile, promotes mutual learning, professional development, and critical reflection among midwifery students and prison officers in the context of imminent birth response for incarcerated women.
DISCUSSION
Incarcerated women face significant barriers to timely intrapartum care, and prison officers are often unprepared to respond effectively to imminent births occurring outside regular clinical settings. Participatory training was developed to address this critical gap, combining theoretical instruction, real-case discussions, and high-fidelity hybrid simulation. Implemented with workers and officers from two female penitentiary centers in Santiago, the program equipped both with key skills to recognize signs of imminent labor, provide basic and safe support during emergency deliveries, and activate timely transfer protocols. For midwifery students, the project was a transformative educational experience, enhancing their clinical and communication competencies and their engagement with reproductive rights and intersectoral work.
EVIDENCE WHERE RELEVANT
Post-training evaluations (n=20 officers, n=5 students) demonstrated increased confidence, knowledge, and critical awareness regarding intrapartum emergencies in prison settings. Officers valued the straightforward, scenario-based training approach. Students from Matronas Comunitarias (MCUCH) highlighted the program's impact on their professional identity and understanding of equity-driven care in complex institutional environments.
KEY MESSAGE
This initiative shows how student-led, simulation-based training can build emergency readiness among non-clinical personnel and strengthen equity-focused midwifery education through direct engagement with underserved populations. Aligned with the ICM Congress theme of respectful and inclusive maternity care, this initiative offers a replicable model that merges experiential learning, social accountability, and intersectoral collaboration in emergency birth response education and the opportunity to allow midwifery students to learn through projects.
Eur J Midwifery 2026;10(Supplement 1):A791

PB077

Exploring the impact of a student midwife online global buddy initiative: A reflective evaluation

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BACKGROUND
There is a growing need for culturally aware midwives due to an increase in cultural diversity in the UK. For student midwives, one way to achieve this is ''oversees placements'. However, barriers to completing such placements include financial outlay, limited places and time pressures. There is a need for cost effective, versatile and reciprocal models of global engagement that benefit student midwives and ultimately enhance their care.
OBJECTIVES
To explore the impact of a student midwife online global buddy study initiative on knowledge, cultural awareness and understanding of maternity practices from a global perspective via a reflective evaluation
METHODS
Sample: 26 undergraduate student midwives from the UK were paired with a student midwife from either France,

Germany, Latvia, Tanzania, or Belgium. (N = 52) Student buddy pairs made contact a minimum of every 2 weeks (over 6 months) via an online platform of their choice. Data collection: 3 x focus groups underpinned by Bass's Holistic Reflection Model to explore the impact of the buddying Data Analysis: Braun and Clarke's Reflective Thematic Analysis
RESULTS
Four themes emerged: Cultural misunderstandings - which led to communication challenges Breaking down biases - these were exposed and reflected on during and after communications Enriching knowledge- increased understanding of global maternity settings, practices and training was noted Becoming friends - was a key 'reward' of being involved
CONCLUSIONS
This study demonstrates how online buddying between student midwives can positively impact knowledge, challenge existing biases and increase awareness of global maternity care. Exposure to appreciation of differing cultures, health systems and real world care provision can ultimately impact service delivery.
KEY MESSAGE
Global online 'buddying' between student midwives is a low resource initiative that can positively impact cultural awareness, increase global knowledge and ultimately enhance care given to women and families. This low resource initiative can be upscaled and is transferable to other midwifery training institutions and health disciplines.
Eur J Midwifery 2026;10(Supplement 1):A792

PB078

Self-confidence in clinical decision-making via simulation education using the NASC-CDM scale among pre-clinical nurse midwifery students: Addressing a challenge

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BACKGROUND
Due to the critical impact that midwives can have on birth outcomes and experiences as well as the health of populations and the importance of utilizing simulation to develop the confidence and professional identity that will allow midwives to do so, the purpose of this project is to examine whether integration of the open-source, successful TeamSTEPPS® toolkit into midwifery simulation can improve students' self-identified confidence with clinical decision-making via a series of three high-fidelity simulations over a ten-week period. The aims of this project include (a) evaluation of NASC-CDM© scores before and after the simulation series and (b) identification of specific TeamSTEPPS® concepts that serve to enhance leadership and clinical decision-making skills among midwifery students.
OBJECTIVES
Review the evidence supporting simulation as a technique to teach management of low incidence high acuity obstetric emergencies, as well as non-technical, affective, team communication skills. Share the results of pre and post testing of 3 cohorts of midwifery students using the Nursing Anxiety and Self-Confidence with Clinical Decision Making scale (NASC-CDM©) from before and after the simulation series (analysis pending)
METHODS
Descriptive statistics of pre and post testing using the NASC-CDM© scale. Qualitative analysis of course evaluation narratives specifically looking at development of clinical confidence
RESULTS
In the analysis for the final cohort.
CONCLUSIONS
Preliminary analysis of 2 cohorts of midwifery students (n=20) suggests significant benefit of simulation pedagogy to develop self confidence in clinical decision making.
KEY MESSAGE
This presentation presents a model incorporating simulation based learning strategies throughout the midwifery curriculum to increase student confidence, interprofessional collaboration, the management of obstetrical emergencies, and to ease the transition into clinical practice. Evidence from 3 cohorts of students suggests that simulation is a valuable and underutilized educational strategy.
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PB079

Placement poverty: Financial hardship among Australian midwifery students

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BACKGROUND
Australian maternity services are under strain due to staffing shortages, with midwifery workforce deficits predicted. Increasing the numbers of graduating midwives is needed however rising costs of living threaten the affordability of midwifery education.
OBJECTIVES
This study aimed to explore the lived experiences of financial hardship for students enrolled in Australian midwifery entry to practice programs.
METHODS
An explanatory sequential mixed method design was adopted. An online survey gathered economic data and perceived causes of financial stress. In-depth interviews explored midwifery students lived experiences of financial stress during their studies. Survey data was analyzed utilising descriptive statistics and thematic analysis applied to interviews. Ethics approval gained.
RESULTS
113 midwifery students competed the survey with analysis demonstrating clinical requirements significantly impact student experiences, compromising their study, work, and family commitments. Key themes affirm that midwifery students make significant personal sacrifice to study and report placement poverty and financial vulnerability. Participants agreed that there was a lack of wider organisational support and recognized that this could impact the midwifery workforce.
CONCLUSIONS
Global data suggests that attrition from midwifery programs is increasing with professional bodies acknowledging that

financial hardship is a barrier to students commencing and completing midwifery programs. This study's findings provide initial data and insight into Australian student experiences to inform strategies to retain midwifery students across Australia and other similar countries.
KEY MESSAGE
Financial hardship significantly affects midwifery students in Australia, leading to personal sacrifice and 'placement poverty.' Lack of institutional support for students experiencing financial stress could negatively impact midwifery program completion rates and ultimately the workforce. Urgent action is needed to develop and evaluate targeted support strategies to reduce student attrition and ensure a sustainable midwifery workforce.
Eur J Midwifery 2026;10(Supplement 1):A794

PB080

The effectiveness of a post-caesarean section home care guide in increasing nurse midwives' knowledge of home care after hospital discharge

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BACKGROUND
The global increase in caesarean sections has led to earlier discharges, and mothers benefit less from hospital care. Post-caesarean mothers often receive inadequate and inconsistent home care education. This gap mainly results from the absence of standardized home care guidelines. These issues have driven the development of a dedicated home care guide for post-CS mothers
OBJECTIVES
To assess the effectiveness of the post-caesarean home care guide in increasing knowledge of home care after hospital discharge among nurse midwives in central Tanzania
METHODS
This quasi-experimental study involved 126 nurse midwives working in the maternity unit of Dodoma and Singida regional hospitals. Both participants were assessed for their level of knowledge on home care before and after exposure to the intervention. The intervention exposed nurse midwives to a developed home care guide through presentation and discussion. The guide included the following items: nutrition, wound care, exercise, hygiene, family planning, postnatal service utilization, sexual activities, and mental health care. SPSS Version 27 was used in data analysis
RESULTS
The mean knowledge score increased from 20.29 (±4.036) before the intervention to 24.59 (SD ±3.338) after the intervention. The difference is statistically significant. Comparing the mean scores, the intervention has a large effect size (Cohen's d = 1.26). After the intervention, the proportion of nurse midwives with adequate knowledge rose from 47.6% to 95.6%. With the intervention constant, no other factor contributed to the change.
CONCLUSIONS
Nurse midwives' knowledge of home care after caesarean section is generally low. Exposing the nurse midwives to the developed home care guide helps increase their understanding.
KEY MESSAGE
Updating nurse midwives on home care after hospital discharge will help provide uniform home care education that will help mothers have safe recovery, especially in this era where the caesarean section rate is high and mothers benefit less from hospital care
Eur J Midwifery 2026;10(Supplement 1):A795

PB081

Postpartum home visitation and promotion of paternal involvement in the transition to parenthood: An exploratory-descriptive study

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BACKGROUND
Being a first-time parent is difficult and defining support needs can be a challenge (Sæther et al., 2024). Paternal involvement strengthens family ties and provides a healthy, supportive environment for the mother and her newborn. Home visiting facilitates a relationship of trust between parents and the nurse-midwives, and promote strategies that encourage the active participation of fathers throughout the transition to parenthood. (Solberg et al., 2022).
OBJECTIVES
To Identify home visits during the postpartum period as an intervention that promotes the involvement of first-time fathers in the transition to parenthood.
METHODS
exploratory-descriptive study, with a non-probabilistic snowball sample of 70 first-time fathers. After receiving approval from the Ethics Committee, data was collected using an online questionnaire. The results were analyzed using the SPSS version 27 program.
RESULTS
The main results were that the father figure's main difficulties were in managing sleep, relieving colic of the newborn, maternal support and caring for the newborn and that the participants considered the postpartum home visit to be a facilitator of father´s involvement in their transition to parenthood.
CONCLUSIONS
The Nurse-Midwives intervention in the postpartum period can improve parenting practices; it can strengthen the link to the healthcare system and at the same time promote the bond between the mother, the newborn and the father.
KEY MESSAGE
Home visiting is an important strategy to facilitate the management of difficulties of first-time fathers in the transition to parenthood.

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PB082

Learning styles of Slovenian midwifery students

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BACKGROUND
Everyone learns in their own way; some people retain information best when they see it, hear it or apply it in practice. These differences result from different cognitive, perceptual and learning styles that influence how we absorb, process, use and retain information.
OBJECTIVES
Main aim was to investigate midwifery students' learning styles, since it can have an impact on their academic performance.
METHODS
We performed an online survey among all midwifery students in generation 2024-2025 (N=77). Ethical permission was obtained from the Faculty. The participation of students was voluntary and confidentiality was assured to them.
RESULTS
Visual learning style predominated among 1st and 2nd year midwifery students, while in the group of 3rd year students the kinesthetic (physical) learning style was more common. Most students preferred learning through reading and writing notes (46%) and studying printed materials (50%) prepared by the professor. The least preferred learning methods were discussions, group work, and projects as seminar work. The estimated amount of time spent for learning decreased in each year of the study (first-year students studied on average 1 to 4 hours per day, second- and third- year students studied 1 to 2 hours per day). Practical experiences become more important with each year of the study.
CONCLUSIONS
Understanding that learning styles of students vary is crucial when developing different approaches in midwifery education. Developing materials and explanations should be adapted for different learning styles.
KEY MESSAGE
For enhancing motivation for study, midwifery teachers need to know how to adapt study contents to different learning styles of students. With such approach the academic success of the students can be raised and the knowledge and skills better absolved.

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PB083

Childbirth and parenting preparation center: A community outreach project at a university institution led by midwives, Portugal

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PURPOSE
The purpose is to present an experience in the education and professional development of midwives, aligned with the social responsibility of a higher education institution.
DISCUSSION
The demand for pregnant couples for birth giving and parenthood preparation, as well as the provision of services by health institutions is insufficient to cover the demands. The creation of this center aimed to contribute to the improvement of health gains of our community by complementing the existing services with a high-quality response to its needs. In this way the project represents an addition to the care available to the local population, in terms of prenatal and postnatal primary care. Also, it aims to improve the quality of training for midwifery students and midwives. By participating in the project and being involved in the educational programs, midwifery students could develop their skills of prenatal and post-natal education in real-life situations. These skills are necessary to be able to have a more independent role and include designing and implementing educational projects using evidence-based practice and develop research.
EVIDENCE WHERE RELEVANT
Since 2011, 29 prenatal programs took place, where more than 400 pregnant couples participated, and 10 postnatal programs, were more than 100 participants including babies.
KEY MESSAGE
This project provides a service that is acknowledged by the community as being useful to the families and having an impact on the well-being and health of the participants. This center in a higher education institution is innovative. Our experience shows us that it is possible for an educational institution to reorganize itself to provide health care to the population involving academic staff, students and stakeholders. This experience is sustainable and may be replicated in other institutions of midwifery education.

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PB084

Education program to enhance clinical judgement in student midwives before clinical practicum

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PURPOSE
In Japan, the COVID-19 pandemic, a rapidly declining birthrate, and increasing maternal age have significantly reduced opportunities for student midwives to engage with women experiencing normal labor and develop professional competencies in clinical settings. In response to these challenges, we have developed a comprehensive, scenario-based midwifery education program since 2020, designed to enhance clinical judgement before clinical practicum. This abstract presents the structure and outcomes of the program, which plays a vital role in addressing these

educational limitations and fostering international dialogue and knowledge exchange.
DISCUSSION
The program comprises three components: (1) initial midwifery assessment using patient charts, (2) simulation training with standardized patients and birthing manikins, and (3) structured video-based debriefing. Thirty simulation scenarios have been developed, including normal labor as well as complications such as uterine atony and instrumental deliveries. Each scenario provides time-sequenced, integrated objective and subjective information from the first stage of labor through two hours postpartum. Students interact with simulated patients and conduct deliveries using a manikin, making real-time clinical decisions to support safe, woman-centered births.
EVIDENCE WHERE RELEVANT
Each student completes four simulation-debriefing cycles during the one-month period prior to their midwifery clinical practicum. These reflections illuminate the emotional and cognitive processes through which students gather and interpret multidimensional information from the woman, engage in clinical reasoning, make decisions, and take action. This process facilitates the identification of personal learning challenges and fosters emotional regulation and calm, rational decision-making in subsequent simulations. Clinical educators have reported increased adaptability and practical competence among students.
KEY MESSAGE
A scenario-based midwifery education program effectively enhances clinical judgment and practice readiness. This pre-clinical training model holds strong potential for global adaptation, particularly in settings with limited clinical access.
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PB085

Exploring the lived experiences of student midwives who have provided perinatal loss care: A systematic review

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BACKGROUND
Student midwives often encounter emotionally complex situations during clinical placements, including caring for women and families affected by perinatal loss. This experience can significantly impact student midwives' emotional wellbeing, clinical confidence, and professional development. Despite the prevalence of perinatal loss in maternity care, how student midwives experience and process these events needs to be explored.
OBJECTIVES
This systematic review aimed to explore and synthesize the lived experiences of student midwives who have provided care to women and families experiencing perinatal loss, with a focus on identifying their emotional, educational, and professional challenges.
METHODS
The review is registered in PROSPERO and involves a comprehensive searching of the electronic databases CINAHL, Scopus, and Medline. Following the search, two independent reviewers screened by title and abstract prior to full text review against predefined inclusion and exclusion criteria. Studies that met the eligibility criteria were included for quality appraisal, data extraction, thematic analysis and synthesis.
RESULTS
Interim results show student midwives can feel unprepared caring for women experiencing perinatal loss. A challenge appears to be communicating sensitively and being unsure of the appropriate language. Support from bereavement midwives or similar roles is valued. Education is a critical need, with targeted workshops and toolkits helping to build students' self-awareness and confidence. The emotional impact is that students are expressing professional distress, anxiety, and fear.
CONCLUSIONS
Understanding the experiences of student midwives in perinatal loss care is vital for improving educational frameworks, clinical support systems and potentially workforce sustainability. The research will highlight the need for proactive strategies to better prepare and support students in navigating emotionally challenging aspects of midwifery practice.
KEY MESSAGE
Student midwives are the foundation of the future midwifery workforce. Supporting students through emotionally complex experiences like perinatal loss is critical to fostering a resilient, compassionate, and competent profession aligned with the ICM's vision of "One Million More Midwives".
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PB086

Development of scenarios for multilingual childbirth simulation teaching materials to improve the practical skills of midwifery students and the teaching skills of midwives

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PURPOSE
In Japan, the number of births has dropped dramatically, low-risk births that midwifery students can deliver is also decreasing, and by foreign mothers is increasing, making it difficult even for experienced clinical midwives to handle them. Therefore, the purpose of this study was to develop a scenario for childbirth simulation teaching materials to improve the practical skills of multilingual midwifery students and the midwifery care instruction skills of clinical midwives.
DISCUSSION
First, phrases that midwives use in daily delivery care were extracted in Japanese from previous studies. As a result, four categories were obtained: acceptance/affirmation (accepting the delivery woman and giving her a sense of

security), questions (checking and clarifying the delivery woman's condition), suggestions (informing her of how to push and breathe), and information (explaining the status of the procedure). Next, using multiple translation apps, the Japanese was translated into 10 languages, then back translated, and three midwives checked for strange expressions. In addition, the international students were asked to check whether there were any unnatural expressions in each language, and the four categories were presented in 10 languages according to the timeline of the delivery period. The future challenge will be to verify the reliability and validity of this scenario among midwifery students and clinical supervising midwives in order to increase its clinical usefulness. This will contribute to the realization of care that respects the cultural diversity of the home countries of foreign women and their families who give birth in Japan.
EVIDENCE WHERE RELEVANT
The selection of the languages was based on the vital statistics (2023), trends in the number of foreign residents in Japan by nationality and region (2024).
KEY MESSAGE
Japanese midwives also provide care for women and childbearing families with respect for cultural diversity while also working to eliminate harmful practices within those same cultures.
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PB087

Knowledge, attitude and intentions to promote breastfeeding among healthcare students

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BACKGROUND
Breastfeeding offers substantial health benefits for both infants and mothers. However, global breastfeeding rates remain below targets. Healthcare Professionals (HCP) are key to promoting breastfeeding and guiding mothers, yet their level of knowledge and training varies considerably.
OBJECTIVES
This study aimed to assess the knowledge, attitudes, and intentions to promote breastfeeding among healthcare students in Belgium. It also evaluated the impact of educational modules on breastfeeding-related outcomes.
METHODS
A cross-sectional, quantitative study was conducted among 73 students: 36 midwifery students and 37 pharmacy students. Participants completed an online questionnaire containing validated instruments, including the Breastfeeding Knowledge Questionnaire, Iowa Infant Feeding Attitude Scale, and Breastfeeding Promotion Intention Scale, as well as self-developed items assessing familiarity with mastitis and candidiasis. Ethical approval was not required as the study was conducted in the context of evaluating an educational program, involving minimal-risk, voluntary participation of adult students with institutional authorization.
RESULTS
Midwifery students demonstrated higher breastfeeding knowledge (mean correct: 78.7%) than pharmacy students (62.0%). They also showed more positive attitudes and stronger intentions to promote breastfeeding. Pharmacy students who had completed relevant modules scored higher on breastfeeding-related knowledge and attitudes compared to those without such training. Knowledge gaps were identified in both groups, particularly regarding breastfeeding as a contraceptive method, prevention of diarrhea, and early initiation. Familiarity with clinical breastfeeding challenges such as mastitis and candidiasis was limited among pharmacy students.
CONCLUSIONS
Midwifery students are better prepared to support breastfeeding due to more extensive curricular coverage. Pharmacy students demonstrated lower knowledge and confidence, highlighting the need for improved education in this area.
KEY MESSAGE
Integrating targeted breastfeeding education into the curricula of all healthcare disciplines, including pharmacy, is essential to prepare future professionals for their role in supporting and promoting breastfeeding effectively.
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PB088

Reducing the rate of routine episiotomies through practical training: A case study from the women's clinic of Tartu University Hospital

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PURPOSE
To reduce the number of routinely performed episiotomies and align clinical practice with the World Health Organization (WHO) recommended level.
DISCUSSION
Episiotomy is one of the most common obstetric surgical procedures and is primarily performed by midwives. Evidence-based guidelines and regular training support professional development and promote lifelong learning. To reduce the incidence of episiotomy and reach the WHO recommended target of 10%, a structured theoretical and practical training program was implemented in 2020 for staff working in the delivery ward (midwives and residents, n=53). The theoretical component covered the history of episiotomy, indications, complications, and principles of correct technique. The practical part focused on hands-on skills application in clinical practice, including suturing and postpartum wound care. The total duration of the training was 16 hours. The course was integrated into the basic/critical competencies training program and made mandatory for all midwives and residents working in the delivery ward. To ensure consistent quality of care, the same methodology is also used in the training of midwifery students at the Tartu Applied Health Sciences University. In addition, staff have access to the GynZone e-learning platform to support ongoing skill development.
EVIDENCE WHERE RELEVANT

In 2017, the rate of episiotomies at the Women's Clinic of Tartu University Hospital was 22.7% of all vaginal births, with a third- and fourth-degree perineal tear rate of 1.2%. After four years of consistent training, the episiotomy rate decreased to 2.8% in 2024. Importantly, this reduction was not associated with an increase in severe perineal trauma—the rate of third- and fourth-degree tears remained stable at 1.6%. Participant feedback on the training has been positive, and the program is regarded as relevant and necessary.
KEY MESSAGE
episiotomy, training, midwife, Estonia, quality improvement.
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PB089

Attitudes of Japanese midwives towards clinical teaching for student midwives and colleagues

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BACKGROUND
The midwifery curriculum focuses strongly on clinical practice, with limited content on teaching others. However, in Japan, experienced midwives are almost automatically assigned teaching roles for students and novice midwives.
OBJECTIVES
This study explores the attitudes of midwives towards teaching students and colleagues in clinical settings, considering their educational backgrounds and work experiences.
METHODS
A cross-sectional online survey was conducted among Japanese midwives with teaching experience with student midwives and colleagues.
RESULTS
Analysis was conducted on 258 responses. An exploratory factor analysis revealed two significant factors in midwives' attitudes towards their teaching roles: "adaptability" and "readiness." Cluster analysis, conducted based on the two factor scores, classified the study participants into three groups. One hundred twenty-six (48.8%) midwives were classified into the "accepting" group. Seventy-seven (29.8%) midwives were classified into the "reluctant" group, and fifty-five (21.3%) were classified into the "competent" group. Variables regarding the midwives' educational backgrounds and work experiences were examined in relation to the classification. A higher proportion of midwives in the "competent" group had management experience, voluntarily participated in continuing education, and had more than ten years of teaching experience compared to the other two groups.
CONCLUSIONS
Nearly half of the Japanese midwives in this study accept their teaching roles. Management experience, voluntary participation in continuing education, and years of teaching experience were associated with midwives' attitudes towards clinical teaching for student midwives and colleagues.
KEY MESSAGE
This information could be used as a reference when managers assign teaching roles to colleagues and support those developing their teaching skills.
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PB090

Work-Based learning experience of bachelor's degree nurses and midwives in Central Uganda with a proposed practice improvement model

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BACKGROUND
A continuous update of knowledge and skills among nurses and midwives is a global, regional, and national requirement to meet the challenge of the changing disease burden and increase in technology and change in the treatment modalities of various illnesses. This calls for Continuous Professional Development (CPD). Work-Based Learning is a form of CPD that provides real-life work experience and enhances one's role, skills base, provision of quality care, employability and the ability to learn throughout career. In Uganda, the professional regulator requires stipulated CPD credits for renewal of a practice license
OBJECTIVES
1.Explore the perception of the usefulness of work-based learning among bachelor's degree nurses and midwives in central Uganda. 2. Explore the WBL practice of bachelor's degree nurses and midwives in central Uganda. 3. Develop a proposed Model for WBL practice
METHODS
An exploratory descriptive approach using Focus Group Discussions (FGD) and Key Informant (KI) interviews were used to collect data. The interview guides were pretested. Six focus groups and seven key informants from different hospitals in central Uganda were interviewed. Note-based and recorder-based thematic analyses were used. Ethical clearance was obtained. Systematic review of literature guided the development of the Model.
RESULTS
Three major themes emerged: It is more than Institutional and Social Influence; There is no designated document for WBL; Knowledge and skills influence involvement in WBL. Key concepts of the WBL Model include Employee, Employer and Regulator with the intersection of the three having personal, social, institutional and global influences. The overall outcome is Continuous Improvement.
CONCLUSIONS
Work-Based Learning was perceived as useful for continuous improvement and patient satisfaction. The practice of WBL requires the engagement of the employer, regulator and employee. Influencing factors for WBL practice range from personal to global
KEY MESSAGE
Work-Based learning enhances continuous improvement for all the key players.
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PB091

Developing and embedding clinical competency assessments for the authentic assessment of pre-registration midwifery

students

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PURPOSE
The author designed and implemented structured, authentic assessments to evaluate undergraduate midwifery students' competence in managing clinical emergencies. The objective was to ensure midwifery graduates are safe, confident, and practice-ready, with the ability to respond effectively in emergency situations. Clinical competency assessments (CCAs) were developed, aligned with the Nursing and Midwifery Council (NMC) Future Midwife Standards (2024), to support the preparation of midwives who are responsive, reflective, and capable of providing high-quality emergency care.
DISCUSSION
The assessments were developed for the Healthy Teams in Maternity Care theory unit within the undergraduate midwifery programme at The University of Manchester, and used for the first time in June 2024. A five-station model was designed, using multiple modalities, to assess students' ability to recognise, respond to, and manage emergencies. Two Objective Structured Clinical Examination (OSCE) stations required the demonstration of practical skills in simulated emergency scenarios. Two viva voce stations assessed theoretical understanding, critical thinking, and clinical judgement. A document interpretation station tested students' ability to analyse clinical records and manage midwifery emergencies.
EVIDENCE WHERE RELEVANT
Co-designed by academic staff, clinical educators, and practising midwives, the scenarios ensured relevance, authenticity, and alignment with real-world midwifery practice. Evaluation showed that students felt more confident and better prepared to manage emergencies in placement settings. Examiners reported greater consistency in marking and improved identification of individual learning needs. The scenario-based format is widely recognised as a valid and effective method for assessing competence in emergency care within a university setting (Wright, 2021).
KEY MESSAGE
Fulfilling the ICM's call for 'One Million More Midwives' requires more than increasing numbers; we must ensure graduates are safe, skilled, and ready to respond to emergencies with confidence and competence. Authentic assessment models such as CCAs help bridge the gap between theory and practice, supporting the preparation of midwives who are equipped to deliver high-quality, woman-centred care.

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PB092

Paid leave utilization rate and presenteeism among Japanese midwifery teachers

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BACKGROUND
The paid leave utilisation rate in Japan is relatively low compared to that in other countries, averaging 65.3%. Additionally, it has been indicated that Japanese midwifery teachers do not receive paid leave and continue working despite being unwell, indicating presenteeism. However, their paid leave utilisation rates and presenteeism levels are unclear.
OBJECTIVES
This study aimed to assess the utilisation rate of annual paid leave and presenteeism among midwifery teachers in Japan.
METHODS
A self-administered questionnaire was distributed to all midwifery schools in Japan. Presenteeism was assessed using the World Health Organization Health and Work Performance Questionnaire. This study was approved by the Ethics Committee of Japanese Red Cross College of Nursing.
RESULTS
Data was collected in March 2022, and responses from 154 midwifery teachers were analysed. The mean age of the participants was 51.0±8.5 years, and their average of experience in midwifery education was 10.5±7.5years. The mean absolute presenteeism was 67.7(standard deviation=17.1). Twenty-three teachers who did not take paid leave. Ninety-two used approximately 10 - 30% of their paid leave, 26 used 40 - 60%, and 13 used ⩾70%. No statistically significant difference was observed between the paid leave utilization rate and presenteeism. However, teachers who took ⩾70% of their annual leave had a higher average presenteeism (presenteeism=75.4).
CONCLUSIONS
In Japan, enhancing paid leave utilisation rate is growing concern. The government aims to achieve a paid leave acquisition rate of ⩾70%. However, this approach has not been approved yet. Additionally, several midwifery teachers did not take paid leave. Compared to average Japanese workers (presenteeism=60.9), midwifery teachers demonstrated high presenteeism. This study revealed that most Japanese midwifery teachers used only small portion of their paid leave while demonstrating high presenteeism.
KEY MESSAGE
About 15% of midwifery teachers had not taken any paid leave at all. The working environment should be enhanced to support high quality midwifery education.

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PB093

Designing a virtual reality scenario for teaching decision-making in labor progression: A pedagogical innovation in midwifery education

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BACKGROUND

Strengthening decision-making in labor care is a critical component of midwifery education. Simulation-based learning, particularly through virtual reality (VR), offers a safe and immersive environment to enhance students' clinical reasoning for decision-making regarding physiological birth practices.
OBJECTIVES
To describe the development and expert validation of a VR scenario for clinical simulation designed to teach decision-making in maternal positioning to promote fetal descent during the first stage of labor.
METHODS
The scenario was developed in alignment with the Healthcare Simulation Standards of Best Practice™ (INACSL, 2021), focusing on the Simulation Design standard. The process included five steps: (1) defining learning objectives focused on decision-making for labor progression; (2) constructing a clinical case involving fetal non-engagement; (3) designing decision pathways based on biomechanical principles; (4) structuring simulation phases (briefing, self-training, facilitated training, debriefing); and (5) expert validation. An international panel of experts in midwifery, simulation, and educational technology reviewed the scenario for accuracy, pedagogical coherence, and usability. The final version was integrated into the PROGRESSION VR app and tested using Meta Quest 3 headsets.
RESULTS
The case "Anna" presents a multiparous woman in early labor with fetal occiput posterior and no engagement. Students must analyze the scenario and select one of three appropriate biomechanical positions to support fetal descent and engagement. Each decision pathway provides immediate visual and auditory feedback on pelvic dynamics and fetal movement. Experts confirmed the scenario's relevance to midwifery decision-making competencies, educational quality, and user acceptability. The immersive design supported both self-directed learning and structured facilitation.
CONCLUSIONS
This VR-based scenario offers an innovative, standards-based strategy to train decision-making in labor care. Next steps include evaluating feasibility and acceptability with midwifery students and educators.
KEY MESSAGE
Immersive VR scenarios can strengthen midwifery education by enabling safe, autonomous development of decision-making in physiological labor care.
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PB094

A curricula review of the domestic violence content taught in undergraduate maternity healthcare professionals' education programmes in Ireland

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BACKGROUND
Domestic violence is an international public health concern. Violence can first occur or escalate in pregnancy, resulting in increased risks of maternal and fetal morbidity and mortality. Routine enquiry by healthcare professionals is essential to identify women exposed to domestic violence in the perinatal period but research with maternity healthcare professionals has identified that they feel unprepared to screen and respond to disclosures.
OBJECTIVES
To explore the domestic violence content taught in undergraduate curricula across midwifery, medical, public health nursing (PHN), and social work education programmes in Higher Education Institutes (HEIs) in Ireland.
METHODS
Fourteen curricula were reviewed, midwifery (n=2), medicine (n=4), PHN (n=2) and social work (n=6), and data were analysed using the four main stages of manifest content analysis: decontextualization, recontextualization, categorisation and compilation. Ethical approval was not required for this review, and the authors declare no conflicts of interest.
RESULTS
The analysis identified six categories: context, timing, teaching methods, facilitator, content and terminology. The time spent teaching domestic violence content ranged from 1 to 9 hours, and content was taught by various professionals from lecturers to external subject experts. The teaching methods varied across programmes and included lectures, tutorials and workshops. One of the social work curricula reviewed did not refer to domestic violence in the perinatal period and 12 curricula did not identify the role of other maternity healthcare professionals.
CONCLUSIONS
This review identified considerable variations in the domestic violence content taught in these curricula. There is a lack of pregnancy and postnatal period specific content regarding domestic violence in the curricula reviewed. These gaps in knowledge across professions have implications for maternity healthcare professionals' and their preparedness to screen for and respond to women's disclosures.
KEY MESSAGE
Domestic violence education must be tailored to address the learning requirements of undergraduate maternity healthcare professionals' and the unique considerations of peripartum women.
Eur J Midwifery 2026;10(Supplement 1):A809

PB095

Photovoice as a participatory teaching and research method to foster climate-sensitive competencies in midwifery education

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PURPOSE
The integration of innovative, participatory teaching and research methodologies into midwifery education is essential to develop autonomous, critically reflective thinking, to enhance active student participation in learning processes

and thereby to sustainably improve the overall quality of academic teaching.
DISCUSSION
Photovoice is a visual, participatory research method that enables participants to document their perspectives on a specific topic through their own photographs and to reflect on these collectively within the group. In this way subjective perceptions and social realities are made visible that would often remain obscured in traditional research approaches (Wihofszky et al., 2020).
EVIDENCE WHERE RELEVANT
The collaborative discussion of the images supports both: the joint construction of meaning and the generation of practice-relevant findings that can be used in health promotion, environmental education and participatory policy-making (Catalani & Minkler, 2010).
KEY MESSAGE
Integrating participatory approaches e.g. in the context of climate-sensitive work into midwifery education enhances students' competencies in critical reflection, collaborative practice and sustainable care. Thereby strengthening their professional development and improving the quality of future maternity services.
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PB096

Development and evaluation of a clinical simulation scenario for teaching obstetric nursing care: A methodological study

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BACKGROUND
The development of an evidence-based clinical simulation scenario focused on nursing care during labor, delivery, and birth has the potential to significantly enhance the teaching-learning process. Additionally, it contributes to reducing cesarean rates in Brazil, improving the quality of maternal care, and promoting maternal health outcomes.
OBJECTIVES
To describe the development and evaluation process of a clinical simulation scenario designed for nursing care during labor, delivery, and birth.
METHODS
This methodological study involved the construction and assessment of a clinical simulation scenario. Data collection occurred from November 2024 to May 2025. The scenario was developed according to the guidelines of the International Nursing Association for Clinical Simulation in Learning (INACSL), obstetric best practice manuals, and a validated checklist created by experts in obstetric nursing. Data were analyzed using SPSS v.27, applying the Concordance Index (CI), Cronbach's alpha, and the Intraclass Correlation Coefficient (ICC). There were no conflicts of interest, and the study received approval from the Research Ethics Committee (CAAE: 80320824.4.0000.5054; Approval No.: 7.086.927).
RESULTS
A total of 32 experts participated. High agreement levels were observed: 20 of the 24 items reached 100% agreement, while the remaining items showed 96.9% agreement, exceeding the 80% threshold. The binomial test showed statistical significance ($p < 0.05$) for 83.3% of the items; the others, although $p > 0.05$, still demonstrated 96% agreement and were deemed valid. Instrument reliability was supported by Cronbach's alpha (0.718) and ICC (0.714). The target audience ($n = 25$) evaluated the scenario positively: 22 of 24 items had 100% agreement, and the rest 96.9%; $\alpha = 0.847$ and ICC = 0.844.
CONCLUSIONS
The clinical simulation scenario proved valid for teaching nursing care during labor, delivery, and birth.
KEY MESSAGE
This scenario promotes engagement, meaningful learning, self-confidence, and nurses' perceived clinical competence.
Eur J Midwifery 2026;10(Supplement 1):A811

PB097

The relationship between clinical stress and religious coping among midwifery students in southeastern Turkey

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BACKGROUND
Clinical practice is a vital part of midwifery education, yet it often causes psychological stress among students. In Muslim-majority societies, religious coping mechanisms may influence how students manage this stress.
OBJECTIVES
To examine the relationship between clinical stress and religious coping styles among midwifery students.
METHODS
This cross-sectional study was conducted with 244 midwifery students in southeastern Türkiye who had clinical practice experience. Data were collected using a socio-demographic form, the Pagana Clinical Stress Questionnaire, and the Religious Coping Scale. Descriptive statistics, t-tests, ANOVA, and Pearson correlations were performed using SPSS 23.
RESULTS
The average clinical stress score was 30.34 ± 9.05. Positive religious coping had a mean of 21.89 ± 5.01; negative religious coping had a mean of 6.83 ± 2.72. Positive coping was significantly associated with the "struggle" subscale ($p<.05$). Negative coping was associated with "threat" and "harm" subscales ($p<.05$). Students who had not voluntarily chosen the midwifery program reported higher stress and more frequent use of negative religious coping strategies.
CONCLUSIONS
Midwifery students experience moderate levels of stress during clinical training. Positive religious coping may be a useful strategy for stress management. Educational

interventions could focus on enhancing spiritual coping skills to promote student well-being.
KEY MESSAGE
Religious coping, especially positive strategies, can help reduce clinical stress among midwifery students and should be considered in educational planning.
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PB098

Utilizing artificial intelligence to strengthen midwifery education

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PURPOSE
Dr. Ortiz was selected to participate in the Health Equity Influencers Programs (HEIP) for Nurse Educators at Mercy University in New York City. This prestigious program runs from June to November 2025. Over this time, Dr. Ortiz will expand her professional leadership influence by developing strategies to integrate equity-driven solutions and generative Artificial Intelligence (AI) into academic instruction and clinical training. As a CNM for over twenty years and educator for 14 years, she will focus this training on supporting midwifery. 1) Share best practices and a variety of AI tools relevant to midwifery education. 2) Demonstrate how these technologies can enhance professional practice and contribute to improved patient outcomes.
DISCUSSION
AI represents a cutting-edge opportunity to enable enhance decision-making in healthcare, with significant potential to address health inequities. When supported by strategies to mitigate bias and ensure quality control, AI can reduce cost, increase diagnostic accuracy, and expand access to care. In midwifery education, AI can play a transformative role in and addressing systemic inequities, especially assisting with centering marginalized students. For example, AI-driven data analytics and insights functions can be used to illustrate students at highest risk for not passing the certification exam and suggest targeted interventions, such as improving writing and exam taking skills.
EVIDENCE WHERE RELEVANT
A growing body of global research illustrates the impact of AI in health education and clinical practice. For example, a 2024 study by Bozkurt et. al., published in the International Nursing Review, found that the use of AI significantly improved nursing students' knowledge acquisition, skills development, and attitudes towards learning.
KEY MESSAGE
AI is evolving at an unprecedented pace, with developments so rapid that experts are unable to predict its capabilities even six months into the future. Every midwife, especially midwifery educators, needs to stay abreast of AI advancements to effectively support both students and patients.
Eur J Midwifery 2026;10(Supplement 1):A813

PB099

Compassionate self-care for nurses and midwives: A sequential explanatory mixed methods study

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BACKGROUND
Awareness that being kind and compassionate to yourself is often overlooked as a self-care strategy, despite emerging evidence that demonstrates high levels of self-compassion decreases levels of anxiety, stress and improves well-being.
OBJECTIVES
To identify and explore what being compassionate to yourself means to nurses and midwives and increase knowledge and understanding of how self-compassion may enhance health and well-being.
METHODS
A sequential explanatory mixed methods study design was employed to identify and explore the influence of self-compassion education workshop on nurses and midwives' health and well-being, consisting of two quantitative and qualitative phases.
RESULTS
In phase 1, fifty-four (n=54) participants responded to a pre-workshop questionnaire, 55 completed an immediate post-questionnaire, and 28 completed a follow-up six to eight weeks later. In phase 2, five participants attended individual interviews to gain deeper insights. Quantitative findings showed a significant increase in self-compassion scores post-workshop, with an estimated improvement of 0.26 points (95% CI: 0.14, 0.38, $P < 0.001$). Participants' anxiety levels significantly decreased by 0.5 units (95% CI: -0.64, -0.36, $P < 0.001$); mood changes were not statistically significant. Reflexive thematic analysis of qualitative data provided further insight. Three key themes emerged: (1) "Awareness of self-compassion was the first step," (2) "Treat yourself as you treat others," and (3) "Self-compassion strategies with everyday living activities."
CONCLUSIONS
This study demonstrated that self-compassion education can enhance nurses' and midwives' knowledge and understanding of self-compassion and leading to immediate improvements in self-compassion and reductions in anxiety levels. However, the qualitative phase highlighted the need for sustained reinforcement of self-compassion practices. Further research is recommended to confirm these initial findings and explore long-term impacts.
KEY MESSAGE
Educating nurses and midwives about self-compassion can lead to immediate improvements in their well-being by increasing self-compassion and reducing anxiety; however, ongoing support is essential to sustain these benefits over time.
Eur J Midwifery 2026;10(Supplement 1):A814

PB100

Cross-Cultural adaptation and validation of KidSIM Attitude Towards Teamwork in

Training Undergoing Designed Educational Simulation (ATTITUDES) in undergraduate health-care professionals

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BACKGROUND
Simulation-based interprofessional education (IPE) has proven effective in strengthening leadership, decision-making, and patient care. While various tools exist to assess attitudes toward IPE, few consider learning modalities. The ATTITUDES instrument uniquely evaluates students' perceptions of simulation-based learning.
OBJECTIVES
To translate and culturally adapt the ATTITUDES tool to the Italian context, assessing its validity and reliability in evaluating Italian students' attitudes toward IPE through simulations.
METHODS
The translation was conducted using the forward-backward translation method. Subsequently, an observational, prospective, pre-post study was conducted to validate the tool. The subjects participated in interprofessional simulation sessions on obstetric emergencies in the delivery room. Participants completed the Italian version of the ATTITUDES instrument before and after the training.
RESULTS
A total of 81 midwifery students and medical residents participated in simulation sessions. The average total score was significantly higher in the post-simulation questionnaires compared to the pre-simulation ones (137.84 vs. 143.03), indicating improved students' attitudes and perceptions about IPE using simulations as a learning modality. The Confirmatory Factor Analysis (CFA) suggested a five sub-scale structure of attitudes towards teamwork in interprofessional training that fit the original ATTITUDES. The model showed good fit indices with Cronbach's alphas between 0.76 and 0.80 for four subscales and Cronbach's alpha=0.46 for one subscale.
CONCLUSIONS
The study confirms that the Italian version of the ATTITUDES tool is valid. This will benefit all professionals involved in training by offering insights to create, adjust, or improve different elements of interprofessional training programs based on simulation.
KEY MESSAGE
This study found that the tool is sensitive to differences in students' educational backgrounds and prior clinical experiences. Its adaptability suggests broader relevance for other healthcare disciplines.

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PB101

Integrating Safe Delivery App (SDA) as a digital learning tool for midwifery education in Bangladesh

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PURPOSE
In low-resource settings midwives face critical challenges in accessing timely knowledge and decision-making support. SDA is a digital educational tool with 19 modules, covering critical obstetric and neonatal content including both preventative and emergency care. It is a handy job aid and decision-making tool when midwives gain mastery in its navigation. Introducing SDA to student-midwives enhances this. As the SDA is regularly updated with the latest WHO guidelines, it facilitates continued learning and professional development even after graduation.
DISCUSSION
Integration of SDA as an add-on digital learning tool for Midwifery Education at BRAC University was piloted. The curriculum was mapped with SDA content and areas of integration were identified. A workshop for educators was done to analyse the possibilities of integration. Teaching learning methodologies using adult learning principles integrating SDA were presented. Two modalities of integration were identified: (i) Including SDA exercises during classroom teaching (ii) introducing SDA as a self-directed learning tool for internship students targeting completion of the in-app exam to attain SDA champion certificate. Currently 50 midwifery students are undergoing SDA self-directed learning program. The results will be discussed as part of the presentation
EVIDENCE WHERE RELEVANT
Research reveal that digital learning platforms enhance student engagement, academic performance and facilitate personalised self-paced learning experience. Using educational apps help students learn more and motivates to learn. Digital learning platforms are pivotal components in modern education, to revolutionise teaching and learning, making it engaging, accessible, and effective for students.
KEY MESSAGE
Preliminary feedback from educators is positive towards the added value of SDA. Integration of SDA into midwifery education transforms learning to be active, engaging, interesting and motivating. It helps midwives begin their learning journey during pre-service education, leading to life-long learning, which can eventually revolutionise midwifery care, especially in under-resourced environments, where timely, updated, culturally sensitive information is critical for decision-making and saving lives.

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PB102

Strengthening rural maternal health through midwifery education: A curriculum

model for workforce development

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PURPOSE

Rural regions across the globe face critical maternity care shortages due to provider maldistribution, service closures, and geographic barriers. The Preparation for Rural Professional Practice (PRPP) curriculum, developed through the HRSA-funded Colorado Rural Midwifery Workforce Expansion Program, aims to prepare midwifery students for successful and sustainable rural practice. This abstract highlights the curriculum's development, integration of digital and interprofessional tools, focus on provider well-being, and potential for global replication.

DISCUSSION

The PRPP curriculum was co-designed with rural midwives, educators, and healthcare leaders to reflect the realities of rural care delivery. This stakeholder-driven process emphasized adaptability and relevance across diverse settings. The curriculum includes five pillars: (1) rural clinical immersion; (2) telehealth and interprofessional care coordination; (3) community-engaged learning; (4) mentorship and provider well-being; and (5) expanded clinical scope (e.g., maternal mental health, substance use care, ultrasound, surgical first assist). Telehealth modules prepare learners to deliver care in resource-limited and remote contexts, and maternal-fetal medicine specialists provided clinical support during high-risk teleconsultations. Wellbeing sessions address burnout, isolation, and professional sustainability—key issues in rural retention.

EVIDENCE WHERE RELEVANT

Three cohorts (n=9) of rural-background trainees have completed the curriculum. Early evaluation shows strong perceived preparedness, particularly in navigating resource limitations and interprofessional collaboration. Preceptors report increased alignment between trainee capabilities and rural care demands. Curriculum materials are actively being shared among U.S. midwifery programs, and interest has been expressed by international educators exploring rural-focused training adaptations.

KEY MESSAGE

A collaboratively developed rural midwifery curriculum can strengthen provider retention, integrate telehealth, and support well-being—critical to sustaining a rural maternal health workforce. The PRPP model shows that aligning education with rural realities produces midwives who are clinically prepared and supported. Emphasizing interprofessional collaboration, expanded scope, and community engagement, the model equips midwives to meet needs in underserved areas. Adaptable across settings, it offers a scalable approach to improving maternal health globally.

Eur J Midwifery 2026;10(Supplement 1):A817

PB103

Enabling midwives and nurses in rural and remote areas of Papua New Guinea (PNG) through WhatsApp Community Of Practice (COP)

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PURPOSE

Currently over there is a shortage of midwives in PNG and especially in rural and remote areas where 84% of the population live (1). Health workers in remote rural areas have limited access to continuing professional development and even obtaining information. These 'non-enabling' challenges make it difficult to attract and retain qualified midwives to serve in rural and remote locations. These harsh realities are linked to PNG having the highest maternal and newborn mortality and morbidity ratios in Oceania (2).

DISCUSSION

The creation of the WhatsApp midwifery CoP was initially to support newly graduated midwives and experienced midwives managing complicated cases, reaching and connecting rural midwives to curative referral hospitals and to share experiences and evidence-based knowledge across health worker cadre. The CoP has grown to provide professional networking and capacity development opportunities across diverse locations and cadre. Every day (or night) the PNG midwifery CoP, through mindful support to health workers creates lifesaving and capacity uplifting linkages to improve maternal and neonatal outcomes across the pregnancy, birthing and early parenting continuum.

EVIDENCE WHERE RELEVANT

Collaborative initiatives are essential to address the systemic 'non-enabling' geographical, cultural, gendered and political environments contributing to the shortage of midwives and to improve maternal/newborn outcomes in under resourced country like PNG. The CoP for midwives is a reflective, 'person-focused' and midwifery-led initiative providing peer support and strengthening of knowledge, skills, respectful attitudes and resilience of midwives.

KEY MESSAGE

Over 760 reproductive health workers in 'non-enabling' environments are now connected through a midwifery-led mobile phone platform to create a 24/7 community of practice (CoP) in PNG. This kind of low-cost innovation showcases the power of connectivity and collaboration in improving reproductive healthcare delivery and health worker resilience especially in underserved regions.

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PB105

The impact of debriefing associated with simulation-based practice in the training of midwives: A scoping review

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BACKGROUND
Simulation has been increasingly established as an effective pedagogical method in healthcare education, particularly in Maternal and Obstetric Health contexts. Debriefing, as a reflective post-simulation strategy, strengthens learning, enhances performance, and supports the development of competencies.
OBJECTIVES
To map the existing literature on the impact of debriefing associated with simulation in the training of Midwives.
METHODS
This scoping review followed the Joanna Briggs Institute methodology and PRISMA-ScR guidelines. Included studies were those published in English, Portuguese, or Spanish, with full-text availability.
RESULTS
A total of 138 articles were identified, of which 11 met the inclusion criteria. The studies demonstrate that post-simulation debriefing significantly enhances competencies such as critical thinking, professional confidence, decision-making, communication, and teamwork. Various types and models of debriefing were used, with structured approaches (such as Advocacy-Inquiry) led by trained facilitators standing out. The competencies developed encompass both technical skills, such as clinical management of obstetric emergencies, and non-technical skills, including leadership and emotional regulation. Debriefing has proven to reinforce theory-practice integration, autonomy, and readiness for real-world practice. Among the pedagogical strategies, the use of pre-briefing, repeat scenario stations, and realistic simulation scenarios were highlighted.
CONCLUSIONS
Debriefing associated with simulation is a valuable tool in the training of Midwives, fostering technical, emotional, and ethical development. The involvement of experienced facilitators and the use of structured models optimize learning outcomes.
KEY MESSAGE
When integrated with simulation, debriefing enhances the development of essential competencies in Midwives. Systematically incorporating debriefing into simulation-based training in maternal health education is vital to strengthen critical competencies and improve care safety.
Eur J Midwifery 2026;10(Supplement 1):A819

PB106

Set the scene: Midwifery edition – Designing and piloting a digital scenario generator to enhance midwifery education

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BACKGROUND
Simulation-based learning enhances clinical reasoning, communication, and decision-making skills. However, students often report limited access to relevant, realistic simulations during placement. This is particularly problematic in midwifery, where learning opportunities can be unpredictable. Set the Scene: Midwifery Edition is a digital scenario generator designed to fill this gap by delivering ad hoc, low-prep simulation prompts aligned with UK midwifery standards.
OBJECTIVES
This project aims to design, pilot, and evaluate a digital tool that enables student midwives to practise clinical and communication skills through realistic, diverse, and scenario-based prompts. The study will explore its educational value, usability, and potential impact on learner confidence and competence.
METHODS
A mixed-methods study will be conducted from August 2025, involving UK-based student midwives. Participants will use the tool during clinical placements, or in their own time. Data collection will include pre- and post-surveys, scenario engagement tracking, and semi-structured interviews. Feedback will inform iterative improvements and future scaling. At the time of submission, the tool is in late-stage development with MVP testing underway.
RESULTS
Early feedback from stake holders and pilot users suggests the tool is engaging, intuitive, and well-aligned with midwifery education needs. Preliminary data will be available by the time of the Congress and will be presented alongside user experience insights and practical implementation considerations.
CONCLUSIONS
Set the Scene: Midwifery Edition offers a scalable, evidence-informed solution to improve access to realistic simulation in midwifery education. This presentation will share the development process, early findings, and the potential adaptative simulation technology in supporting midwifery students worldwide.
KEY MESSAGE
Simulation-based learning can be made more accessible, realistic, and equitable through a lightweight digital scenario generator, empowering students and educators to practise and teach essential midwifery skills in real time - anywhere, anytime.
Eur J Midwifery 2026;10(Supplement 1):A820

PB107

Emotional wellbeing and coping strategies of student midwives in Belgium: A cross-sectional study (Rimaux S, Proost S, Kuipers Y)

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BACKGROUND
Mental wellbeing is a critical factor in students' academic achievement. This study investigates the relationship between mental wellbeing and coping strategies, with a specific focus on midwifery students in Belgium.
OBJECTIVES
The aim of this study is to determine the prevalence of mental wellbeing among midwifery students in Belgium. Additionally, the study examines the relationship between coping strategies and mental wellbeing.
METHODS
A cross-sectional study was conducted among 365 students.

Mental wellbeing was measured using the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS), while coping strategies were assessed using the Brief COPE inventory. Data were analyzed using correlation and multiple regression analyses.
RESULTS
Findings revealed that 35.6% of students reported low wellbeing, 61.6% moderate wellbeing, and 2.3% high wellbeing. Active coping was positively correlated with wellbeing ($r = 0.299$, $p < 0.001$). Regression analysis identified active coping as the strongest positive predictor of wellbeing ($\beta = 0.409$, $p < 0.001$), whereas a history of psychological distress and being in the final stage of the midwifery program were significantly associated with lower levels of wellbeing.
CONCLUSIONS
These findings underscore the importance of fostering adaptive coping strategies within higher education settings. There is a clear need for targeted mental health interventions throughout the entire duration of the academic program. Future research should investigate program-specific stressors to inform the development of tailored support strategies.
KEY MESSAGE
In light of the prevalence of low mental wellbeing among midwifery students, it is imperative to implement structured strategies within the curriculum to proactively address this issue. Equipping students with effective coping skills is equally crucial to ensure that new and early-career professionals enter the workforce resilient, prepared, and capable of sustaining their wellbeing in a demanding professional environment.

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PB108

What can outcomes of perinatal audits on perinatal mortality contribute to education in midwifery: A qualitative study of perinatal audit outcomes

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PURPOSE
In the Netherlands students can follow a midwifery bachelor followed by a master degree in midwifery sciences. The midwifery bachelor is a four year full time study for students who completed a secondary school education at the higher or preparatory scientific level. Students who completed the bachelor are able to work in primary care. After graduating all students are qualified according to the CanMeds Frameworks. These acquired competences enable midwives to think beyond boundaries. This allows them to analyse or to identify improvable factors in practical examples into policy options or changes in policies. Herein lies a relationship with perinatal audits. In this study we aim to explore which role midwifery education can take and which CANMEDS roles can contribute to the translation of improvable factors into new or renewed policies within a local perinatal cooperation group (PCG) regarding to perinatal mortality. Material and methods Perinatal audits are held in 69 local perinatal cooperation groups in the Netherlands. A perinatal cooperation group exists out of a hospital with a obstetric unit, paediatric unit and adherend midwifery practices. Outcomes of perinatal audits comprise improvable factors on casus of perinatal mortality, chronological reports of individual cases and recommendations to improve or adhere care to the most recent guidelines or what is considered as usual, standard care. Over the years 2017-2023 221 Cases of perinatal mortality were discussed in 176 perinatal audits and revealing 524 improvable factors and 250 recommendations. Insufficient communication between health care professionals during handover of care, insufficient documentation of policies or agreements were the most prominent improvable points of attention
KEY MESSAGE
Lessons to improve awareness of midwifery students should focus on communication training, especially during handover of care. Simulation training can contribute to improve the skills and drills.

Eur J Midwifery 2026;10(Supplement 1):A822

PB109

The rhythm of reflection: A qualitative arts-based study

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BACKGROUND
In the current healthcare landscape, there is increasing concern about dehumanized and uncompassionate midwifery care. Arts-Based Research is associated with improved holistic healthcare practice, with reflective practice being directly linked to levels of compassion, empathy, and problem-solving. However, how midwifery students experience this is poorly understood.
OBJECTIVES
To identify student midwives' processes when using creativity for reflective practice in an arts-focused learning environment.
METHODS
An observation study of thirty-two student midwives, recruited via purposive sampling attending creative reflection workshops that used collage to explore practice experiences. Workshop activities focused on arts-based methods including small group idea generation, creative visualisation, collage making, and reflective sharing. Data were reflexively thematically analysed and then mapped onto the Theoretical Domains Framework to identify reflective behavioural processes.
RESULTS
Observations showed that arts-based teaching altered the lecturer and student interaction, flattening the hierarchy in the teaching environment. Three themes were generated: The Rhythm of Learning explored conducive reflective environments with the dynamic in creatively focused teaching

differing from lectures or skill-based education, comprising of playful bursts of communal, external energy and periods of concentrated, individual focus. Diving In focused on student's creative learning engagement and analysis in experimental forms. Practicing sharing demonstrated how collaboration facilitated reflective development, with a collegial approach enabling students to process emotional, cognitive and clinical experiences drawn from student's personal practice.
CONCLUSIONS
Including creativity in reflective practice teaching creates a psychologically safe environment to connect to service-user's needs through the 'art' of midwifery. Arts-based reflection offers new educational perspectives for learners and educators alike, developing emotional and subjective aspects of student midwives' reflective practice.
KEY MESSAGE
Creative reflection develops reflexivity and emotional intelligence, crucial for complex decision-making and holistic caring skills needed for students and professionals.
Eur J Midwifery 2026;10(Supplement 1):A823

PB110

Assessing the performance of ChatGPT-3.5, ChatGPT-4, and the Custom Trained Model in answering questions regarding breastfeeding problems

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BACKGROUND
ChatGPT, an AI-based conversational tool, is increasingly used for healthcare-related inquiries, including breastfeeding support. Despite its growing popularity among parents and healthcare professionals, concerns remain about the scientific accuracy, motivational tone, and overall reliability of its responses. Evaluating these outputs is particularly crucial in sensitive and high-impact domains like breastfeeding.
OBJECTIVES
This study aims to evaluate the responses of three AI-based large language models—ChatGPT-3.5, ChatGPT-4, and a custom-trained GPT—regarding frequently asked questions in breastfeeding. The evaluation focuses on scientific accuracy and comprehensiveness, tone and motivational language, and reliability. The goal is to inform the integration of AI tools into midwifery education and client support.
METHODS
This study was conducted between July 20 and August 1, 2024. Ten breastfeeding-related questions were selected based on international guidelines and expert validation. Each model generated answers to the same questions, which were anonymized and evaluated by eight qualified breastfeeding consultants using structured Likert scales. Evaluation dimensions included (1) scientific accuracy and scope, (2) tone, language, and motivation, and (3) reliability via mDISCERN scoring. Friedman and Wilcoxon signed-rank tests with Bonferroni correction were used to determine statistical significance.
RESULTS
Statistically significant differences were found among the three models in terms of scientific accuracy ($p = 0.0038$) and language/motivation ($p = 0.0001$). The custom-trained GPT outperformed both ChatGPT-3.5 and ChatGPT-4 in these domains. Although the mDISCERN score was highest for the custom GPT, it didn't reach statistical significance ($p = 0.0575$), suggesting comparable reliability among models in structured information delivery.
CONCLUSIONS
Custom-trained GPTs tailored for breastfeeding education may offer superior performance in delivering accurate, empathetic, and motivational responses. These findings support the potential integration of domain-specific AI models into midwifery education and maternal support systems, while acknowledging ethical and clinical limitations.
KEY MESSAGE
Custom-trained GPTs provide accurate and supportive answers to breastfeeding questions, offering valuable potential for midwifery education and care.
Eur J Midwifery 2026;10(Supplement 1):A824

PB111

Introduction of professional midwives with ICM competencies: A case study from Karnataka, India

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PURPOSE
In 2018, the Government of India launched the Nurse Practitioners in Midwifery (NPM) program to develop a professional midwifery workforce delivering respectful, evidence-based, women-centric care. In this case study of the NPM program in Karnataka, Aastrika shares valuable insights on introducing ICM-defined midwives into settings with no prior experience of midwifery and into heavily medicalised institutions.
DISCUSSION
Historically, 'midwife' in India has been vaguely used to describe traditional birth attendants (TBAs) as well as various cadres of nurses. The NPM program is the first effort to build, educate, and regulate a cadre of professionals who meet the ICM's definition of a midwife: educated as per the ICM Essential Competencies, recognized and licensed to be called midwives, with a clear scope of practice.
EVIDENCE WHERE RELEVANT
Karnataka now has 29 graduated midwifery faculty, 69 midwives currently in training, and 5 clinical practice sites. More students and hospitals are in the pipeline. Early program results show significant success, such as episiotomy rates reducing from over 80% to 19%. A major roadblock has been resistance and scepticism from obstetricians and nurses. While sensitization workshops and hands-on demonstrations helped, encouraging doctors to directly observe midwives was the most impactful. Seeing is believing: midwives have inspired doctors to reduce episiotomies and increase ambulation even in obstetrician-led wards. Initial hesitance among families was addressed through midwifery-led antenatal care, childbirth education, and testimonials. The program's success is such that pregnant women now actively seek out NPMs. To ensure clarity and professional recognition, Aastrika consistently uses the terms "professional midwife" and "NPM," distinguishing these NPM graduates with ICM

competencies from nurses and TBAs. A successful coalition-based advocacy process has ensured that India now has a Scope of Practice for NPMs and an accreditation pathway.
KEY MESSAGE
This case study from Karnataka describes successful strategies to overcome obstacles to introducing midwives into a new setting.
Eur J Midwifery 2026;10(Supplement 1):A825

PB112

A comprehensive assessment of clinical competencies in labor management among third-year pre-service midwifery students at selected training institutions in Zambia

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BACKGROUND
Competency in labor management is a cornerstone of effective midwifery practice and essential for reducing maternal and neonatal morbidity. In Zambia, the shift toward competency-based education aims to better prepare graduates for real-world practice. However, gaps in the clinical performance of pre-service midwifery students—particularly in high-stakes labor management—remain a concern. This study employs Miller's Pyramid of Clinical Competence to assess the preparedness of final-year midwifery students and generate evidence for education reform.
OBJECTIVES
To comprehensively assess clinical competencies in labor management among third-year pre-service midwifery students in Zambia and to explore the implications for midwifery curriculum, mentorship, and clinical learning environments. Methods
METHODS
This ongoing mixed-methods study uses a cross-sectional design across selected public midwifery training institutions. Quantitative data collection includes: Structured knowledge assessments (Knows), Clinical vignettes (Knows How), OSCEs (Shows How), and Real-time clinical performance evaluations using standardized checklists (Does). Qualitative components include focus group discussions with students and interviews with educators, mentors, and clinical supervisors to explore enablers and barriers to competency development. Data collection is scheduled for completion by October 2025.
RESULTS
Preliminary observations suggest discrepancies between knowledge and hands-on clinical performance, with variability across institutions. Anticipated findings will provide insight into how curriculum content, mentorship quality, and clinical placement opportunities impact competence in labor management. Full analysis will be completed and ready for presentation at the time of the conference.
CONCLUSIONS
This study is expected to generate actionable recommendations to strengthen midwifery training in Zambia, enhance clinical readiness, and align education with ICM global standards for competent midwifery care.
KEY MESSAGE
Midwifery education; clinical competence; labor management; Miller's Pyramid; Zambia; competency-based education.
Eur J Midwifery 2026;10(Supplement 1):A826

PB113

The challenges of teaching and learning in resource-limited settings

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PURPOSE
Global cooperation and alignment are desperately needed to improve midwifery education, especially in settings with limited resources. Improving maternity and neonatal health outcomes requires that student midwives be adequately prepared to provide safe, high-quality care to women and babies. These abstract addresses the educational system in resource - constrained settings in Nigeria, highlighting the critical challenges faced by both faculty and learners in midwifery institutions.
DISCUSSION
The quality of midwifery education is a key determinant of the quality-of-care midwives will eventually provide. In many low- and middle-income countries, including Nigeria, midwifery education faces systemic and structural limitations that hinder effective teaching and learning. Challenges such as inadequate numbers of trained educators, outdated or theory-heavy curricula, poor learning environments, and limited opportunities for continuing professional development are widespread (Ige & Ngcobo, 2024; West et al., 2017). These factors undermine students' ability to acquire the practical and critical-thinking skills required in modern maternal health practice.
EVIDENCE WHERE RELEVANT
Effective midwifery education requires well-managed learning environments, robust educational governance, and adequate investment in both human and material resources. To improve midwifery training systems, research highlights the value of clinical simulation centers, ongoing professional development for teachers, and the incorporation of competency-based curricula (West et al., 2017). Without these structural supports, midwifery institutions in resource-poor settings will continue to struggle with producing skilled practitioners who meet global standards of care.
KEY MESSAGE
Addressing the challenges of midwifery education in resource-poor settings demands urgent, collaborative, and targeted investment in infrastructure, curriculum reform, and faculty development. Improving the educational system in these contexts is fundamental to ensuring midwives are fully equipped to deliver quality maternal and newborn care, thereby advancing global health goals.

Eur J Midwifery 2026;10(Supplement 1):A827

PB114

An evaluation of the effectiveness of an updated pre-service midwifery curriculum integrated with emergency obstetric and newborn care in Kenya: A cluster randomised controlled trial

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BACKGROUND
Quality midwifery education is central to improving midwifery service delivery and maternal and newborn health outcomes. In many settings, midwifery educators insufficiently prepared for their teaching role and deficient curriculum compared to international standards affect the quality of healthcare provided by the midwifery graduates
OBJECTIVES
To assess the effectiveness of an EmONC enhanced midwifery curriculum delivered by trained and mentored midwifery educators on the quality of education and student performance in Kenya.
METHODS
A cluster randomised controlled trial in 20 midwifery colleges (12 intervention, 8 control colleges). Educators in both arms received training in teaching/EmONC skills to deliver the updated national midwifery curriculum. Intervention arm received additional 3-monthly post-training mentoring for 12 months. Educators' knowledge/confidence in EmONC/teaching skills was assessed before/after training and at 3, 6, 9 and 12 months. Teaching skills observations at baseline and endline in both study arms were also assessed. Knowledge, confidence and three OSCE in EmONC practical skills among final year midwifery students were assessed. Linear mixed effects models performed
RESULTS
74 educators/146 students participated. Training significantly improved educators' mean knowledge (61.3%-73.3%) and confidence to teach EmONC (3.1-4.2 out of 5). Observed teaching skills mean scores of educators in the intervention arm were significantly higher compared to those of controls at endline (89.4%-vs-72.2%, mean difference 17.2 [95%CI, 3.2-29.8]). Mean scores for students in the intervention arm were significantly higher than those in controls for knowledge (59.6%-vs-51.3%, mean difference 8.3 [95%CI, 1.6-15.0]) and the three skills assessed (means; mean difference (95%CI): shoulder dystocia (64.5%-vs-42.7%; 21.8 (10.8-33.9); newborn resuscitation (43.9% vs 26.1%; 17.8 (2.0-33.9); and maternal shock resuscitation (56.5%-vs-39.2%; 17.3 (8.0-26.0)
CONCLUSIONS
Training and supportive mentoring were effective and improved the quality of educators' teaching and EmONC skills and enhanced students' learning and performance compared to training alone.
KEY MESSAGE
Curriculum reforms and regular mentoring of educators are essential for competent midwifery graduates.

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PB115

Reducing unplanned intrapartum transfers through a multi-modal labor coping pathway in a rural midwife-led birth center

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BACKGROUND
Unplanned intrapartum transfers from community settings to hospitals can disrupt physiological birth and continuity of care. A leading cause of these transfers is inadequate coping with labor pain. In rural St. Lawrence County, New York, the region's only midwife-led birth center sought to address this issue through structured, evidence-based coping interventions.
OBJECTIVES
To reduce transfers for pharmacologic pain relief by implementing a multi-modal labor coping pathway (LCP) that supports individualized, midwife-led care.
METHODS
An LCP was developed through a systematic literature review and informed by the Biopsychosocial Model of Health. Birth center staff received targeted training. Clients engaged in shared decision-making during prenatal visits to create individualized birth plans. The LCP was implemented with all laboring clients over five months. Data on pathway use and transfer rates were collected and analyzed.
RESULTS
Eighty-eight percent (n=64) of clients had a birth plan documented prior to admission. Staff applied the LCP when self-reported coping thresholds were reached. Transfers for pain relief decreased by 65% following implementation. Staff supported full integration of the LCP into practice, and post-birth surveys reflected high client satisfaction.
CONCLUSIONS
A structured, midwife-led coping plan significantly reduced intrapartum transfers related to pain management and improved both client experience and continuity of care. This model illustrates how midwives can lead evidence-based, client-centered innovations—especially in rural and underserved areas.
KEY MESSAGE
Meeting the global call for One Million More Midwives requires more than numbers—it demands models that empower midwives to lead transformative care. This labor coping pathway demonstrates how community-based midwifery can improve outcomes, enhance autonomy, and strengthen maternal health systems worldwide.

Eur J Midwifery 2026;10(Supplement 1):A829

PB116

Embedding PMA days into midwifery undergraduate education: A structured approach to supporting student wellbeing and developing professional resilience

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PURPOSE

Midwifery students are regularly exposed to high levels of emotional, academic, and clinical pressure. This innovation project seeks to embed Professional Midwifery Advocate (PMA) Days into the undergraduate midwifery curriculum to promote student wellbeing, strengthen reflective capacity, and help students balance the complex demands of academic study and clinical practice.

DISCUSSION

From the 2025/26 academic year, optional PMA Days will run quarterly for each student cohort, with additional monthly PMA sessions available. These sessions incorporate guided self-awareness exercises, creative workshops, and restorative clinical supervision in psychologically safe environments. Designed to foster connection, self-awareness, and emotional regulation, PMA Days also aim to embed lifelong reflective practices that can be carried into students' future professional roles. A full-scale evaluation will be conducted in 2025/26, using student feedback via Likert-scale, closed, and open-text responses. Quantitative responses will be analysed descriptively, and qualitative responses will undergo thematic analysis. Analysis will explore outcomes related to wellbeing, emotional regulation, reflective practice, peer connection, and integration of academic learning with clinical experiences.

EVIDENCE WHERE RELEVANT

Research has shown that structured reflective practice and restorative supervision can enhance psychological safety, emotional resilience, and professional identity among midwifery students (Carter, 2023; Leavy & Lachanudis, 2022; Power & Thomas, 2018). Preliminary feedback (n=29) representing all year groups indicated high levels of satisfaction and perceived benefit.

KEY MESSAGE

Restorative and reflective educational spaces like PMA Days can protect, empower, and retain the future midwifery workforce by embedding resilience and reflective capacity into the heart their professional formation.

Eur J Midwifery 2026;10(Supplement 1):A830

PB117

Enhancing safety in waterbirth: Teaching pool evacuation in midwifery education

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PURPOSE

Waterbirth is an increasingly popular option among women. However, ensuring the safety of birthing individuals and their babies necessitates specific competencies that include effective pool evacuation. The available evidence underscores the critical need for practical, hands-on training in pool evacuation as part of midwifery education to enhance team preparedness and reduce the risk of negative outcomes during waterbirth.

DISCUSSION

In the Skills Lab of the University of Applied Sciences in Fulda/Marburg (Germany), midwifery students participated in practical simulations of emergency pool evacuation during waterbirth. After an initial theoretical introduction, students practiced evacuating a real birthing person from a water-filled inflatable pool using a net and adjustable bed, closely mirroring real clinical settings. The scenario involved a sudden maternal collapse, requiring immediate action: calling for help, supporting the head, and safely transferring the person from the pool to a bed using coordinated teamwork. Safety measures included non-slip mats and clear communication signals. Repeated simulations allowed students to improve their technique, reducing evacuation time to under two minutes. This experiential training hopefully contributes to students' confidence and preparedness to manage rare but critical waterbirth emergencies. A formal evaluation of the training's effectiveness is scheduled for 2026.

EVIDENCE WHERE RELEVANT

Although emergencies during waterbirth are infrequent, documented cases demonstrate that sudden complications can occur, requiring prompt and skilled evacuation from the birthing pool. Delays in removing individuals following a collapse may be associated with adverse maternal and neonatal outcomes.

KEY MESSAGE

Regular, hands-on training in pool evacuation not only equips midwives with the necessary skills and confidence to act quickly in emergencies, but also fosters a culture of safety and preparedness. By embedding pool evacuation drills into midwifery education, we ensure that future midwives are ready to respond effectively—protecting mothers, babies, and the integrity of waterbirth as a safe birthing option.

Eur J Midwifery 2026;10(Supplement 1):A831

PB118

Evaluation of an interdisciplinary culturally sensitive, trauma aware and compassionate care training for midwifery and other health and social care students

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BACKGROUND

Migration is increasing due to geopolitical changes, war, sanctions and climate change. Migration brings economic and cultural growth but can introduce challenges to social, health and maternity care systems. Some migrants have a higher risk of poor outcomes and many have experienced trauma. Providing equitable, culturally sensitive and trauma aware maternity services for migrant families is essential.

OBJECTIVES

To evaluate a Trauma aware, Culturally sensitive and

Compassionate (TCC) care training package for health and social care students.Methods: We adapted our TCC care training which was co-produced and evaluated across three European countries.
METHODS
This was delivered to 1400 students from midwifery, nursing, and other health and social care disciplines. Training was evaluated by pre- and post-training questionnaires and a reflective paragraph to assess its impact on practice. Statistical analysis was undertaken on quantitative data and simple content analysis on qualitative data.
RESULTS
In total, 620 students provided at least one survey response; 332 just completed the pre-seminar survey and 103 completed the post-seminar survey. Significant improvements between pre and post-test scores ($p \leq 0.001$) were observed in students' self-perceived capability domains including providing culturally sensitive care, trauma aware and compassionate care, as well as on validated Cultural Competence Groningen Reflection Ability Scale scores. Most respondents (94%) felt they would have opportunity to implement their learning into practice. Students found the training: "informative", "interesting", "eye-opening", and "relevant". Qualitative data showed students felt their enhanced knowledge influenced their practice, although this was impacted by numerous issues e.g. time constrains and language barriers.
CONCLUSIONS
This is one of few studies providing parametric evaluation of education for undergraduate healthcare professionals to ensure cultural safety and high-quality care for vulnerable migrant mothers and families.
KEY MESSAGE
Training in trauma aware, culturally sensitive and compassionate care improved students' confidence and competence, with positive evaluations and opportunities to directly input learning into clinical practice.
Eur J Midwifery 2026;10(Supplement 1):A832

PB119

Balancing tradition and transition: South Asian immigrant mothers' postpartum experiences

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BACKGROUND
Maternal and infant well-being is a global health priority. In Canada, the cultural needs of immigrant mothers are often inadequately addressed, contributing to persistent gaps in postpartum care. As the Canadian immigrant population grows, there is a pressing need for postpartum care models that address the intersections of culture, social expectations, and gender.
OBJECTIVES
The objective of this study was to understand the postpartum experiences of South Asian immigrant first-time mothers in Ottawa, Ontario.
METHODS
Feminist poststructuralism guided this qualitative study to explore how historical, social, and institutional discourses shaped participants' postpartum experiences. Data was collected through 60-minute semi-structured interviews conducted via telephone or Zoom©. Feminist Poststructuralist Discourse Analysis was used to explore power relations, identity, and discourse in participants' experiences. Ethical approval was obtained from the Queen's University Health Sciences and Affiliated Teaching Hospitals Research Ethics Board.
RESULTS
Three themes were constructed from the data. This presentation will focus on the theme: Balancing South Asian Cultural Identity – 'I don't want her to feel left out'. The sub-themes were: 1) Raising the First-Generation: 'I want him to know our culture', 2) South Asian Cultural Practices: 'Since we weren't there, we couldn't do that', and 3) Breastfeeding and Socio-cultural Pressures: 'I still get dreams about not feeding her'.
CONCLUSIONS
The findings of this study highlight the importance of culturally safe, gender-inclusive postpartum care that responds to the needs of immigrant mothers.
KEY MESSAGE
This research further illustrates the need for perinatal care that is relational, flexible, and grounded in cultural humility. Midwives can play an essential role in leading needed policy, structural, and clinical reforms to address the needs of immigrant mothers.
Eur J Midwifery 2026;10(Supplement 1):A833

ORAL PRESENT

PB120

Expanding the UAE midwifery workforce: An educational approach to national capacity building

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PURPOSE
The UAE faces a critical shortage of midwives, with current workforce levels below international recommendations. In response, Fatima College of Health Sciences (FCHS) launched the country's first direct-entry Bachelor of Science in Midwifery. This abstract presents how a context-specific, evidence-informed educational strategy is contributing to a sustainable increase in the UAE's midwifery workforce and advancing maternal and newborn health priorities through national academic leadership and system-wide collaboration.
DISCUSSION
Since 2022, FCHS has led a national initiative to professionalize midwifery through education, aligned with ICM Global Standards. Key developments include: Design and implementation of a direct-entry BSc Midwifery program Vertical integration of physiological birth and woman-centered care across all academic years Recruitment of Emirati women to support nationalization and cultural

continuity Interprofessional collaboration in teaching and clinical simulation Strong partnerships with maternity hospitals for meaningful student placements These innovations are reinforced by broader regulatory reforms led by the UAE Midwifery Taskforce, chaired by the lead author. The Taskforce has published a national Scope of Practice, with Standards and a UAE-specific Competency Framework currently in development to ensure quality and consistency in midwifery care and education.
EVIDENCE WHERE RELEVANT
The first cohort of students is set to graduate in July 2025, marking a national milestone for midwifery education in the UAE. Since the program's launch, annual enrollment has increased by over 50%. Midwifery has now gained formal recognition as a distinct academic and clinical profession within the UAE health and education systems. Graduates have already secured employment within a leading maternity hospital, in Abu Dhabi. The program is expanding to the Al Ain campus. National visibility of midwifery continues to grow through active engagement in media, health policy development, and academic forums.
KEY MESSAGE
Midwifery education is key to sustainable workforce growth. The UAE model demonstrates how tailored education can advance midwifery and strengthen midwifery models of care.
Eur J Midwifery 2026;10(Supplement 1):A834

PB121

Midwives as key agents in promoting parental health literacy: A participatory approach to intervention development with and for midwives

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BACKGROUND
Health literacy (HL), as the ability to access, understand, appraise, and apply health information (Sørensen et al. 2021), is key to improve individual health and reducing inequalities. Midwives play a crucial role in promoting parental HL during pregnancy and early parenthood, particularly for the prevention of allergies (Lander et al. 2023; Sommoggy et al. 2022). In this context, a participatory intervention is developed by HELICAP research group to support midwives in delivering HL-sensitive advice. Design Thinking was used (Altman et al. 2018; Bazzano et al. 2017) within the updated MRC Framework for complex intervention development (Skivington et al. 2021; Roberts et al. 2016).
OBJECTIVES
To explore how participatory design methods can support the development of an HL-sensitive advising intervention for midwifery education and practice.
METHODS
A Design Thinking workshop was conducted at Southern Germany with midwives, students, psychologists, and educators. Twelve participants worked in interdisciplinary groups using structured materials. They followed five phases: Empathize (exploring needs and context), Define (summarizing challenges via personas), Ideate (developing and prioritizing solutions), Prototype (creating tangible models), and Test (presenting and reflecting on ideas). Researchers facilitated and documented the process; data were collected through observation, audio, photos, group discussions, digital feedback, and short interviews. Until 2026, further 32 participants will take part in conducted workshops.
RESULTS
Prototypes included integrating HL into midwifery curricula with practical advice skills, and a continuing education model combining HL-sensitive counselling with self-reflection. Barriers and enablers of HL advising were identified, including institutional constraints and communication needs. Students were encouraged in contributing. Prototyping was widely perceived as engaging and rewarding, fostering ownership and creativity.
CONCLUSIONS
Design Thinking supported midwives in co-developing relevant, feasible intervention ideas within early MRC Framework phases — enhancing implementation potential in education and practice.
KEY MESSAGE
Participatory approaches empower midwives as innovators and strengthen the integration of new interventions.
Eur J Midwifery 2026;10(Supplement 1):A835

PB122

Air quality through air sampling with a view to maintain infection control practices in maternity OT's, labour room and MICU, in Tertiary hospital, Hyderabad, Telangana

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BACKGROUND
Maintaining good air quality through air sampling is crucial for infection control in maternity operating theaters (OTs), labor rooms, and the Medical Intensive Care Unit (MICU). Air sampling helps identify potential sources of airborne pathogens, allowing for targeted interventions to minimize the risk of healthcare-associated infections. There is an urgent need for early detection and comprehensive surveillance of respiratory pathogens. Environmental surveillance may be key to timely responses for newly emerging pathogens and infections that are unreported or underreported.
OBJECTIVES
To assess the microbial contaminations within the maternity operation theaters, labour room, and maternity ICU by performing air sampling procedures.
METHODS
The study was performed in 26 samplings in Labour room, 70 in maternity elective OT's, 53 in maternity emergency OT's, 19 in MICU over the period of 6 months from January to June 2024. Post thorough cleanings, air sampling procedure performed using agar plate.
RESULTS

Highest bacterial count seen in LR septic and LR 2 (24 CFU/m3 with no fungal growth), Maternity elective OT III (150 CFU/m3 with fungal growth) and emergency OT II (7.2 CFU/m3 with no fungal CFU/m3). Maternity ICU showed the highest bacterial CFU rate (442 CFU/m3 with fungal growth). The study shows that LR were having bacterial rate varying from 0 - 24 CFU/m3, elective OT's 0-150, emergency OT's 0-7.2 and MICUs 3-442 CFU/m3 and also colonized with contaminants like Coagulase Negative Staphylo cocci, Aerobic spore bearing bacilli, coliforms, etc.

CONCLUSIONS

Air sampling can be an agile and effective tool for pathogen early warning, surveillance and also helps to maintain strict infection control practices in order to limit the level of bacterial and fungal contamination.

KEY MESSAGE

Midwives are encouraged to adopt evidence-based practices and understanding the science behind air quality and infection control is essential for making informed decisions in clinical practice.

Eur J Midwifery 2026;10(Supplement 1):A836

PB123

The impact of mindfulness-based interventions on anxiety, stress and psychological well-being in midwifery students: A pre-post test study

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BACKGROUND

Healthcare students are exposed to high levels of stress, anxiety, and psychological distress, particularly during clinical internships. Mindfulness-based interventions, such as MBSR (Mindfulness-Based Stress Reduction), have proven effectiveness in reducing anxiety, stress, and depressive symptoms, while enhancing self-efficacy, and the ability to handle complex situations in clinical settings. However, there is limited research focusing on midwifery students concerning psychological well-being and stress management, despite evidence of significant stress, anxiety, and burnout among midwives.

OBJECTIVES

This study aims to evaluate the impact of MBSR on reducing anxiety and stress while enhancing psychological well-being among third-year midwifery students, in relation to their clinical internship.

METHODS

27 third-year midwifery students at the University of Bologna will be recruited before their clinical internship in the delivery room. An 8-week MBSR program will be integrated into their academic schedule, facilitated by a psychologist. The study will follow a pre- and post-test design with a baseline evaluation (T0) before the MBSR program and four follow up assessments every 8 weeks (T1, T2, T3, and T4). Participants' levels of stress, anxiety, and well-being will be evaluated in every follow up, using validated questionnaires, specifically FFMQ-39, GHQ-12, PSS-10, and DASS-21. Additionally, students' adherence to the mindfulness intervention and the frequency and methods of autonomous practice will be enquired.

RESULTS

The study is scheduled to commence in October 2025, with findings from evaluations T0 to T3 expected to be available by June 2026.

CONCLUSIONS

Conclusions will inform the development of training programs that provide future midwives with tools to manage stress, anxiety, and burnout, while contributing new insights into strategies that promote psychological well-being in midwifery and other healthcare professions.

KEY MESSAGE

This study aims to determine whether the implementation of an MBSR program is an effective approach to reduce stress and anxiety while enhancing well-being among third-year midwifery students.

Eur J Midwifery 2026;10(Supplement 1):A837

PB126

The urgent need for the subject of "herbal remedies" to be included in pre-registration midwifery education

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PURPOSE

This presentation focuses on the need for increased professional awareness of the safety of self-administered herbal remedies in pregnancy and birth, and for the subject to be included in pre-registration midwifery education.

DISCUSSION

The use of herbal remedies (HRs) in pregnancy may be up to 80% in developed countries, as women seek to combat high intervention rates in childbirth. In developing countries too, traditional remedies are frequently self-administered to avoid or resolve complications, especially when medical facilities are far away. Ill-informed use of pharmacologically-active HRs, can adversely affect conception, embryological/fetal development, labour progress and newborn health. HRs can interact with prescribed medications, causing serious adverse effects. Pre-registration education does not include the subject of HRs despite midwives often being asked about popular HRs including ginger for sickness, raspberry leaf for birth preparation and clary sage oil to initiate labour (communications with midwives). Also, as midwives increasingly introduce pharmacologically-active aromatherapy oils into practice, they must understand precautions, contraindications, side effects and possible complications, to ensure safe practice.

EVIDENCE WHERE RELEVANT

There is a wealth of significant evidence on the benefits and especially on the potential side-effects of HRs, including non-clinical and clinical trials. Unfortunately, pregnancy-

specific evidence is confined to collation of adverse effects of HRs, since clinical trials on pregnant women are unethical.
KEY MESSAGE
It is paramount that students and midwives understand popular HRs commonly self-administered by pregnant and labouring women. Pre-registration education should include at least an introduction to the subject. Further, national bodies responsible for setting standards for pre-registration education and for practice, must address omissions from training programmes that leave midwives without even a basic understanding of this important subject area.
Eur J Midwifery 2026;10(Supplement 1):A839

PB127

Developing the physiological practices observation tool for use in reflective learning

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PURPOSE
To advance the use of a measurable evaluation tool designed to facilitate reflective learning about a physiological care approach amongst novice midwives.
DISCUSSION
There is a large body of evidence supporting the overwhelming benefits of physiologic labour and birth. In 2018, the World Health Organization reaffirmed a commitment to a physiological care approach to birth in order to optimize health outcomes. The Physiological Practices Observation tool was developed through rigorous research identifying 6 domains and 27 items that constitute physiological care practices.
EVIDENCE WHERE RELEVANT
Educating students in the midwifery model of care and promotion of physiological care practices can be challenging, especially in highly medicalized environments. A novice midwife can benefit from a preceptor's evaluation and rating of his/her practice using a tool followed by reflective learning. The 27 care practices in the Physiological Practices Observation tool were identified from a critical appraisal of evidence and content validation using 7 experts and 8 women. The 27 care practices are organized into six domains of care: 1) Approach to care ("Adopts careful watching, attending and responding as labour unfolds"), 2) Environment, 3) Supporting women, 4) Ongoing care, 5) First hour of birth, and 6) Involving women in decision-making. A Delphi study is planned for further validation of the tool for use in the United States, with review by local content experts (practicing midwives) and women in Philadelphia. A future study is also planned for further psychometric testing with the purpose of gathering research data on the use of these care practices and correlating their use with outcomes.
KEY MESSAGE
The Physiological Practices Observation tool can assess the performance of novice midwives in their use of physiological care practices and facilitate reflection to improve practice.
Eur J Midwifery 2026;10(Supplement 1):A840

PB129

Strengthening midwifery education in Alberta through simulation, reflection, and community-led approaches

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PURPOSE
Midwifery education must remain responsive to shifting clinical realities, cultural contexts, and community needs. In Alberta, where midwifery is a relatively young and growing profession, Mount Royal University's Bachelor of Midwifery (BMid) Program is evolving to meet these demands. This presentation outlines how the program is integrating experiential, relational, and culturally grounded approaches to better prepare learners for complex, diverse, and often rural care environments.
DISCUSSION
The BMid Program embeds community engagement and student-centred pedagogy across the curriculum. A diverse clinical placement model enables students to learn from a range of care settings and providers. Simulation-based learning is a cornerstone of the program, encompassing clinical judgment, technical skill-building, trauma-informed communication, and response to urgent situations. Simulations are co-developed with practicing clinicians to reflect real-world complexity and are supported by structured debriefs that cultivate reflective practice. Faculty who maintain concurrent clinical roles help bridge the gap between current care realities and classroom learning, contributing to ongoing curriculum refinement. Narrative reflection and mentorship are leveraged to deepen student learning and to support both students and preceptors. Student and preceptor stories are gathered and analyzed to identify barriers and strengths in clinical education, informing targeted support strategies and leadership preparation. Indigenization of the curriculum is underway, with Indigenous worldviews and cultural safety principles embedded across learning levels in partnership with Indigenous advisors and educators.
EVIDENCE WHERE RELEVANT
Curricular strategies are guided by student feedback, national benchmarks, and preceptor input. Outcomes are assessed through reflective assignments, skills assessments, and formal stakeholder feedback mechanisms.
KEY MESSAGE
To meet the needs of growing and diverse populations, midwifery education must be adaptive, grounded in community realities, and committed to fostering inclusive, relationship-based learning environments.
Eur J Midwifery 2026;10(Supplement 1):A841

PB130

OSCE (Objective Structured Clinical Exam) exam as a final assessment for midwives in Tartu Applied Health Sciences University

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PURPOSE

The Objective Structured Clinical Examination (OSCE) method is internationally recognized as the gold standard for assessing clinical competencies due to its higher reliability and objectivity compared to traditional oral or written examinations. Its structured and standardized format ensures equal assessment conditions, reduces assessor bias, and allows for the evaluation of a broad range of competencies through realistic scenarios. Until recently, the OSCE method had not been used as a final qualification exam in midwifery education in Estonia.
DISCUSSION
In 2025, the OSCE was implemented for the first time at the Tartu Health Care College as the final professional examination for midwifery students. Sixteen students participated, of whom thirteen successfully passed all four stations by exceeding the required 51% threshold. The exam consisted of four independent simulated stations evaluating various midwifery competencies, including labor management, postpartum counselling, breastfeeding, and high-risk pregnancy care. Each station was 35 minutes long (5 minutes for briefing and 30 minutes for task performance), with two assessors present – one faculty member and one practicing midwife – scoring performance on a 0–2 scale using standardized checklists.
EVIDENCE WHERE RELEVANT
The exam placed emphasis not only on technical skills but also on communication and empathy. Students performed best in labor management and breastfeeding tasks, while postpartum counselling and high-risk pregnancy stations proved more challenging, particularly in areas such as mental health support and contraceptive counselling. Assessors praised students' professional interaction but noted a need for improved reflection and real-time feedback.
KEY MESSAGE
Implementation highlighted several challenges, including scenario realism, actor training, and maintaining consistent scoring. Nevertheless, the OSCE provided valuable insight into the strengths and weaknesses of current training. In conclusion, the OSCE format proved to be a suitable and effective method for assessing midwifery competencies and offered meaningful input for further curriculum development to better support student growth and patient-centered care.
Eur J Midwifery 2026;10(Supplement 1):A842

PB131

Advanced Midwifery Practice: Development of an advanced role profile in Germany

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PURPOSE
Internationally, reflective and evidence-based Advanced Midwifery Practice (AMP) is being introduced (for example, in Ireland, United Kingdom, and Switzerland). The peripartum period, a crucial life phase, faces growing challenges from demographic, social, and political changes. Midwives, as experts, can play a key role as advanced practice midwives to address these complex issues.
DISCUSSION
There are currently no standard definitions of the professional role of advanced practical midwives, either internationally or nationally in Germany. The differentiation between basic and advanced competencies is hindered by the absence of a globally consistent definition of midwives' scope of responsibilities. As a result, healthcare systems often develop fragmented structures, leading to overprovision in certain population groups while underserving others. Despite this lack of global uniformity, several countries have implemented advanced midwifery roles that align closely with the core values and competency frameworks of the International Confederation of Midwives (ICM).
EVIDENCE WHERE RELEVANT
To develop the role of advanced practice midwives in Germany, the University of Cologne will launch an interprofessional master's program in winter 2025/26. The four-semester Advanced Midwifery Practice program includes 14 modules, some taught in English. It focuses on four areas: Advanced Practice, Management & Leadership, Research, and Education & Communication. Three modules feature practical internships, offered with partners in Germany and abroad.
KEY MESSAGE
Establishing an advanced role model for midwives who care for individuals navigating both peripartum experiences and complex psychosocial challenges is crucial for societal well-being and the ongoing professionalization of midwifery.
Eur J Midwifery 2026;10(Supplement 1):A843

PB132

Midwifery competency and its influencing factors among nurse-midwives in Bhutan: Findings from a national survey

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BACKGROUND
Midwifery education in Bhutan is integrated within the nursing curriculum. However, the lack of an independent organization, short duration of midwifery education, limited number of educational institutions, and emigration of health professionals contribute to workforce shortages and competency gaps.
OBJECTIVES
This study aimed to identify gaps in midwifery competencies among Bhutanese nurse-midwives in accordance with ICM standards and to investigate factors related to variations in their competency levels.
METHODS
An online questionnaire survey was conducted among nurse-midwives working in all health facilities across Bhutan. The questionnaire included demographic information and a self-

assessment competency score of confidence using the WHO Midwifery Competency Assessment Tool, which is based on ICM standards.
RESULTS
Three hundred and twelve nurse-midwives participated in the study. The mean age was 31.5±7.3 years, 50.6% were female, the mean length of employment was 53.3±61.4 months. 45% worked without a gynaecologist. Regarding educational background, 23.4% held a bachelor's degree, and 28.8% of them graduated from institutions outside Bhutan. The 50th percentile scores in the intrapartum, postpartum, and neonatal care domains were 82.2%, 75.8%, and 78.3%, respectively. Significant positive correlations were observed among subjects' self-rating for knowledge and skills regarding the three domains (r=0.600 to 0.635, p<0.001).
CONCLUSIONS
This study found that Bhutanese nurse-midwives demonstrated higher confidence in intrapartum care competencies, while additional efforts are needed to strengthen competencies in postpartum and neonatal care. Additionally, significant relations between knowledge and skills suggest that improving one area may enhance overall competence, highlighting the need for targeted training and support.
KEY MESSAGE
•Implement targeted in-service training to enhance competencies in midwifery care. •Strengthen mentorship and supportive supervision, particularly in facilities lacking gynaecologists.
Eur J Midwifery 2026;10(Supplement 1):A844

PB133

Evidence-based recommendations on the prevention and management of postpartum hemorrhage

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PURPOSE
To present the recently updated Clinical Practice Guideline (CPG) from the Association of Ontario Midwives (AOM) on the prevention and management of postpartum hemorrhage (PPH), with an emphasis on the evidence-based changes and implications for midwifery care.
DISCUSSION
This session will provide a brief overview of the CPG updating process, followed by an in-depth discussion of the new and revised clinical recommendations. Updates address a range of clinical and systemic factors including revised definitions of PPH, the influence of racism on PPH outcomes, visual and quantitative blood loss measurement, and the latest guidance on both preventive and management interventions, including the use of adjuncts, tranexamic acid, non-pneumatic anti-shock garments, and the incorporation of IV iron therapy in the postpartum period. In addition, knowledge translation tools designed for midwives and clients will be shared.
EVIDENCE WHERE RELEVANT
The revised guideline is grounded in current evidence and reflects a rigorous review of the literature using GRADE methodology. Evidence has been reviewed by a panel of midwifery experts, ensuring that the literature is interpreted through a midwifery lens and recommendations are relevant to Ontario midwives.
KEY MESSAGE
This updated CPG supports midwives in providing evidence-informed, client-centered care for the prevention and management of postpartum hemorrhage, while offering practical tools to support midwives in everyday practice.
Eur J Midwifery 2026;10(Supplement 1):A845

PB134

Pilot evaluation of a standardised 12-month roster allocation for student midwives within Greater Manchester

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PURPOSE
The UK government currently reports a deficit of 2000 midwives; furthermore 600 midwives left the profession in the last year (Royal College of Midwives, 2023). The number of Midwifery learners being recruited onto programmes has increased by 3000 since 2019 to reduce this shortfall (HEE, 2022). Despite this, on average, 400 student midwives do not complete their programme of study (Lovegrove, 2018). If student midwives are not supported to complete their programme; this shortage will remain significant.
DISCUSSION
It is crucial to explore innovative solutions to sustainably increase learning environment capacity and support workforce development. Currently, there are various methods utilised to manage learner rosters, ranging from paper-based rota schedules to posts on social platforms (Padlet/Facebook). Midwifery learner focus groups highlighted that receiving advanced notice of shifts and fair shift allocation would significantly improve learners' well-being and work-life balance.
EVIDENCE WHERE RELEVANT
Given the mental health challenges among learners (Oates et al, 2020), it is crucial that rosters are allocated in a timely manner, to minimise stress and support those who have caring responsibilities (Brook & Kemp, 2021). A pilot has been undertaken in the Northwest of England, whereby a 12-month rostering model has been developed by six hospital trusts, in collaboration with three Higher Educational Institutes. This project aims to enhance the learner experience, optimise

capacity and improve the quality of learning environments to better prepare the future midwifery workforce. Advance notice of shifts reduces fatigue and increases job satisfaction (Horvat et al, 2020). Preliminary data from our service evaluation (currently underway) indicates that this is a positive innovation and learner satisfaction with rosters has improved.

KEY MESSAGE

The 12-month rostering approach enhances learner experience by promoting work-life balance, timely notice of shifts and supporting fair acquisition of clinical experience and assessment, as learners are equitably distributed across clinical shifts.

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PB135

Paid student employment models in midwifery, nursing and allied health: A systematic review

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BACKGROUND

Workforce shortages, high student attrition, and a lack of indigenous health workers challenge healthcare systems globally. Paid student employment models have emerged to provide students with experience while supporting service delivery. These models are increasingly used in midwifery, nursing, and allied health, but their impact on student development and workforce outcomes remains unclear.

OBJECTIVES

This review aims to assess the effectiveness of paid student employment models in midwifery, nursing, and allied health.

METHODS

Registered with PROSPERO (CRD420251070851), this systematic review will search CENTRAL, MEDLINE, CINAHL, Embase, and Google Scholar. Included studies will be publications with quantitative data from 2005 onwards examining paid student employment models in midwifery, nursing, and allied health. Paid student employment may either be integrated into the education curriculum or recognised as additional to regular training requirements. Primary outcomes include evaluating effects on student performance, workforce readiness, and retention. Secondary outcomes assess organisational impact, student well-being, and cost-effectiveness. At least two independent reviewers will conduct screening, data extraction, and quality appraisal. Risk of bias will be assessed using Cochrane RoB 2 for randomised studies and ROBINS-I V2 for non-randomised studies. Where data allow, meta-analyses using random-effects models will be performed. Certainty of evidence will be evaluated using GRADE.

RESULTS

The review is ongoing. Results will summarise student employment models and their impacts on student performance, workforce readiness, and retention. The findings aim to identify evidence gaps and outline implications for workforce planning and education.

CONCLUSIONS

This review will support guidance for educators, policymakers, and employers on the value and limitations of paid student roles in healthcare.

KEY MESSAGE

Paid student employment models may bridge education and practice, enhancing student readiness and retention in midwifery, nursing, and allied health.

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PB136

The use of artificial intelligence in midwifery education: A bibliometric analysis

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BACKGROUND

Midwifery education is undergoing a transformation through artificial intelligence technologies by enabling personalized learning, enhancing clinical decision-making skills, and improving professional competence through simulation-based practices.

OBJECTIVES

This study aims to examine the existing literature on the use of artificial intelligence in midwifery education through a bibliometric analysis, in order to reveal the current status, research trends, and prominent areas of focus within the field.

METHODS

A total of 164 publications were identified through a search conducted in the Web of Science database. Based on the inclusion criteria of the study, only publications in English, published after 2004, and categorized as "articles" were included. Accordingly, 7 documents labeled as "editorial material" or "proceedings paper" were excluded, and 157 publications were included in the final analysis.

RESULTS

The findings indicate a notable increase in the number of publications related to the use of artificial intelligence in midwifery education, particularly from 2018 onward, reaching its peak in 2023. The bibliometric analysis revealed four clusters within a network of 22 authors, with a total of 73 links and a total link strength of 12.50. Additionally, 267 keywords were identified and grouped into 27 clusters, forming a network with 984 total links and a total link strength of 206.50. The most prominent keywords included "virtual reality", "educational technology", "education", "nursing education", and "midwifery." In recent years, emerging and frequently studied topics have been associated with keywords such as "virtual reality", "ChatGPT", "midwifery students", "feedback", "asynchronous feedback", and "aged care."

CONCLUSIONS

The findings suggest that digital technologies and artificial

intelligence are gaining increasing importance in midwifery education, accompanied by a rise in multidisciplinary studies in the field. In particular, virtual reality and AI-supported tools (e.g., ChatGPT) have recently come to the forefront, indicating that current research trends are increasingly focused on these technologies.
KEY MESSAGE
Midwifery education, Artificial Intelligence, students
Eur J Midwifery 2026;10(Supplement 1):A848

PB137

Evaluation of a joint breastfeeding education for public health nursing and midwifery students at University A: Second report Knowledge and skills required for breastfeeding support

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BACKGROUND
A 90-minute joint lesson designed to cultivate breastfeeding support skills among fourth-year students is offered at University A, which provides basic nursing education and includes both midwifery and public health nursing programs. The initial report confirmed that the lesson improved knowledge on aspects such as the benefits of breastfeeding.
OBJECTIVES
The second report evaluated the joint lesson in terms of latch-on/positioning (hereinafter "breastfeeding") knowledge and teaching ability (hereinafter "skills") using a pre–post survey.
METHODS
This quantitative study included 14 participants (six midwifery students and eight public health nursing students). Survey items assessed breastfeeding knowledge (maximum: 22 points), skills (maximum: 22 points), and whether students had previously studied breastfeeding, provided breastfeeding support, or participated in joint breastfeeding education at another institution. A non-parametric test was used for analysis. This study was approved by the Institutional Review Board of Asahikawa Medical University (Approval No.: 23119). There were no conflicts of interest.
RESULTS
Median pre- and post-lesson scores were 19.0 and 21.0 for breastfeeding knowledge, and 7.0 and 17.0 for skills, respectively—indicating significant improvement ($p<0.01$). Although 92.9% of participants had previously studied or provided breastfeeding support, none had engaged in joint breastfeeding education at another institution.
CONCLUSIONS
Although more than 90% of students had prior experience studying or providing breastfeeding support, pre-lesson skill levels were low, with a median score of just 7 points (31.8%). This improved to 17 points (77.2%) after the lesson. The joint lesson appears effective in enhancing both breastfeeding knowledge and skills. Further investigation is needed to explore strategies for strengthening pre-lesson skill acquisition and expanding joint learning opportunities with other educational institutions.
KEY MESSAGE
The joint lesson enhanced breastfeeding knowledge and skills.
Eur J Midwifery 2026;10(Supplement 1):A849

PB138

Training based on medium- and high-fidelity simulators as a necessity for enhancing patient safety and maintaining the quality of education: A quasi-experimental study

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BACKGROUND
Simulation-based Education is an educational activity that utilizes simulation aids to replicate clinical scenarios. In the simulation, an attempt is made to bring the learning conditions close to the real conditions.
OBJECTIVES
This study aimed to investigate the effect of medium- and high-fidelity simulators training on the knowledge, skills, and attitude of nurses and midwifery students.
METHODS
This study was quasi-experimental. The study population consisted of all nursing and midwifery students of Larestan University of Medical Sciences. A total of 192 students participated in this study; of them, 96 students were in the control group who had experience and trained with low-fidelity simulators in the previous years; also, 96 students were in the experimental group who had no experience with the simulators. A low-fidelity simulation was used to train the control group, and medium- and high-fidelity simulation was applied for the experimental groups.
RESULTS
The students in the experimental group had significantly higher scores in the knowledge domain than the control group. Students in the experimental group also performed better in the objective structured clinical examination (OSCE) ($P<0.001$). Furthermore, the data revealed that the average total score of the students' attitudes towards the role of simulators in the experimental group was higher than that of the control group. In addition, the statistical relationship was significant in training with low-fidelity models, which is not a reliable learning experience ($P=0.004$).
CONCLUSIONS
The results showed that using medium- and high-fidelity simulations for once in clinical skills training has a much better result compared to using low-fidelity simulations for several times in clinical skills training.
KEY MESSAGE
Quasi-experimental, nursing, midwifery, student, medium-high-fidelity simulators, clinical training.
Eur J Midwifery 2026;10(Supplement 1):A850

PB139

Empowering midwives: Effective publication strategies for addressing current issues in maternal health

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BACKGROUND
Midwives are essential frontline providers in improving maternal and neonatal health. However, their contributions to scientific literature remain limited, especially in low- and middle-income countries like Indonesia. This underrepresentation hinders the inclusion of practice-based evidence in health policy and global discourse. Identifying the barriers and enablers to midwives' engagement in scientific writing is critical to fostering a more inclusive and practice-informed research landscape.
OBJECTIVES
This study aimed to explore the current status, barriers, and institutional support needs related to scientific publication among Indonesian midwives, and to identify effective strategies that could enhance their engagement in scholarly writing.
METHODS
A mixed-methods exploratory sequential design was employed. An online survey was completed by 30 licensed midwives across Indonesia from January 6–20, 2025. Descriptive and inferential statistics were used to analyze the data. In-depth interviews were conducted with 15 purposively selected midwives representing diverse regions and institutional roles. Thematic analysis was used to interpret qualitative findings.
RESULTS
This mixed-methods study of Indonesian midwives revealed strong motivation to publish despite barriers. Midwives affiliated with academic institutions were significantly more likely to publish ($p<0.001$). Major challenges included limited time (70.3%), low writing confidence (64.7%), and lack of institutional support. Participation in writing training (50%) was significantly linked to higher confidence ($p=0.037$) and clearer publication plans ($p=0.027$). Qualitative findings emphasized motivations such as professional development and maternal health advocacy, with peer collaboration (54%) and workshops (42%) as key strategies. Informal networks, including online mentorship, helped bridge institutional gaps.
CONCLUSIONS
Midwives in Indonesia face significant institutional and individual barriers to scientific publishing but show high motivation to contribute. Strengthening supportive structures is essential to enable their participation in research dissemination.
KEY MESSAGE
Targeted institutional support—such as time allocation, incentives, and mentorship—can empower midwives to contribute meaningfully to evidence-based maternal health policy and practice.

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PB141

Intrapartum continuity of care with community midwives: Exploring the significance of hospital privileges for Certified Professional Midwives in Washington State

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BACKGROUND
Certified Professional Midwives are community midwives whose scope of practice is to care for low-risk pregnancies and births in the home or birth center settings and typically do not have hospital privileges (MAWS, 2024, Vedam et al, 2018). In the years 1999-2003 there was a hospital pilot program that included a few CPMs from Washington State who gained provisional hospital privileges to continue providing care for their birthing people during intrapartum along with collaboration with physicians at a medical center in Seattle (H. Hornsby, LM, CPM, personal communication, June 3, 2023). When this program was evaluated in 2003, it yielded promising results; however, due to administrative changes at the hospital, it was discontinued.
OBJECTIVES
Due to recent legislative changes broadening the scope of practice for CPMs in Washington State, this mixed method study is capturing information about the pilot project from the years 1999-2003, exploring the experiences of the participants, and illuminating the lessons learned to inform future efforts.
METHODS
To capture qualitative data, open-ended questions were asked during the interviews about the midwives' experiences while having hospital privileges.
RESULTS
It was elucidated that continuity of care, having hospital privileges, having a good congenial relationship with the hospital staff, physician, and nurses, and maternal satisfaction were the most positive experiences for the midwives.
CONCLUSIONS
We can also better understand the physical, emotional, and psychological impact it can have on the CPMs and the birthing people they serve when there is a break in the continuity of care during an intrapartum transfer for low-risk birthing people for mostly pain relief.
KEY MESSAGE
CPMs are specialists in caring for birthing people with low-risk pregnancies, and research papers from around the globe demonstrate the benefits of having continuity of care for both the birthing person and the newborn (Stoll et al., 2023; Fikre et al., 2023).

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PB142

Exploring the impact of intermittent versus continuous catheterization during labor on delivery outcomes

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BACKGROUND
Women receiving epidural analgesia during labor often experience decreased bladder sensation and impaired urination, leading to urinary retention. For women undergoing epidural analgesia until delivery, intermittent bladder emptying is considered more appropriate than continuous catheterization. The most critical risk factor for urinary tract infection (UTI) is prolonged use of a urinary catheter, with the duration of catheterization being the most significant danger.
OBJECTIVES
This study explored the impact of intermittent versus continuous catheterization on delivery outcomes and the incidence of UTIs.
METHODS
A systematic literature review was conducted, yielding 96 studies. Following the PRISMA screening process, 4 studies were included. The Cochrane Risk of Bias Tool (RoB) was used to assess and synthesize the quality of evidence. Data analysis was performed using RevMan 5.4 software.
RESULTS
A meta-analysis of 3 studies comparing vaginal delivery rates between intermittent and continuous catheterization showed a higher rate of vaginal delivery in the continuous catheterization group (OR=1.56 [1.04, 2.34]; p=0.03). Among the 4 studies comparing cesarean section rates, moderate heterogeneity was observed (I^2=59%), and the pooled analysis revealed no significant difference between catheterization methods (OR=1.25 [0.63, 2.50]; p=0.06). Similarly, the meta-analysis of 3 studies comparing UTI rates found no significant difference between the two catheterization methods.
CONCLUSIONS
Although clinical findings do not favor either catheterization method, the choice between intermittent and continuous catheterization during labor to prevent urinary retention should consider the expectations and preferences of the birthing woman.
KEY MESSAGE
Epidural analgesia, continuous catheterization, intermittent catheterization, mode of delivery, urinary tract infection.
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PB143

Addressing the future needs of the Australian midwifery workforce: The Australian midwifery futures workforce project

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BACKGROUND
Australia's midwifery workforce faces increasing pressures due to the evolving needs of women and families, workforce shortages and maldistribution of midwives across urban, rural and remote areas. Recognizing these challenges, the Nursing and Midwifery Board of Australia initiated the Midwifery Futures project to explore sustainable, future-ready solutions to support safe and accessible, high-quality midwifery across the diversity of Australian practice contexts.
OBJECTIVES
The research sought to explore issues influencing the number of midwives in Australia including through the available educational pathways; workforce participation, models of care and workforce trends; recruitment, retention, and attrition challenges; possible gaps in education, training, skills, and experience to enable full scope practice; whilst considering evolving demand side factors.
METHODS
Delivered by the Burnett Institute, a multi-phase, mixed-methods approach was employed. This included the development of multiple scoping reviews, analyses of workforce and registration data, focus groups, interviews and a national consultation forum involving over 1200 participants from midwifery practice, education, policy, and consumers. The research was underpinned by a futures thinking approach to deliver comprehensive workforce modelling and identify key drivers for change.
RESULTS
The research identified critical factors influencing midwifery workforce sustainability in Australia and made 32 recommendations to guide reform and improve workforce planning. Findings also emphasised the need for culturally safe midwifery care and improved inclusion of First Nations midwives.
CONCLUSIONS
This research provides a blueprint for strengthening the midwifery profession in Australia. Using a collaborative approach, the NMBA has supported the development of a forward-looking agenda that supports innovation while ensuring public safety and professional integrity.
KEY MESSAGE
This research highlights the pivotal role of regulation in shaping a safe, professional and accessible midwifery workforce to meet Australia's future maternity care needs.
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PB144

Key competencies of midwives as a tool for setting up continuous professional development: Do we know how to do it?

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BACKGROUND
Lifelong learning is a key regulatory element of the midwifery profession. It is appropriate to identify the key competencies that form the basis of the profession and set the content of midwifery lifelong learning accordingly. Key competencies must be maintained and appropriately linked to the continuous professional development of midwives.
OBJECTIVES
Our aim was to create a design combination of research methods suitable for identifying key competencies. We verified this model in midwifery in the Czech Republic.
METHODS
The prospective study used a set of interconnected qualitative methods, including content analysis of documents, focus groups and a Delphi survey, which was attended by experts from the field of midwifery and related professions. The study was conducted in the Czech Republic in 2024.
RESULTS
Based on the results of the content analysis of documents, 22 key competencies were identified within the focus group. The Delphi study presented 17 proposals for changes that were re-evaluated in subsequent rounds of the Delphi survey, with only one proposal not reaching consensus. Twenty key competences for midwives were identified, which serve as a basis for setting up lifelong learning for midwives.
CONCLUSIONS
Identifying midwifery key competences at national level is essential to establish clear rules for continuous professional development. The proposed research design for identifying key competences appears to be a suitable method and could be of benefit to other healthcare systems where the midwifery regulation is not fully defined, including the setting up of lifelong learning.
KEY MESSAGE
Setting up continuous professional development for midwives in different national systems based on the identification of key competencies is adequate and an integral part of midwifery education.

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Similarities in midwifery education, regulation, and practice across Europe: A literature review

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BACKGROUND
Well-trained, regulated, and supported midwives in an enabling health system are the best caregivers for women and newborns. There are significant variations between the European countries in the way midwives are trained and in how they fulfill their scope of practice.
OBJECTIVES
To identify similarities between the European countries in terms of midwifery education, regulation, and practice, that could be the starting point for obtaining a strong midwifery workforce.
METHODS
To achieve the proposed objective, a literature search was performed for the relevant published articles between 2013 and 2025 by using electronic databases of Medline, PubMed, Web of Science, Scopus, and Google Scholar.
RESULTS
The most evident and beneficial similarity found is that midwifery education is at the academic level in the majority of European countries. Other similarities associated with the strong position of midwifery in Europe and the high quality of midwifery services include (1) the continued cultural respect and recognition of midwifery, (2) the presence of supervising and mentoring practices in midwifery training, and (3) a holistic curriculum where theoretical knowledge is effectively reinforced through practical experience, with tutors serving as professional role models.
CONCLUSIONS
Significant progress in midwifery education across most European countries has contributed positively to midwives' professional autonomy and clinical performance. Enhancing the visibility of midwives as researchers, alongside their active involvement in education and professional development, may support the achievement of full scope of practice. The midwifery profession tends to thrive in contexts where it is culturally respected and where governments and health systems actively invest in midwives' education, regulatory frameworks, and working conditions.
KEY MESSAGE
Strengthening midwifery education, regulation, and professional recognition across European countries is crucial for enhancing midwives' autonomy, clinical performance, and research involvement. Countries that invest in midwives and respect their work tend to have a more robust and effective midwifery workforce and better reproductive health.

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The lived experience of nurse midwives in the autonomy of care for women in labour in Portugal: Preliminary results

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BACKGROUND
Midwives/ nurse midwives are the professionals most commonly involved in assisting women in labour. The WHO recognises their knowledge/competence to assist in low-risk pregnancies and childbirth. However, autonomy in care has

suffered persistent erosion, creating conflict between care technocracy and management for good practices, obscuring international guidelines. It is urgent to clarify professional autonomy to create a new paradigm in Portuguese maternal care.
OBJECTIVES
To reveal the lived experience of nurse midwives in the autonomy of care for women in labour in Portugal.
METHODS
Qualitative study with an interpretative phenomenological approach. Sixteen in-depth interviews were conducted online between January and March 2025. Authorized by the Ethics Committee of the National School of Public Health. Snowball sampling, with the following inclusion criteria: nurse midwives working in public delivery wards with ⩾ 2 years of professional experience.
RESULTS
The average age of the 16 participants was 43.68 (SD=5.32) years. Approximately 81% were female and had a master's degree 56%. Experience in the field ranged from 3-18 years (M=14, SD=4.29). All worked in public institutions, but three also worked in the private sector. In the analysis of narrative reflections on professional autonomy, three terms essentially recur: "responsibility", "scientific knowledge" and "competence." This suggests the triangulation of concepts that empower professionally. Perhaps these are the cornerstone terms on which the theoretical and practical knowledge that supports autonomy is based and can contribute to better care.
CONCLUSIONS
This study, still in development, may encourage reflection among providers, decision-makers, and clients. In Portugal, the autonomy of nurse midwives is precarious, and the full application of their competencies is urgently needed. This will benefit the National Health Service and the uniqueness of the woman in labour.
KEY MESSAGE
Break the silence and raise your voice in defense of the professional autonomy of nurse midwives in Portugal.
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The position of clinical midwives in the Netherlands: Future perspectives of the profession itself - A national survey study

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BACKGROUND
The number of Dutch clinical midwives has increased substantially over the last 20 years, but their tasks, responsibilities, and formal positions remain unclear. It is also unclear what their own perspectives on this are.
OBJECTIVES
To gain insight into Dutch clinical midwives' views regarding their future tasks and responsibilities and the necessary conditions to achieve these.
METHODS
Cross-sectional national survey study. A questionnaire was sent to 810 clinical midwives working in 78 hospitals. The questions for this study focused on future development of their profession, tasks, responsibilities, and necessary conditions to achieve this. Answers were analysed thematically using Atlas-Ti.
RESULTS
261 midwives (32%) responded to the questions relevant for this study. We received a response from at least one midwife in 76 hospitals (97%). We identified the following themes: future tasks and responsibilities, future position, and conditions. Respondents stated that the future clinical midwife should work more independently and should function as an intermediary within the obstetric team and between primary care and hospital care. Knowledge and skills should continue to focus on the physiology of frequently occurring medical issues, such as meconium-stained fluid and prolonged first-stage of labor. Future tasks and responsibilities should include scientific research or being equipped for instrumental deliveries. The unclear position of clinical midwives, with a lack of (formal) recognition within the Dutch care system, should be changed and collaboration with obstetricians and primary care midwives should be improved.
CONCLUSIONS
Future clinical midwives could function as intermediaries between disciplines, with a larger degree of independence and focus on physiology and supporting women with frequently occurring medical issues. A national legal framework, uniform task description, registration, and education are needed.
KEY MESSAGE
Regulation and formalization of the position of clinical midwives in the Netherlands is urgent. Their current tasks, responsibilities and future perspectives emphasize this. I intend to participate physically at the congress.
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PB148

Exploring adherence to ICM essential competencies across the five European regions

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BACKGROUND
Midwives are crucial to improving maternal and neonatal outcomes, with midwifery-led care proven to reduce unnecessary interventions and empower women. Yet, across Europe, systemic and cultural challenges continue to hinder midwives' full adherence to global standards like the International Confederation of Midwives (ICM) Essential Competencies. This study explores midwives' perspectives on

how the competencies are applied within diverse European health systems and regulatory contexts.
OBJECTIVES
Specific objectives include conducting interviews in one country per region, analysing participants' experiences of adherence and its impact on practice and autonomy, and performing thematic analysis to identify commonalities, and differences, barriers, and enablers.
METHODS
In 2024, an explorative qualitative study gathered perspectives from 10 midwives in the UK, Germany, Belgium, Bulgaria, and Italy. Purposive sampling ensured diverse representation of midwives working within national regulatory frameworks and practicing independently. Semi-structured interviews provided rich insights into competencies' adherence, with thematic analysis revealing key trends. Participant confidentiality was ensured.
RESULTS
The study identified universal challenges, including societal undervaluation, workforce strain, and restrictive legislations, alongside regional differences such governance barriers and unregulated out-of-hospital births. Benefits to adherence included enhanced autonomy and opportunities for international collaboration. Key themes encompassed two domains of internal dynamics, including relationship-centred care, theory-practice gap, professional collaboration and external dynamics like medicalisation, inequitable access to care, and power imbalances. Proposed strategies included strengthening legal frameworks, fostering academic and political support, enhancing professional standing within society and healthcare.
CONCLUSIONS
This study highlights the pressing need to address cultural and structural barriers to aid ICM competencies adherence across Europe. Urgent collaboration among policymakers, educators, and midwives is essential to create enabling environments that promote professional growth, preserve autonomy, and improve maternal outcomes.
KEY MESSAGE
ICM Essential Competencies are felt by midwives across Europe as a foundation to enable them to provide safe, autonomous care and improve professional standing, job satisfaction and growth.
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Addressing workforce inequalities and improving maternal outcomes through the Association of South Asian Midwives (ASAM)

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PURPOSE
The Association of South Asian Midwives (ASAM) is a UK-based professional network founded by three South Asian midwives to improve relationships between maternity services and South Asian communities. ASAM exists to address the disproportionately high maternal mortality rates among South Asian women, who are more than twice as likely to die during childbirth than their white counterparts (MBRRACE-UK, 2023). Our mission is to create systemic change through culturally safe care, professional development, and advocacy.
DISCUSSION
ASAM offers holistic support to midwives from South Asian and ethnically diverse background including students and internationally educated midwives (IEMs) through coaching, peer support, and structured career guidance. National data shows that ethnically minoritised staff face considerable barriers to advancement and experience higher levels of workplace discrimination (NHS England, 2022). By developing strong inclusion and equity within the profession, ASAM equips midwives to work at their full scope and contribute meaningfully to reducing poor maternal outcomes. Our initiatives include wellbeing workshops, mentorship programmes, and storytelling platforms that amplify South Asian birth experiences. We also address cultural stigma that limits South Asian participation in midwifery and are looking at how we can support the recruitment of midwives from the south Asian community through community engagement and showcasing midwifery
EVIDENCE WHERE RELEVANT
The latest MBRRACE-UK report (2023) and NHS Race and Health Observatory reviews highlight persistent racial disparities in maternity care. Reports call for urgent structural reform and increased representation, needs directly addressed by ASAM's model.
KEY MESSAGE
ASAM exemplifies the power of midwifery-led associations to reduce health inequalities, enhance culturally responsive care, and build a resilient, representative workforce. This approach offers a replicable model for international efforts to transform maternal health through equity and inclusion. Equity is not an option but a necessity.
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First Nation, Inuit, and Métis midwifery in Ontario: Overcoming contemporary system's barriers: Ontario's example

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PURPOSE
Since time immemorial, First Nation, Inuit, and Metis (FNIM) midwives have held vital knowledge on reproductive health of their communities; including the continuum from birth to end of life.
DISCUSSION
Across Ontario, approximately 70 Indigenous Midwives are working to restore birth in their communities—some as Registered Midwives, others as community-governed Indigenous Midwives working within the Exemption Clause of the Midwifery Act (1991, c. 31, s. 8(3)).
EVIDENCE WHERE RELEVANT
Passionate and committed, FNIM midwives are transforming maternal and child health by providing culturally appropriate care to FNIM families and communities and

re-awakening respective cultural knowledge and practices in these communities. Globally, Indigenous birth outcomes are shaped by place of birth, with remote and under served areas linked to limited access to culturally safe care and higher rates of adverse outcomes. Addressing these disparities rooted in a collective experience of colonization requires community-led, culturally grounded healthcare and systemic reform.

KEY MESSAGE

Join us as we explore the role of the Indigenous Midwifery (IM) Team at Association of Ontario Midwives (AOM). The session will provide an overview of the work undertaken to support the systemic reform and rematriation of birth and the role of the midwife in FNIM communities in Ontario, including: History - the Exemption Clause for 'Aboriginal Midwives' (Midwifery Act 1991, c. 31, s. 8(3)), Governing principles guiding the work of the AOM Indigenous Midwifery Team, Governance: Indigenous Midwifery Advisory Circle (IMAC), Association of Ontario Midwives Board of Directors, Indigenous Midwifery Funding in Ontario, Government relations – what is the AOM IM's role, including negotiations process overview and centralization of Indigenous Midwifery, Engagement and consultation processes with IM's and community representatives, First Nations Health Transformation: the devolution of healthcare using midwifery as the vehicle to reframe conversations, Challenges: Education, Identity, Ensuring distinctions-based approaches rooted in self-determination integrated throughout all funding and program development processes, Data Governance.

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Mentorship projects to strengthen midwifery association: The case of the Association of Malawian Midwives (AMAMI)

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PURPOSE

The mentorship program aims at strengthening the operations of national midwives' associations (MAs) to better advocate, lead, and improve midwifery practice and promote the profession.

DISCUSSION

Strengthening midwifery associations is one of the key strategies by ICM to build capacity for advocacy and promote midwives' welfare and to improve perinatal outcomes in low- and middle-income countries. Although AMAMI was established more than two decades ago, it was not functioning to its full capacity due to lack of structures that support sound operational and financial systems. Funding for the association was erratic and inadequate due to dwindling membership and isolated sources. With support from UNFPA, the Canadian Association of Midwives, and ICM, AMAMI was set to embark on a road to an efficient and effective process of getting itself back to performing as an institution with functional systems that foster transparency, accountability, and good governance. As a beneficiary of two major projects, AMAMI gets continued support to meet its vision and mission. During the first year of implementation, a needs assessment was conducted on key stakeholders to note priority areas on advocacy and other roles undertaken by the association. Short-term outcomes achieved include revision of the constitution, a strategic plan, development of an organogram, and a skills-building workshop for advocacy roles.

EVIDENCE WHERE RELEVANT

Strengthening Local Midwifery Organizations by ICM funded by FCDO (October 2024 to May 2030) and the five-year TRUST project (April 2025 to March 2030) for fostering Women's voices and midwifery leadership for Resilient Health funded by the Global Affairs Canada (GAC) through the Canadian Association of Midwives (CAM).

KEY MESSAGE

These ongoing initiatives demonstrate that mentoring midwifery associations strengthens their capacity to have functional structures and promote good governance. Skills building on leadership and advocacy enhance midwives' roles in promoting maternal, neonatal, sexual, and reproductive health for the populations.

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Connecting the future: Empowering student midwifery societies through a national network

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PURPOSE

The aim of this initiative is to strengthen student midwife engagement between universities by establishing a national network of midwifery societies. Spearheaded by the Royal College of Midwives (RCM), the Midwifery Society (MidSoc) Network was launched to promote peer networking, foster community, and support professional identity development amongst student midwives across the UK.

DISCUSSION

The RCM co-created a network that connects student societies, encourages collaborative events, and addresses structural challenges such as society handovers. This was achieved through nationwide consultations and student-led input. The MidSoc Network emerged in response to persistent post-pandemic challenges—particularly students' feelings of isolation and detachment from the profession. Central to its design were accessible resources, a user-friendly joining process, and a digital infrastructure including an interactive map and consistent branding to create visibility and a sense

of belonging.
EVIDENCE WHERE RELEVANT
The project was shaped by feedback from student consultations, which revealed widespread struggles to sustain engagement both within and between societies. Early signs of success include strong uptake, active social media participation, and high attendance at virtual events like the inaugural online welcome meeting during the UK's Student Celebration Day. These gatherings allowed societies to exchange experiences, build connections, and inspire each other through shared practice. Launching a category dedicated to student Midwifery societies at the RCM's annual award ceremony will recognise and celebrate their achievements, helping student midwife members to feel valued, with the aim to inspire growth of the network.
KEY MESSAGE
Providing Midwifery Societies with a student-driven, well-resourced network is playing a transformative role in rebuilding community and identity among student midwives. By creating simple tools, fostering continuous engagement, and empowering student leadership, midwifery associations can create lasting infrastructure to support future professionals.
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Bridging global standards and local practice: A qualitative content analysis of a national midwifery association through the lens of the ICM professional framework

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BACKGROUND
The International Confederation of Midwives (ICM) promotes the global strengthening of midwifery through its Professional Framework, comprising 10 elements: midwifery philosophy, essential competencies for practice, education, regulation, association, continuity of midwife care, leadership, enabling environments, and a commitment to gender equality. These are underpinned by ICM's global standards and core values, including autonomy, accountability, and respect for human rights. National midwifery associations play a crucial role in enabling environments for midwives; however, their alignment with ICM standards varies.
OBJECTIVES
To assess the organizational activities and strategic direction of the Israel Midwives Association (IMA) through a structured comparison with the ICM Professional Framework, and to identify areas for alignment and capacity-building.
METHODS
A qualitative content analysis was conducted using publicly available documents, including strategic plans, policy statements, position papers, social media, conference materials, advocacy content, and online communications. Data were thematically analyzed using a deductive coding strategy based on the ICM framework. A matrix mapping approach identified strengths, partial alignments, gaps, and adaptations.
RESULTS
Findings show strong alignment with the ICM's association pillar, particularly in governance, leadership development, advocacy for continuity of care, emergency preparedness, and communications, including member engagement. However, gaps remain in pursuing compliance with the Essential Competencies for Midwifery Practice, advancing midwifery education, implementation of full scope of practice–including midwifery autonomy and independence, research and evidence-based practice, and regulation.
CONCLUSIONS
National associations can act as change agents and guardians of the profession. Using the Professional Framework can help national midwifery associations to identify gaps in alignment with ICM standards to guide organizational development. Recommendations for strategic planning include forming a development and research task force, enhancing regulatory collaboration, and pursuing structured alignment with the ICM framework to support accreditation and global engagement.
KEY MESSAGE
National midwifery associations can identify gaps in alignment with ICM standards to guide organizational development.
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Reimagining midwifery through strategic alliances to build capacity

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PURPOSE
To present an overview of the Reimagination Project-(2022-2025) which aimed to strengthen organizational capacity across the midwifery profession. Facilitated by a partnership with the A.C.N.M. Foundation in collaboration with the American College of Nurse-Midwives, the effort employed a two-phased approach, focused on enhancing interorganizational collaboration, improving financial efficiency, and advancing resource mobilization and fundraising.
DISCUSSION
The Reimagination Project was designed as capacity-building initiative co-led by The A.C.N.M. Foundation (the Foundation), in collaboration with the American College of Nurse-Midwives (ACNM). Its overarching aim was to build long-term sustainability and strength within the midwifery profession by strengthening the relationship between the two organizations. It has since expanded to diverse strategic alliances with mission-aligned organizations, such as the American Midwifery Certification Board and the Accreditation Commission for Midwifery Education. This poster will outline the main strategies, activities, and successes of the project, and include challenges, lessons

learned, and insights. Presenters will briefly explain Reimagination Project, Part III (2025-2027) which will focus on best practices for collaborative financial operations, actions to advance strategic priorities, increasing the global midwifery community's access to Foundation grants and programs and an initiative centered around midwife association member engagement called "Listen to Midwives".
EVIDENCE WHERE RELEVANT
Highlights of the accomplishments include a rigorous review and revision of all interorganizational documents, substantial resource development, enhanced leadership proficiency training, and strengthened ability of both organizations to effectively advocate at the policy level.
KEY MESSAGE
To achieve the global goal of "one million more midwives", we must not only grow the workforce but also strengthen the midwifery profession's organizational capacity to influence policy, support education, and ensure quality practice and continuing competency, all of which lay the foundation for equitable maternal-newborn health. The project models a successful approach for realizing this objective through strengthening midwifery organizations.
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Forecasting one thousand more: Austria's path to midwifery workforce 2032

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PURPOSE
This presentation shares the strategic workforce forecast commissioned by the Austrian Midwifery Board (ÖHG) and Austrian Chamber of Labor (AK), conducted by the Austrian National Public Health Institute (GÖG). We share how this collaborative planning tool has been utilized for professional advocacy and policy development to strengthen Austria's midwifery profession.
DISCUSSION
Our approach modeled midwifery workforce needs through 2032 using a dual-perspective methodology that considered both supply-side factors (retirements, new graduates) and demand-side factors (birth rates, policy changes). Beyond a baseline demographic scenario, we examined five additional scenarios addressing key professional concerns: regional care equity, increased postnatal care at home, expanded Mother-Child Health services, and implementation of evidence-based 1:1 care during labor. The forecast revealed Austria needs approximately 1,400 additional midwives by 2032 when all scenarios are considered, with the implementation of 1:1 care during active labor representing the most significant workforce requirement. While current educational capacity appears sufficient to meet this demand, the forecast highlights critical policy decisions needed regarding practice standards, working conditions, and contractual arrangements. The Austrian Midwifery Board has used these findings to advocate for improved working conditions, a greater number of midwifery study places, expanded scope of practice, and increased funding for midwifery services, demonstrating how workforce forecasting serves as an effective tool for professional advancement.
EVIDENCE WHERE RELEVANT
The forecast draws on valid data from the Austrian Midwifery Registry, hospital statistics, insurance provider data, birth statistics, and educational institution reports. The methodology follows established health workforce planning frameworks developed by GÖG.
KEY MESSAGE
Strategic workforce forecasting provides midwifery organizations with powerful evidence-based tools for professional advocacy, policy development, and educational planning, particularly when multiple potential futures are explored through scenario analysis rather than simple demographic projections.
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Strengthening midwifery associations: Bridging the gap between practice and professional solidarity through MyMidwifeICM app Click. Connect. Care

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PURPOSE
To address the low engagement of Ghanaian midwives in professional associations aligned with the International Confederation of Midwives (ICM), and to propose a digital solution—MyMidwifeICM—that fosters connection, education, and leadership among midwives in Ghana and also in other interested countries.
DISCUSSION
Although midwives are central to maternal and newborn health, their professional associations in Ghana are underutilized. This under-participation undermines collective advocacy, weakens alignment with global midwifery standards, and reduces the influence and visibility of the profession. Several systemic barriers contribute to this disconnect: - Limited awareness of association benefits - Generational divide in engagement and leadership - Cumbersome membership processes - Lack of visibility on real-world impact of associations - Digital exclusion, including poor communication infrastructure - No formal orientation to associations within training programs To address these issues, we propose a hybrid strategy that combines grassroots engagement and leadership development with an innovative digital platform.
EVIDENCE WHERE RELEVANT
ICM reports and global maternal health strategies underline the importance of professional associations for advancing standards of care and workforce development. - Studies on digital health interventions show increased professional engagement, especially when tools are adapted for local context and usability.
KEY MESSAGE
MyMidwifeICM is a purpose-built mobile application designed to serve as a creative, interactive professional space for Ghanaian midwives. It offers: One-click ICM registration

and renewal Digital CPD modules and certification tracking Live virtual meetings, webinars, and mentoring sessions, Discussion forums for knowledge sharing and case-based learning, Integrated event calendars and push notifications, User-friendly design for low-bandwidth settings, Localized content tailored to Ghanaian policies and practice More than a tech solution, MyMidwifeICM is a bridge between isolated practice and collective empowerment. When paired with in-person initiatives like incorporating association awareness into curricula and strengthening regional leadership structures, this can revitalize Ghana's midwifery associations and connect every midwife to a broader professional movement.

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Strengthening collaboration to improve maternity care: Developing a midwifery network within the European University Hospital Alliance

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PURPOSE

The European University Hospital Alliance (EUHA) is a strategic collaboration of leading university hospitals across Europe. Its mission is to promote excellence and innovation in patient care, research, and education, while strengthening the role of academic medicine in resilient, sustainable health systems. Midwifery is recognized as a key field of academic healthcare, with high potential for structured international collaboration. Until now, however, there has been no Midwifery Network for targeted professional exchange at European level. This poster introduces the founding of the EUHA Midwifery Network, presenting its Mission Statement and the thematic focus areas defined by its working groups. The initiative seeks to connect midwifery professionals across EUHA member institutions to advance leadership, education, and innovation in European midwifery.

DISCUSSION

The network's development builds on a structured consultation process involving representatives from EUHA member hospitals. At the inaugural meeting, strategic goals, priority topics, and formats for long-term collaboration were discussed. The final Mission Statement of the EUHA Midwifery Network highlights the important role of midwives in promoting high-quality maternity care. It outlines the working groups' thematic focus areas, including woman-centred maternity care, midwifery leadership, exchange programmes for students and staff, and cross-national cooperation in education, research, and practice development. The establishment of the network marks a significant step toward strengthening midwifery within European university hospitals through structured collaboration, shared expertise, and a unified strategic vision.

EVIDENCE WHERE RELEVANT

Cross-national exchange platforms are essential to advance midwifery further as both an academic and clinical discipline. They enable shared learning, support evidence-based practice, and strengthen the role of midwives in policy-making. Moreover, structured collaboration enhances comparability in education and care standards, which is key for improving maternity care across diverse health systems.

KEY MESSAGE

A strong European midwifery network supports excellence in care, education, and policy – and ensures the voice of midwives is heard.

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PB159

Advancing workforce well-being: A leadership experience from the UAE nursing sector

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PURPOSE

This abstract shares a leadership-driven initiative implemented in the UAE's public health sector aimed at promoting the professional well-being and motivation of nurses and midwives. It reflects on practical strategies that enhanced engagement, reduced burnout, and strengthened workforce retention.

DISCUSSION

As Head of Nursing Workforce at Emirates Health Services and a practicing midwife since 1996, I observed increasing staff disengagement linked to overwhelming workloads, lack of recognition, and insufficient wellness support. To address these issues, a structured well-being framework was developed under the workforce strategy, including: Performance-based incentive recognition Periodic wellness campaigns and appreciation events Peer-to-peer recognition platforms Redeployment of the "WeCare" digital application for motivation and feedback Professional development mapping aligned with individual aspirations These strategies were supported by leadership endorsement and integrated into routine workforce operations. Challenges faced included budget limitations and initial resistance to change. However, success was noted in increased staff satisfaction and reduced absenteeism rates in the piloted facilities.

EVIDENCE WHERE RELEVANT

Quantitative data showed a 22% increase in staff engagement scores and a 15% reduction in turnover rates over 18 months in the facilities applying the well-being framework.

KEY MESSAGE

Workforce well-being is a critical pillar for sustainable health systems. Simple, targeted interventions—when backed by leadership—can result in tangible improvements in motivation and retention among nurses and midwives. Leadership-driven recognition of emotional and professional needs can transform organizational culture.

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PB160

Tears and cheers: Building midwifery

leadership in Papua New Guinea and Australia - Experiences and lessons learnt from participants of a 5 year Buddy leadership program

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PURPOSE

The purpose is to share the amazing motivational stories that have emerged from the 5 year leadership program between Papua New Guinean (PNG) and Australian midwives. The authors believe that this program is applicable globally to midwifery associations hoping to increase lasting cross cultural professional exchange and build leadership skills within their midwifery workforce. Our presentation will consist of a facilitated panel of midwives from PNG and Australia, it will describe the challenges, triumphs and personal impact of participation in a midwifery twinning program.

DISCUSSION

The PNG Midwifery Leadership Buddy Program (Buddy Program), partners PNG and Australian midwives via their respective associations and aims to strengthen the midwifery associations and improve maternal and newborn outcomes by cultivating effective leaders. The program is funded by Australian, PNG and International Rotary grants and funding. Midwives from both countries undertook a face-to-face workshop in PNG where they were connected with a 'buddy' midwife. Together these buddy teams designed a small quality improvement project. On returned to their respective homes, the buddies continued 12 months of online peer support to each other, bringing their quality project to completion and strengthening leadership skills. Since 2019, a total of 82 midwives have participated.

EVIDENCE WHERE RELEVANT

Evidence enhancing leadership confidence empowers midwives to drive changes that improve maternal and infant health (Clark et al., 2023). Cross cultural pairing of midwives has been found to promote effective collaboration (Cadee et al 2021) and leadership development (Hall et al 2023).

KEY MESSAGE

Midwives from PNG and Australia experienced professional and personal benefits from participating in the Buddy Program. Often these benefits continue long term. The Buddy Program provides an effective model for building midwifery leadership and could be transferable to other countries. Strong midwifery leaders have the potential to improve maternal and newborn care through knowledge, advocacy and influence.

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PB162

Enhancing midwifery research through collaboration: Using an expert panel (by experience and profession) to improve rigour and practice translation in a study on early motherhood

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PURPOSE

To demonstrate how a purposefully composed expert panel - blending clinical, academic, and experiential expertise - enhances triangulation, rigour, and real-world experience in a qualitative midwifery study called the EMER study (Early Motherhood Expectations versus Reality).

DISCUSSION

In a four-phase explorative study on first-time mothers' expectations versus the realities of early motherhood, an expert panel (N=11) played a central role in shaping the research architecture, reflexively engaging with findings, and translating insights into practical recommendations. While Delphi techniques are well-known for structured consensus-building, this study was different as the expert panel embedded themselves within a reflexive process throughout the research lifecycle. The panel included midwives from hospital, community and education sectors, alongside researchers, a public health academic, and mothers with lived experience. This diversity enabled methodological triangulation through multiple perspectives, iterative feedback, and integration of varied forms of expertise across all phases. While thematic development remained the responsibility of the researcher (as per reflexive thematic analysis: Braun & Clarke) the panel contributed by interrogating interpretations and helping to situate the findings within broader societal and professional contexts. Crucially, the panel contributed directly to practice translation. This model went beyond tokenistic PPI. It exemplified co-production, prioritised woman-centred epistemology, and integrated applied insight into the fabric of the research process. As a result of the collaborative process, recommendations for parent education, extended and holistic postpartum care, and fourth-trimester support models were co-developed and tailored to current healthcare service constraints.

EVIDENCE WHERE RELEVANT

This approach aligns with Brett et al. (2014) and Greenhalgh et al. (2016) on stakeholder-engaged research and knowledge translation.

KEY MESSAGE

Expert panels - when diverse and reflexively engaged - enhance rigour and triangulation and capture real-world experience from multiple perspectives. The inclusion of expert panels sets the stage for greater leadership initiatives by enhancing maternal and infant research methodologies.

Eur J Midwifery 2026;10(Supplement 1):A871

PB163

Thematic review of the "Changing and Growing Together" (CGT) programme

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PURPOSE
Key reports highlight the impact of organisational culture on safety, outcomes and experience in maternity services in the UK. The CGT programme was commissioned by NHS England and developed to address structural, systemic and interpersonal inequalities within maternity services in the NHS in England by promoting inclusive leadership and equitable career progression. 185 midwifery participants supported by 6 regions in England engaged in a bespoke reverse mentoring and sponsorship intervention. The thematic qualitative data analysis from the participant feedback and recurring themes and sentiments shared by participants will be explored.
DISCUSSION
The findings underscore the positive impact of the programme on participants' personal and professional development. The use of meaningful relationship building and development of behavioural tools to influence positive cultural change and the deconstruction of deeply held beliefs and mental models to create psychological safety. The feedback aligns with the programme's objectives of addressing systemic inequalities and enhancing inclusive leadership within maternity and neonatal services in England.
EVIDENCE WHERE RELEVANT
Methodology Integrated thematic analysis was employed and the qualitative data were extracted from the participant feedback, which contained reflections about the overall value and impact of the relationship interventions. The data were coded and categorised into themes based on recurring patterns and sentiments. The process followed Braun and Clarke's six-phase framework (2006). Findings The thematic analysis revealed several key themes: Support and empowerment Personal growth and confidence to lead Cultural understanding and inclusive leadership Safe and respectful communication Mentorship, allyship and commitment to psychological safety.
KEY MESSAGE
These findings highlight the importance of such initiatives in driving cultural transformation and equity within maternity services. This programme model enables culture change to happen at both a personal level and can be replicated at scale to continue to address systemic inequalities and promoting inclusive leadership across the NHS.
Eur J Midwifery 2026;10(Supplement 1):A872

PB164

Katsastéhse' (they are related): Indigenous leadership in Western frameworks. It is about utilizing Indigenous leadership epistemologies within Western frameworks

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PURPOSE
Indigenous leadership, grounded in deep listening, consensus-building, and intergenerational wisdom, offers a relational alternative to Western hierarchical models. The author's experience leading an International NGO revealed fundamental clashes between Indigenous approaches—centered on community accountability—and colonial structures prioritizing control and urgency. These tensions mirror challenges in healthcare, where institutional systems often marginalize holistic, patient-centered care. Midwifery's philosophy aligns naturally with Indigenous leadership through shared values: collective decision-making, continuity of care, and honoring traditional knowledge. By integrating these principles, we can challenge colonial paradigms in healthcare, creating equitable systems that prioritize community wellness over individualism. Indigenous leadership isn't just methodology—it's a worldview with transformative potential for maternal care and beyond.
DISCUSSION
Indigenous leadership and midwifery share foundational values of relational, community-centered care. Both emphasize deep listening, consensus-building, and intergenerational knowledge transfer, contrasting with Western hierarchical models. The Haudenosaunee's collective decision-making mirrors midwifery's collaborative approach, while the Seven Generations framework aligns with continuity of care principles. Indigenous holistic perspectives - integrating physical, emotional and cultural wellness - reflect midwifery's comprehensive care model. These shared values offer transformative potential for maternal healthcare, challenging institutionalized systems that prioritize efficiency over human-centered care. By embracing Indigenous leadership principles, midwifery can strengthen its capacity for culturally safe, equitable practice.
EVIDENCE WHERE RELEVANT
Khan ZA. Leadership theories and styles: a literature review. J Resour Dev Manag. 2016;16:1-7. (Adjust page numbers if your source shows different pages.)
Bolman LG, Deal TE. Reframing Organizations: Artistry, Choice, and Leadership. 4th ed. Jossey-Bass; 2008.
Brearley L. Deep listening and leadership: an Indigenous model of leadership and community development in Australia. In: Leadership Wisdom From Lived Experience: Exploring the Essence of Leadership. Banff Centre for Arts and Creativity; published online. Accessed June 1, 2026. https://www.banffcentre.ca/sites/default/files/Lougheed%20Leadership/Research/Indigenous/4_Chapter_3.pdf
KEY MESSAGE
Indigenous leadership offers a valuable framework for midwifery, reinforcing community-based, respectful, and sustainable care models. Integrating these principles could strengthen culturally safe practices and challenge oppressive structures in maternal healthcare.
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PB165

What is public health midwifery?

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PURPOSE
Public Health and Midwifery are closely connected disciplines that, when integrated, can greatly enhance health outcomes for women, families, and society. Midwives have unique opportunities to engage with individuals during pivotal life stages, acting as trusted health advisors and advocates. Sharing a salutogenic perspective with public

health, midwives are, by the nature of their work, applied public health professionals who make a significant impact on a range of health outcomes. The aim of this input is to improve the visibility of the public health role of midwives and to enable leadership through strategic collaboration between public health and midwifery stakeholders.
DISCUSSION
Numerous large-scale reports and publications recognize the importance of public health topics in midwifery. Areas such as perinatal mental health screening and the evidence generation on midwifery-led care models demonstrate this synergy. In a recent strategy development, the Institute of Midwifery and Reproductive Health at the Zurich University of Applied Sciences (Winterthur, Switzerland) specified that it targets women, their families, and society as a whole, reflecting the holistic approach of public health. Defining "public health midwifery" supports the Institute's strive for excellence in education, research, and leadership, and influences midwifery leadership globally.
EVIDENCE WHERE RELEVANT
This input offers an overview of public health midwifery and aims to inspire exchange and discussion. Broad awareness and understanding of the public health role in midwifery among both students and professionals are crucial for enabling collaboration. A variety of topics bridge both disciplines and multiple international examples show valuable links between the professions. Learning from these experiences can be highly beneficial for strengthening interprofessional care and leadership for midwifery topics.
KEY MESSAGE
Midwives are essential applied public health professionals. This presentation invites dialogue on advancing leadership and collaboration between midwifery and public health by providing an overview of the public health impact of midwifery.
Eur J Midwifery 2026;10(Supplement 1):A874

PB166

Strategic brand positioning of nurse practitioners in midwifery (NPMs) as leaders of quality, respectful and women-centric maternal and new-born care in India

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PURPOSE
To support the integration of Nurse Practitioners in Midwifery (NPMs) into India's health system, White Ribbon Alliance India (WRAI), in partnership with the Ministry of Health and Family Welfare (MoHFW), led the development and rollout of a national branding and positioning strategy. The objective was to define the unique value proposition of midwifery-led care, shift public and professional perceptions, and position NPMs as key providers of respectful, compassionate, and high-quality maternity care.
DISCUSSION
WRAI conducted immersive research across eight states, including nearly 50 in-depth interviews and focus group discussions with NPMs, mothers, nurses, obstetricians, and government stakeholders. Insights revealed the need to differentiate midwifery-led care through emotional connection, personalized support, and respectful care. These findings shaped a core brand essence anchored in three pillars: specialized care, woman-centric care, and compassionate care. Following early message testing, communication collaterals were developed to build emotional resonance and drive acceptance. These included: • A poster series highlighting themes like birth companions, birthing positions, continuity of care • A FAQ-style brochure explaining the NPM role and model of care • A short ad-film portraying the NPM-led maternity journey through emotive storytelling • Distinctive uniforms and signage to identify NPMs and Midwifery-Led Care Units (MLCUs) Post MoHFW approval, these materials were nationally disseminated and adopted by Midwifery Training Institutes and Midwifery-led Care Units.
EVIDENCE WHERE RELEVANT
The NPM brand positioning strategy led to a notable increase in visibility, demand, and recognition for the cadre. Women began requesting NPMs by name and uniform, signaling growing public awareness. Frontline workers were sensitized to promote midwifery-led care in communities, while trust and acceptance among healthcare providers and users increased at facility and community levels.
KEY MESSAGE
Aspirational branding of the NPM cadre that is making midwifery visible, aspirational, and trusted through strategic positioning and system-wide communication is driving the mainstreaming of midwifery-led care in India.
Eur J Midwifery 2026;10(Supplement 1):A875

PB167

Leading with inclusion and compassion: The growth and impact of the midwifery leadership development group in Wales

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PURPOSE
The Midwifery Leadership Development Group (MLDG), a collaboration between the Welsh Government and the Royal College of Midwives, promotes compassionate, inclusive leadership in maternity care. This strategic programme supports leadership across clinical practice, education, and research in Wales, driving sustainable services through team-led improvement. Using the RCM Equality Impact Assessment, the group ensures greater inclusivity and diversity among participants.
DISCUSSION
Since its launch in 2016, the MLDG programme has evolved into a dynamic, eight-month leadership journey that empowers midwives, maternity support workers, and academics through experiential learning, coaching, and strategic exposure. Delegates attend sessions in key policy

venues such as Welsh Government and RCM headquarters, engage in collaborative improvement projects, and present their development at a national showcase. The programme embeds inclusivity, coaching, and compassionate leadership principles. The EQIA led to a range of improvement include a focused commitment to equity, diversity, and inclusion (EDI): the selection process, a more open and accessible expression of interest, enrolment, and coaching access have all been revised to better support underrepresented groups, with options for coaching and facilitation through the Welsh language. The programme now incorporates personalisation and cultural awareness to ensure accessible and meaningful participation for all.
EVIDENCE WHERE RELEVANT
Evaluation data consistently shows high satisfaction among delegates, with themes of empowerment, confidence, and inspiration. Many cite increased political insight, professional networking, and motivation to lead change within their own settings. Several have advanced into strategic roles, contributing to retention and workforce development priorities in Wales.
KEY MESSAGE
The MLDG is a model of transformative, inclusive leadership development. Through compassionate coaching, interprofessional collaboration, and EDI-driven design, it shapes confident, future-ready midwifery leaders who positively impact care for women, families, and communities across Wales.
Eur J Midwifery 2026;10(Supplement 1):A876

PB168

Strengthening evidence-based midwifery care by promoting and supporting research through a research capacity building course for nurse practitioner midwives and educators (NPMs and NPMEs)

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PURPOSE
Midwifery is a field that requires evidence based practices and strengthening research skills among midwives is crucial for improving maternal and neonatal outcomes. Evidence in India on midwifery is lacking. With the rapid advancements in healthcare and the increasing emphasis on research-driven decision-making in advocacy efforts necessitates that midwives be equipped with the necessary skills to engage in research activities effectively. The 5-month research course was designed to strengthen the research capacity of NPMEs and NPMs and enhance theoretical understanding along with practical application to bridge the gap between academic research and clinical practice in midwifery. We additionally aim to measure the effectiveness of the customised course for NPMEs and NPMs in terms of change in their self-reported confidence and competence, as well as their experiences.
DISCUSSION
As part of advocacy strategy, Centre for Catalyzing Change collaborated with Foundation for Research in Health Systems, to explore feasible capacity building course for NPMs-NPMEs, identified and engaged eleven NPMEs-NPMs from four Indian States to undergo research course, with 22 sessions online, and a single 5 days face-to-face workshop, specially constructed to support the participants in planning and undertaking small research studies. The course covered key aspects of scientific research, using qualitative and quantitative methodologies, and hand held participants during the research processes.
EVIDENCE WHERE RELEVANT
By the end of the course, each research team successfully identified and refined a midwifery related research question, conducted qualitative and/or quantitative research, and applied appropriate theoretical frameworks. Participants gained practical experience in data collection, data cleaning, and analysis. Each team has compiled a comprehensive research report to demonstrate their ability to conduct independent research and contribute to evidence-based midwifery practice.
KEY MESSAGE
Fostering research skills among midwives will encourage them to advance research in their respective fields and help build a research consortium to enhance the replicability and validity of studies across states.
Eur J Midwifery 2026;10(Supplement 1):A877

PB169

Midwives on the lead: The normal birth unit, a midwifery unit pilot project in Portugal

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PURPOSE
To share the projet "Normal Birth Unit" the First midwifery unit in Portugal To receive contributions of improvement from experts.
DISCUSSION
The Normal Delivery Unit (NDU) is characterized as an innovative pilot project in Portugal in maternal-fetal health care, aimed at a target group of healthy women with low-risk pregnancies. This care model is based on the work of nurse midwives, who perform their functions autonomously, ensuring personalized and quality care to this group of pregnant women it was born due to the constrains that we live in Portuguese Maternitys due to closures because there are not enough obstetricians even if the midwive team was complete. This situation has led to a decrease in access for users with low-risk pregnancies, a decrease in the number of births performed and an increase in births with multiple clinical interventions and generates feelings of insecurity among the pregnant population about where and how to access care for childbirth. We would like to share the process of building this projet from the motivations to the solutions proposed We will presente: The mission, vision, guiding values and principles, and strategic and operational objectives; The prevision of prodution, human resourses and costs. The avaliation process.
EVIDENCE WHERE RELEVANT

"An important aspect of implementing evidence-based care during maternity is to expand the provision of midwives-led care spaces and increase women's access to them" Changing the Portuguese paradigm (in which maternity care is based exclusively on a medical model) is urgent, ensuring quality, timely and appropriate care for all users of the national health service (Ordem dos Enfermeiros, 2022). To this end, the allocation of specialized human resources to the various situations in which they are truly needed must be a priority, respecting citizens' rights and meeting their needs and expectations (APEO, 2020).
KEY MESSAGE
Midwive units are cost-effective and contribute to better maternal health care.
Eur J Midwifery 2026;10(Supplement 1):A878

PB170
Addressing systemic inequities in maternity and neonatal care: ELEVATE and White Allyship at Work (WAW) Programme
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PURPOSE
The effect of organisational culture on safety, outcomes and experience for the women who use maternity services in the UK, and the staff who work in them, features in several key national reports. The ELEVATE and WAW programme was commissioned by NHS England and developed to address the systemic inequalities within maternity services in the NHS in England by the co-design of an educational intervention that would address the needs of all staff. The specific aim of this collaborative project was to drive systemic culture change by simultaneously investing in the leadership development of Black and racially minoritised staff and enhancing the capacity of White managers to become informed, confident and effective anti-racist allies.
DISCUSSION
89 midwifery participants engaged in the development opportunity that was enhanced further using Action Learning Sets, networking opportunities and psychological support to help identify and address the barriers that limit access to leadership roles, providing participants with the skills, confidence, and support needed to excel in their careers and provide actionable strategies for advocating for racial equity.
EVIDENCE WHERE RELEVANT
Qualitative feedback from participants on both programmes was undertaken using an anonymous online survey and are themed below: ELEVATE Programme: · Increased Career Confidence & Progression· Enhanced Mentorship, Coaching & Sponsorship· Development of Practical Career Skills· Awareness of Workplace Inequalities & System Navigation· Stronger Professional Networks & Peer Support White Allyship at Work Programme: · Improved Allyship & Support for Ethnic Minority Colleagues· Increased Understanding of Systemic Bias & Microaggressions:· Actionable Strategies for Workplace Change Need for Sustainability & Ongoing Development
KEY MESSAGE
The ELEVATE and White Allyship at Work programmes are critical NHS workforce initiatives designed to foster equitable career progression, support underrepresented staff, and promote systemic workplace change. These programmes have empowered participants by enhancing leadership capabilities, providing mentorship, and creating safe spaces for career development conversations.
Eur J Midwifery 2026;10(Supplement 1):A879

PB171
Empowering the next generation: An experienced midwife mentoring midwives in Ghana
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PURPOSE
In response to the pressing need for more confident, skilled, and purpose-driven midwives in Ghana, I launched a mentorship program in 2020 for midwifery students, as well as new midwifery graduates. The program is a 6-month-long one that aims to bridge gaps in confidence, professional development, and career guidance areas often overlooked in traditional training. My goal is to empower the next generation of midwives by providing holistic support that extends beyond the classroom.
DISCUSSION
Mentorship plays a crucial role in shaping competent, motivated healthcare providers. In Ghana, where systemic challenges such as inconsistent training quality, limited clinical exposure, and workforce attrition persist, mentorship can serve as a powerful retention and empowerment tool. Through guided coaching, peer support, and role modelling, mentees gain the confidence to pursue leadership roles, further education, and innovative career paths. Since its launch, the mentorship program has helped dozens of mentees advance, some now work internationally, others are pursuing degrees or launching midwife-led businesses, building a strong pipeline of skilled midwives.
EVIDENCE WHERE RELEVANT
Research shows that mentorship enhances retention, clinical competence, and leadership development in nursing and midwifery Bradford et al. (2022); (Wissemann et al., 2022). In low-resource settings like Ghana, it is particularly valuable for supporting transitions from education to practice and fostering resilience in the workforce (Asamani et al., 2019). WHO's 2021 State of the World's Midwifery report underscores the urgent need for investment in midwifery education, including mentorship, to address global shortages and improve maternal and newborn outcomes (Nove et al., 2021).
KEY MESSAGE
Mentorship is a game-changing strategy for building a stronger midwifery workforce in Ghana and beyond. By supporting midwives with guidance, confidence-building, and career coaching, we strengthen the profession and advance the goal of a competent, skilled workforce.
Eur J Midwifery 2026;10(Supplement 1):A880

PB172
Every midwife is a leader: A national

framework for advancing midwifery leadership across the profession

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PURPOSE

This project presents a national leadership development framework to support professional growth among Certified Nurse-Midwives, Certified Midwives, and student midwives in the United States (US). Developed by the American College of Nurse-Midwives (ACNM), the framework uses the International Confederation of Midwives (ICM) global leadership model as its basis for articulating leader attributes, core competencies, leadership domains, and pathways for leader progression in the US context. It is designed to inform profession-wide leader development programming under the guiding principle that every midwife is a leader. The presentation will outline the process of adapting the ICM model into a country-specific framework.

DISCUSSION

Despite strong evidence that midwifery care improves maternal and newborn outcomes, midwives currently attend less than 10% of births in the US and remain marginally integrated into mainstream care delivery. Expanding the midwifery workforce is critical to addressing gaps in access to high quality care. Achieving this goal requires not only education and policy reform but also the intentional cultivation of leadership across the profession. The proposed framework establishes leadership development as foundational to workforce expansion, system integration, and professional sustainability.

EVIDENCE WHERE RELEVANT

The framework synthesizes elements from the ICM leadership model, existing ACNM leadership competencies, standards of practice, and current evidence regarding effective leadership. It outlines leadership roles across settings (clinical and community settings, health systems and nationally), and identifies essential competencies, and progression benchmarks across the professional careerspan.

KEY MESSAGE

Midwifery leadership is essential to improving maternal health and elevating midwifery as a normative model of care in the U.S. An evidence-informed framework can guide the development of midwifery leaders across settings and cultivate leaders across the profession. ACNM's leadership framework provides a foundation for profession-wide development efforts, ensuring all midwives, regardless of professional setting or career stage, are prepared to lead change and strengthen health systems for women and families.

Eur J Midwifery 2026;10(Supplement 1):A881

PB173

From voices to policy: A midwife-led advocacy approach for strengthening leadership and systems change in India

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PURPOSE

To build an enabling ecosystem for midwifery in India, WRAI/C3 adopted a strategic advocacy approach that amplified midwives' voices, built their leadership and advanced systemic change for midwifery in India, grounded in evidence and priorities set by midwives themselves.

DISCUSSION

The advocacy approach adopted a four-step cycle: 1. Identifying Priority Issues: Through the 'What Midwives Want' campaign, over 10500 midwives from across India shared insights. Their top Asks - better facilities and supplies, increased staffing and fair pay, greater autonomy formed the foundation of the Midwifery Action Agenda. 2. Co-developing Advocacy Objectives and Recommendations: SMART Advocacy workshops conducted in collaboration with professional association, SOMI in states like Uttar Pradesh and Bihar brought midwives and key stakeholders together to define focused, time-bound advocacy objectives, such as creating posts for NPMs/MEs, functionalizing MLCUs for 24/7 care, and including midwives in policy-making roles. 3. Implementing the Action Agenda: The Midwives' Charter of Asks and Action Agenda were disseminated in national and state forums. Midwives presented their demands and lived experiences directly to decision-makers, supported by champions and development partners. Advocacy meetings with high-level policymakers and State Midwifery Task Force convenings fast-tracked action on priority issues. 4. Institutionalizing Policy Change: Key midwifery Asks were embedded into state cadre rules and are informing regulatory changes under the National Nursing and Midwifery Commission Act 2023; advancing integration of midwifery into the health system.

EVIDENCE WHERE RELEVANT

This evidence-based advocacy process combined participatory needs assessment and compelling narratives for strengthening advocacy platforms in aligning midwives' voices with high-level policy influence for creating a joint midwifery action agenda.

KEY MESSAGE

Midwife-led advocacy rooted in lived experience and strategic evidence can lead transformative systems change. This model demonstrates the power of leadership within the profession

to shape policies, shift structures and secure the future of midwifery in India, ultimately ensuring midwives' Asks and leadership is represented in decision-making spaces.

Eur J Midwifery 2026;10(Supplement 1):A882

PB174

The development and implementation of a phased, longitudinal 'perinatal experience measure' innovation to enable real-time collation and monitoring of experience data throughout the perinatal continuum

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PURPOSE

A key deliverable of the All-Wales Perinatal Engagement Framework is the commitment to ensuring that NHS-Wales perinatal services develop a 'listening system', with the capacity and capability to listen to women and their families. In response, a set of 'Perinatal Experience Measures' were developed and collaboratively implemented into all Welsh Health Boards.

DISCUSSION

The perinatal experience measures utilise a series of phased, longitudinal questionnaires that are deployed to women throughout their pregnancy and post-birth via a simple text message link. The questionnaires were developed through use of existing validated tools and questions around maternity and neonatal experience/s including the Care Quality Commission maternity survey, British Association of Perinatal Medicine and Family-Integrated Care principles and in consultation with families.

EVIDENCE WHERE RELEVANT

The innovation enables the collation of experience data in 'real-time' with timely feedback opportunities throughout the perinatal journey. The implementation of system-wide agreed set of measures has enabled the development of national and local dashboards that enable the analysis and monitoring of perinatal experiences to understand a range of different experiences; from being treated with dignity and respect, being treated with kindness and understanding, being offered choice of place of birth and receiving information and explanations. The national perinatal experience dashboard supports the oversight, monitoring and assurance of families' experiences from a whole-system perspective.

KEY MESSAGE

The experience measures are analysed and displayed alongside a number of high-level outcome measures giving profile and equal parity to the fundamental importance of the bio-psycho-social impact and experience throughout the perinatal period, in addition to crude physical outcomes. The measures and experience data can also be used in a number of ways within local organisations' dashboards, for example; metrics informing quality and service improvements and developments, demonstrating improvement over time in addition to enabling the early identification of worsening experiences as part of an 'early warning' system.

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PB175

Sustaining change; Improving culture: An evaluation of the long term impact of the Royal College of Midwives' Syndeo leadership programme for senior clinical leaders

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PURPOSE

The Royal College of Midwives (RCM) Syndeo Leadership Programme is designed to enhance leadership capabilities among senior clinical leaders (Band 7) in the UK. The programme addresses critical leadership needs highlighted in national reports (Ockenden 2022, Kirkup 2022) and ICM principles of midwifery leadership, focusing on self as a leader, leading teams and the impact of these on culture and safety. Using Kirkpatrick's Model of Evaluation, the study assesses the programme's sustained impact on leadership behaviours and maternity team cultures.

DISCUSSION

A longitudinal evaluation using Kirkpatrick's Model of Evaluation assesses participants from 25 maternity units over 12-24 months. Data collection survey includes open and closed ended questions. Thematic analysis of qualitative and quantitative responses measure sustained impact against the programme aims and immediate post-programme surveys.

EVIDENCE WHERE RELEVANT

Initial findings indicate high participant satisfaction with 93% reporting enhanced learning through networking and practical application. The presentation will include the final results of the longitudinal evaluation, but initial emerging themes suggest: Opportunities, Challenges and Applying Learning: 1) Self awareness and personal growth: Self discovery was a cornerstone valued by participants, but its intensity occasionally pushed participants into uncharted emotional territory, with fringe cases exposing raw vulnerability 2) Practical Considerations: Travel was the most cited challenge. Responses ranged from mild inconvenience to a significant barrier, reflecting differing tolerances. Travel intersected with reimbursement issues, time allocation and personal circumstances 3) Professional development: Validation through shared context amplified impact. 4) Enhanced Decision-Making and Situational Awareness: Participants reported increased confidence in managing conflict and facilitating change.

KEY MESSAGE

The RCM's Syndeo Leadership Programme fosters transformative leadership among senior clinical midwives, driver safer more effective maternity services through sustained behavioural and culture change. The programme has real potential to be applicable to other maternity services outside of the UK as it aligns with the ICM's principles of midwifery leadership.

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POSTER SESSION 4 (GROUP B)

PB176

The workforce paradox: Analysing the

critical disparity between maternal and infant mortality rates and midwife density in West Java, Indonesia

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BACKGROUND
Despite the presence of numerous trained midwives in West Java, one of the most populous provinces in Indonesia, the rates of maternal and neonatal mortality remain excessively high. The paradoxical nature of this disconnect is that a competent workforce does not necessarily result in improved health outcomes or equitable access for all.
OBJECTIVES
This study aims to examine the relationship between the midwife-to-population ratio and maternity and newborn outcomes in 27 districts of West Java Province, while emphasizing structural injustices and systemic deficiencies in workforce distribution that may result in avoidable deaths.
METHODS
This cross-sectional analysis included 2021 data from the West Java Health Profile, the Central Statistics Agency, and community surveys. We conducted the Shapiro-Wilk test to assess normality, followed by Spearman correlation analysis to explore the relationships between the number of midwives and the rates of maternal mortality, neonatal mortality, and low birth weight. The R platform employed statistical analysis.
RESULTS
The number of midwives and the number of low-birth-weight babies ($\rho = -0.6900$, $p<0.001$), infant deaths ($\rho = -0.5787$, $p<0.01$), and maternal deaths ($\rho = -0.6867$, $p<0.001$) exhibited significant negative correlations. The findings revealed that no districts fulfilled the Ministry of Health's standard of two midwives per 1,000 inhabitants, particularly in various remote and high-mortality regions.
CONCLUSIONS
This analysis reveals a significant issue with policies and processes in high-demand regions: midwives are unable to perform their essential roles without systematic, data-informed support and resource allocation. Consequently, it is essential to allocate resources to the deployment of midwives, the autonomy of professionals, and the provision of incentives for marginalized regions.
KEY MESSAGE
Merely having a sufficient number of midwives is inadequate. Maternal and infant mortality would persist unabated without equal distribution and institutional support, regardless of the presence of skilled birth attendants.

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PB177

Navigating care: Mothers' experiences of seeking childbirth services in low- and middle-income countries (LMICs): A systematic review

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BACKGROUND
In 2020, almost 95% of all maternal deaths occurred in low and lower-middle-income countries (LMICs). Lack of information-sharing between facilities and inadequate protocols were causes of delays in emergency care and management, leading to maternal deaths. Women may face challenges in accessing healthcare facilities due to geographical barriers, financial issues, lack of transportation, or limited availability of healthcare services in rural areas. Cultural restrictions on leaving the home, unfavourable weather conditions, distance to health facilities, negative experiences with healthcare, maternal weakness after childbirth, and transportation costs all hampered care seeking.
OBJECTIVES
To undertake a systematic review of the literature to date regarding women's experiences in seeking care during pregnancy and birth, which focuses on the factors influencing women's decisions on birthplaces and caregivers during childbirth in LMICs.
METHODS
Electronic databases were systematically searched: EMBASE, Medline, MIDIRS, CINAHL, PsycINFO, and WoS from 2012 to 2023. These qualitative studies were original research studies published in peer-reviewed journals in English.
RESULTS
The overarching themes highlighted in this review demonstrate that women's decisions to seek care during childbirth occur on numerous levels, within and outside the woman's choice such as partner, family member and community. The following themes: financial factors, travel and transportation, sociocultural factors, and quality of care. Most of the existing evidence on factors influencing care-seeking has focused on barriers, while limited research has studied elements that encourage care-seeking behaviour.
CONCLUSIONS
a) Female family members were major decision-makers in LMICs. b) Delays in seeking care were caused by the expense of transport and maternal costs. c) Some LMICs women prefer to give birth at home with TBAs or relatives who understand the norms and practices associated with childbirth in their cultures.
KEY MESSAGE
Independent decision-making reflects empowerment, where women can independently choose birth settings, companions, and ANC. Financial barriers significantly delay care-seeking and cultural norms shape birth preferences.

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PB178

REACHing for equity: Policy recommendations for advancing access to healthcare for Roma women

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PURPOSE

The project «REACH: Roma women's Empowerment and fighting discrimination in ACcess to Health» aimed to combat discrimination against Roma, through the development of an inclusive Primary Health Care (PHC) environment as well as to support Roma equal access to health services. It also contributed to the development of i) skills of the professionals of the Community Centers of selected Municipalities with Roma Branches, ii) mutual learning and understanding on the mutual benefits of Roma integration and iii) working methods that can be adopted by other PHC units or Municipalities.
DISCUSSION
The REACH project demonstrated that culturally tailored mediation, community co-design, and intersectoral collaboration are critical to overcoming systemic barriers. Furthermore, building Roma women's health literacy and leadership capacities must go hand-in-hand with equipping midwives and primary care staff with the tools to challenge discrimination and deliver equitable care. Sustainable change requires embedding cultural safety, anti-racism, and accountability mechanisms into both practice and policy.
EVIDENCE WHERE RELEVANT
Mixed-methods research revealed persistent inequities. Key barriers included discrimination, mistrust in institutions, limited antenatal care access, and bureaucratic or linguistic obstacles. Roma women reported feeling unwelcome or judged when seeking care, particularly in reproductive and maternal health services. While providers expressed confidence in their ability to deliver inclusive care, qualitative data revealed implicit bias, communication challenges, and a lack of practical tools for culturally safe engagement. The integration of trained Roma health mediators in two municipalities led to increased service uptake, improved trust, and strengthened community outreach.
KEY MESSAGE
Midwives are crucial agents of health equity. To ensure Roma women in Greece and across Europe receive respectful, accessible maternal care, midwifery policy must prioritize cultural safety training, institutionalize community health mediation, and meaningfully include Roma women in the design and evaluation of care systems.
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PB179

Influence of maternal mental health on lactation and infant development

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PURPOSE
To investigate the relationship between maternal mental health on breastfeeding and infant development. Specific objectives: 1. To explore the impact of maternal stress during the perinatal period on the type and duration of breastfeeding. 2. To compare microbiome changes on human milk in relation with childbirth indicators and perinatal mental health on lactant women from Hospital del Mar. 3. To evaluate the association between breastfeeding and infant neurodevelopment during the first year of life, compared to other forms of lactation and postnatal complications.
DISCUSSION
This study is a observational study, completing health surveys during pregnancy until 24 months postpartum. As inclusion and exclusion criteria, our participants are:- Pregnant women- Over 18 years old- Recruited between 12-16 weeks of gestation- Receiving antenatal care at the research centers. Our sample size is 1200 pregnant women from the research centers, approximately 300 women per center. The study begins with prenatal monitoring starting at 12-14 weeks of gestation and following families during postpartum, meeting at 4 months and 24 months after childbirth. Inside the PhD research, I design different variables and surveys in relation to maternal health, breastfeeding and neurodevelopment. All the variables and testing are ready on the redcap database. For lactation variables we have different questionaries on basal time, 29 weeks of pregnancy, birth and postpartum. In relation to the first objective, I will analyze the results from the validated questionnaires about mental health, collect perinatal stress (via self-reports and cortisol levels if available), their expectative about breastfeeding and how evolves during postpartum. For breastfeeding rates and our second objective, I will analyze milk samples in relation to birth (Type of birth, antibiotic use) and mental health (diet, exercise, meditation adherence), collected by validated questionnaires completed on redcap by participants.
EVIDENCE WHERE RELEVANT
Postpartum is a period of special vulnerability related to maternal mental health.
KEY MESSAGE
This proposal further explore the interactions between breastfeeding, maternal mental health, and infant neurodevelopment, proposing new directions for research.
Eur J Midwifery 2026;10(Supplement 1):A892

PB180

Lived experiences of single registered midwives working in small maternity units where nursing work is required in addition to midwifery

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BACKGROUND
Midwifery shortages are implicated in the closure of small maternity units in Australia reducing women's access to maternity care thereby increasing risk. Midwives who are also registered nurses are preferentially employed in small maternity units where nursing work is also required. Little is known about the experiences of Single Registered Midwives (SRMs) working in small maternity units where they are expected to care for general patients in addition to midwifery.
OBJECTIVES
Understand the impacts on SRMs of working in small maternity units. Produce evidence to inform recruitment strategies, potentially reduce midwifery vacancies in small maternity units.

METHODS
Descriptive phenomenology was used for the study. From 2022 – 2024 in-depth interviews were held with12 SRMs across Australia to elicit rich data. Recordings were transcribed verbatim and analysis was via reflexive thematic analysis.
RESULTS
Six major themes we are uncovered: SRMs flourish as midwives; SRMs willingly care for unfamiliar general patients; Collegial frustration and SRM negotiation; Concerns for patient harm and legalities; SRMs as learners; and Misunderstandings and reaffirming choice to be a SRM.
CONCLUSIONS
SRMs are valued as midwives in small maternity units and they willingly assist with general patience within their scope of practise as a midwife, refusing to care for inappropriate general patients. They have regulatory concerns about working outside their scope and believe the role of the SRM is misunderstood. Clarity around the SRM role and scope of practice for general patients would assist employment decisions and workplace dynamics.
KEY MESSAGE
SRMs are valued as midwives in small maternity units; the scope of practise for SRMs caring for general patients requires clarity; and improved understanding of the SRM role may improve workplace dynamics.
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PB181

Empowering women through trauma-informed maternity care: The EMPATHY framework

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BACKGROUND
One in four women has experienced trauma such as sexual abuse or violence, with profound implications for mental and physical health, particularly during the perinatal period. However, many women are reluctant to disclose their experiences due to stigma, fear of judgment, or lack of trust in healthcare systems.
OBJECTIVES
The EMPATHY framework was designed to address these challenges and provide a safe, evidence-based approach to routine trauma discussions in maternity settings.
METHODS
The framework was developed using a critical participatory action research approach, integrating findings from a systematic review, interviews, and stakeholder input, including experts by experience, healthcare professionals, and voluntary sector practitioners. It was refined through workshops and a public consultation (n=52), and guided by the Appraisal of Guidelines for Research and Evaluation II (AGREE II) tool to ensure quality and rigor.
RESULTS
The framework is structured around six core principles: system-wide change, empowerment, sensitivity and trust, training and support, local adaptation, and continuous improvement. A key innovation is the recommendation that all women, regardless of disclosure, should have access to information and support. Feedback highlighted the framework's potential to improve care experiences, while recognising implementation challenges such as resourcing and training needs.
CONCLUSIONS
The EMPATHY framework offers a practical, trauma-informed approach to trauma discussions in maternity care. It aims to empower women, improve staff confidence, and reduce the risk of re-traumatisation, representing a meaningful step forward in improving perinatal experiences for women affected by trauma.
KEY MESSAGE
This research offers an important evidence-based framework for conducting trauma conversations. The next step is to implement and evaluate the framework in practice and seek to integrate the framework into national guidance.
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PB182

Validation of the Quality Maternal and Newborn Care (QMNC) Framework index: A service user tool

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BACKGROUND
The Quality Maternal and Newborn Care (QMNC) Framework is a high-level synthesis of the global evidence on care quality and provides an international benchmark in different contexts. Following qualitative work and an international modified Delphi study, members of the QMNC Research Alliance set out to validate a QMNC Framework survey tool. The tool evaluated service user perceptions of the quality of care received across pregnancy, birth and the postnatal period.
OBJECTIVES
This study validated the transformed Quality Maternal Newborn Care Framework into an index for service users to rate the quality of their care received.
METHODS
International online survey of women giving birth within Australia, Ghana, India and the United Kingdom (UK). Some of the 44 questions, were divided into pregnancy/birth/postnatal sub-questions. Cronbach's Alpha estimated

internal consistency. Kappa co-efficient evaluated test-retest reliability. Confirmatory factor analysis was complete. The QMNC Framework index (QMNCFi) score, expressed as a percentage (0%: worst care. 100%: best care), was calculated by summing responses to all questions. Sub-indices for pregnancy, labour/birth, and postnatal were calculated. Descriptive data reflected responses by socio-demographic characteristics.
RESULTS
540 women completed the survey (Australia 136; Ghana 131; India 153; UK 120). Cronbach's alpha results ranged from 0.795-0.986, one exception (0.594). Test-retest reliability was good (n=55 participants; average kappa range across 13 sections: 0.657-0.939). Global QMNCFi scores ranged from 8.7%-100% (m 78.9%; SD 14.0%) with some international variation in average scores (Australia 76.9%; Ghana 80.1%; India 84.2%; UK 72.8%).
CONCLUSIONS
A globally focussed instrument that assesses care quality across pregnancy-birth-postnatal. Feasible recruitment from different socio-economic contexts, Acceptable survey to participants. The QMNFCi results reflected a wide range of experiences. remedied. The QMNCFi is a valid instrument to monitor care quality, essential for good care to be maintained and poor care identified through a global score.
KEY MESSAGE
Quality maternal care measurement.
Eur J Midwifery 2026;10(Supplement 1):A895

PB183

Effects of provider and policy factors on advanced practice providers' ethical conflict related to drug testing and reporting for maternity patients with opioid use disorder

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BACKGROUND
Advanced practice providers, particularly midwives, have described significant ethical conflict when making drug testing and child welfare reporting decisions for their maternity patients with opioid use disorder (OUD). Ethical conflict in clinical practice is associated with provider burnout and poor patient outcomes. However, provider and policy factors underlying this specific ethical conflict have not been empirically explored.
OBJECTIVES
The purpose of this study was to characterize the influence of provider and policy factors on the ethical conflict experienced by advanced practice providers (APPs; midwives, nurse practitioners, physician associates) in the United States (US) related to drug testing and reporting for maternity patients with OUD.
METHODS
APPs across the US (N=171) completed a cross-sectional survey, adapted from Falcó-Pegueroles' Ethical Conflict in Nursing Questionnaire, to measure exposure (frequency x intensity) to ethical conflict in clinical scenarios about drug testing and reporting for maternity patients with OUD (α= .84). General linear regression modeling was employed with ethical conflict regressed on provider (stigma and moral sensitivity) and policy (state laws and institutional practices) predictors, adjusting for relevant demographic covariates.
RESULTS
All participants were female, and 64.3% were midwives. Most were white (86%) and were well-represented across US regions. Higher provider stigma towards maternity patients with OUD predicted lower overall ethical conflict exposure (p=0.02). Discretionary drug testing practices predicted higher overall ethical conflict exposure (p=0.03) when compared to universal drug testing practices. The differential effect of state laws across scenarios reflects the legal-ethical interplay between maternal and child considerations.
CONCLUSIONS
Stigma-reduction training and changes to testing and reporting policies must concurrently address ethical conflict experienced by APPs.
KEY MESSAGE
APPs are essential players in delivering high-quality, non-stigmatizing care to dyads impacted by OUD. Clarifying predictors of APPs' ethical conflict over testing and reporting decisions is necessary to improve care for these vulnerable patients.
Eur J Midwifery 2026;10(Supplement 1):A896

PB184

Global research trends on postpartum care for migrant women: A comprehensive bibliometric analysis (1983–2024)

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BACKGROUND
Postpartum is critical for maternal and newborn health, particularly for immigrant women who may experience unique barriers related to language, cultural differences, and access to healthcare. Despite the growing research on postpartum for immigrant women, a comprehensive bibliometric analysis identifying trends and research gaps is lacking.
OBJECTIVES
This study aims to analyse global research trends on postpartum for immigrant women using bibliometric methods, identify key contributors, and highlight emerging themes and gaps in the literature.
METHODS
A bibliometric analysis was conducted using Web of Science databases. Relevant studies published until December 2024

were retrieved using specific keywords related to postpartum and immigrant women. The data were analysed using VOS viewer and Bibliometrics for citation analysis, co-authorship networks, and keyword co-occurrence mapping.
RESULTS
A total of 599 studies were included. The number of publications has shown a steady increase since 2008. The most influential journals include BMC Pregnancy and Childbirth and the Journal of Immigrant and Minority Health, with Collins and colleagues in 2011 as the most referenced study. Leading countries in research output are Canada, the United States and the United Kingdom, with strong international collaborations between the University of Toronto, Johns Hopkins University and the University of Oxford. Thematic analysis revealed key areas such as pregnancy and postpartum, postpartum depression and social support, migration and perinatal care, breastfeeding and cultural adaptation, mental health and women's health inequalities, and postpartum well-being and anxiety.
CONCLUSIONS
The findings highlight significant advancements in research but also reveal critical gaps in intervention studies and culturally tailored postpartum models. Future research should prioritise more diverse studies exploring immigrant women's lived experiences and the development of evidence-based, culturally sensitive postpartum policies.
KEY MESSAGE
Immigrant women, postpartum, maternal health, bibliometric analysis, research trends.
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PB185

Making sense of birth: Evaluation of a birth reflections service and its impact on women's wellbeing

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BACKGROUND
Unstructured debriefing, including formats termed "Birth Reflections," has been associated with psychological benefit and is recommended for women who seek support after their birth. Birth reflections refer to a process through which a woman reflects on and discusses her recent birth experience. This reflective space can enhance understanding, validate emotional responses, and answer unresolved questions.
OBJECTIVES
1. To assess the impact of a recently established Birth Reflections Service on women's psychological wellbeing. 2. To profile the clinical and demographic characteristics of attendees. 3. To identify areas for improvement.
METHODS
A prospective before and after study: participants complete questionnaires before attending the Birth Reflections Service and again 2–3 weeks' post-intervention (preliminary findings from 9 months of a 12-month data collection timeframe will be presented – data collection is ongoing). Measures include demographic and obstetric history, the WHO-5 Wellbeing Index, and the Impact of Events Scale–Revised (IES-R). The CARE Measure for patient satisfaction and open-ended questions on how to improve the service are included in the post-intervention questionnaire.
RESULTS
Among 127 participants, the findings suggest that wellbeing is significantly improved post-intervention (WHO-5, $p < .001$) and psychological distress is reduced ((IES-R scores $p < .001$). CARE scores are consistently high (mean scores: 4.61–4.91), with 83–90% rating aspects of interpersonal care as "Excellent." Free text responses were provided by 72% of participants, with terms like 'healing', 'supportive', and 'validating' used to describe the service. Suggestions include expanding awareness of the service, providing follow-up opportunities, and improving the referral process.
CONCLUSIONS
A midwifery-led Birth Reflections Service is showing positive benefits for women's postnatal wellbeing. Integration should be considered across all maternity care settings.
KEY MESSAGE
Preliminary results suggest that the Birth Reflections Service enhances women's psychological wellbeing and is highly valued by women as a validating space in which to reflect on their birth experience.
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PB186

Pacific midwifery strategy 2025-2035: A framework for strengthening midwifery in the Pacific region

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PURPOSE
To address the severe and pressing shortage of midwives in the Pacific region, improve the quality of midwifery care, and standardize inconsistent regulations and practices that currently hinder the profession.
DISCUSSION
The Strategy was developed based on recommendations from the 2019 State of the Pacific's RMNCAH Workforce report and the 2021 State of the World's Midwifery Report. Its framework is informed by existing Pacific country reports, policies, and international frameworks, including the WHO Global Strategic Directions for Nursing and Midwifery (2021-2025) and the UNFPA Global Midwifery Strategy, 2019. Collaboratively drafted by midwifery leaders, educators from 11 Pacific Island Countries, and midwifery association members, the strategy's vision statement is "Midwives make a difference: All Pacific women, families and communities have access to midwifery care that is inclusive, culturally safe, evidence-based, respectful and woman-centred enabling all Pacific families to live healthy lives". It focuses on five key areas: Regulation, Education, Professional Associations, Leadership, and Midwifery services. Its development followed a structured process: desk review, a regional consultation workshop in September 2024 to draft the strategy, a consultation and revision phase in October 2024, validation

and endorsement in March 2025. The Strategy has been endorsed and approved by the Pacific Heads of Nursing and Midwifery and Pacific Heads of Health in April 2025. The next critical steps are the establishment of Regional and National Midwifery Policy Leadership Groups to oversee and support the regional and national implementation, monitoring and evaluation of the policy.
KEY MESSAGE
This is the first ever strategy developed to address the issues faced by midwives in the region which highlights the need to recognise that midwifery is an autonomous profession in the Pacific; and clarifies the role and scope of midwives in all countries. In light of these constraints, Pacific midwifery workforce will benefit greatly from focused and dedicated investment.
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PB187

Designing interventions to improve skilled birth attendance in Nkwanta North, Ghana's poorest district, with the lowest utilisation rates and high maternal mortality

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BACKGROUND
Despite global efforts to reduce maternal mortality, Ghana continues to record high maternal and neonatal deaths, particularly in rural districts such as Nkwanta North. Skilled Birth Attendants (SBAs) play a critical role in improving pregnancy outcomes and are central to Ghana's national strategy for reducing maternal mortality. However, SBA utilisation remains low in many rural areas, with numerous women still delivering at home with unskilled attendants, even though free maternal healthcare is available nationwide. A complex interplay of factors, including poverty, limited access to quality care, entrenched cultural beliefs, gender roles, and negative experiences or perceptions of disrespectful care, continues to shape maternal health decisions. Increasing the use of SBAs and making childbirth safer in such settings requires a nuanced understanding of these determinants to inform targeted, culturally sensitive interventions.
OBJECTIVES
To explore the barriers and facilitators to SBA uptake in Nkwanta North and co-design community-led interventions that can increase utilisation and improve outcomes.
METHODS
A qualitative, interpretive approach was employed, involving five focus group discussions with mothers (both SBA and TBA users), partners, health workers, TBAs, and community leaders. Thematic analysis is ongoing, with emerging themes organised using the Socio-Ecological and Three Delays Models to guide understanding of multilayered influences.
RESULTS
While analysis is currently ongoing, it will be completed by the time of the conference where findings will be shared.
CONCLUSIONS
Multiple interrelated factors influence SBA uptake in Ghana. Interventions should prioritise female education, respectful maternity care and community-based strategies that promote autonomy and women's decision-making power.
KEY MESSAGE
Targeted, data-informed policies are needed to address the structural and behavioural barriers limiting SBA use in Ghana.
Eur J Midwifery 2026;10(Supplement 1):A900

PB188

The causal effect of midwifery staffing on maternal and neonatal outcome: Target trial emulation

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BACKGROUND
Associations between midwifery staffing and quality of care outcomes are well-established. The evidence, however, is based mainly on cross-sectional studies with direct evidence for causal relationships lacking. With the current midwifery workforce shortage, it is critical for policy makers that the evidence is strengthened to support decisions.
OBJECTIVES
To describe the causal effect of midwifery staffing on rates of spontaneous vaginal births, use of labour pain medication, exclusive breastfeeding at hospital discharge and the healthy newborn.
METHODS
A target trial emulation was conducted using longitudinal routine hospital data over a period of four years (2019 to 2022). Data were provided by a tertiary hospital in Switzerland with around 2,600 births per year. The causal contrasts were gold-standard midwifery staffing during established labour and birth (1-to-1 care 100% of time) compared to non-gold-standard midwifery staffing (<100% 1-to-1 care). Similarly for the postnatal unit, target midwife-to-patient ratio (1-to-4 mother-baby-dyads) was compared to less than target ratio. Confounders were identified by developing directed acyclic graphs for each outcome individually. Causal inference methodologies (marginal structure models, g-formula) were applied to adjust for confounding.
RESULTS
During labour and birth, compared to non-gold-standard midwifery staffing (n=5 525, 84%), women receiving gold-standard midwifery staffing (n=1 072, 16%) gave birth vaginally 5.7% [95%-CI 2.3% – 9.0%] more often and requested epidural analgesia 3.9% [95%-CI -6.8% – -0.8%] less often. For the outcomes breastfeeding at hospital discharge and healthy newborn, no effect could be shown.
CONCLUSIONS
Target trial emulation is a suitable methodology to use routine hospital data. Women receiving gold-standard midwifery staffing experience fewer interventions; however, only 16% of women in our study received one-to-one care continuously throughout established labour and birth.
KEY MESSAGE

Increasing the numbers of midwives is necessary along with better alignment between care demand and care supply during labour and birth.

Eur J Midwifery 2026;10(Supplement 1):A901

PB189

Gestational diabetes and risk of type2 diabetes in Moroccan women: Insights from a prospective cohort study and qualitative data synthesis to inform practice and policy

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BACKGROUND

Gestational diabetes mellitus (GDM) is a known precursor to the onset of type 2 diabetes (T2D). GDM is one of the main pathologies encountered by women during pregnancy, with serious short- and long-term consequences on maternal health. To prevent diabetes in mothers and their children, preventive care and post-partum follow-up are essential, yet often overlooked in LIMICs.

OBJECTIVES

This study aimed to analyze long-term metabolic changes in a cohort of Moroccan women with a history of GDM. The study also involved qualitative data synthesis to inform practice and policy.

METHODS

A prospective cohort study was conducted in the Marrakech-Safi region. Women with GDM and those with normoglycemic pregnancies in 2016-2017 were examined in 2020-2021. Ethical approval from University Mohammed V, Rabat (Ref. 55/20/07/2020). A systematic review of qualitative studies was conducted by searching PubMed, MEDLINE, Science Direct, Scopus and PsycINFO. Studies were eligible if they examined how women's experiences and perceptions of GDM affected adherence to postpartum follow-up and lifestyle interventions.

RESULTS

A woman with GDM had three times risk of developing T2D within 4 years (OR= 3.06 [IC 95% 1.25-7.52] p=0.014). In GDM group, obesity emerged as the predictive factor for development of T2D, after adjustment for other factors. We included 31 articles. We found that women's role as mothers and caregiver is competing with one's own health priority resulting in poor postpartum screening and poor management of eating and physical activity behaviours. A supportive environment is essential for making lifestyle changes.

CONCLUSIONS

We propose a comprehensive model for optimizing postnatal care that provides continuous access to care and education for adopting a healthy lifestyle in LIMICs contexts.

KEY MESSAGE

In Morocco, women with prior GDM had a threefold increased risk of developing T2D within 4 years. Obesity was the main predictor of T2D postGDM. Supportive environments and midwife involvement are key to improving lifestyle changes.

Eur J Midwifery 2026;10(Supplement 1):A902

PB190

Strengthening obstetric referral feedback mechanism between hospitals and community health centres in West Nile region Uganda

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PURPOSE

A strong obstetric referral network between community health centres and hospitals is critical in providing high-quality maternal newborn health care especially in Sub-Saharan Africa where resources are limited and maternal and neonatal mortality are high. Referral is a process in which a lower-level facility transfers management of a patient to a higher-level facility. It consists of an initiating facility identifying need for referral, communicating with the receiving facility and then the referring facility receiving feedback on the outcome of the referred patient. Studies have identified that the feedback to referring facilities is often missing in this referral process.

PROBLEM STATEMENT

There is no formal feedback mechanism in West Nile Region of Uganda when obstetric patients are referred to higher health facilities. Feedback is critical as it helps with evaluating management of clients and completing a continuum of quality care which results in improved collaboration that strengthens health systems.

DISCUSSION

Arua Regional Referral Hospital receives patients from 3 tertiary hospitals, 8 district hospitals and 16 health centres. A feedback mechanism tool has been developed to strength the obstetric referral process. Thirty-five health workers have been oriented on the tool. Currently we are analyzing the impact of the tool through changes in patient outcomes and in-depth interviews with staff in both referring and receiving facilities. The implementation of this tool might provide guidance on how to improve their obstetric referral process.

EVIDENCE WHERE RELEVANT

WHO recommends feedback communication between the lower facility health units and the referral hospitals. There is lack of feedback to referring facilities and there is no studies that focused on improving this referral feedback process in Sub-Saharan Africa.

KEY MESSAGE

Feedback mechanism within the referral process is essential. Lesson from this quality improvement initiative can provide insight for others on how to strengthen the referral process.

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PB191

Exploratory study of the impact of workplace harassment and persecution on professionals that provide humanized care,

Brazil

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BACKGROUND
The research was demanded by professionals who provide humanized and evidence-based care for childbirth and safe abortion, who reported various kinds of violence and persecution for defending this model of care, as identified by ReHuNa (The Brazilian Network for the Humanization of Childbirth).
OBJECTIVES
To describe quantitatively the persecution of Brazilian professionals working in childbirth and safe abortion care. Persecution is understood as situations of violence, coercion and criminalization. The main objective is to analyze the impacts of this persecution on their personal and professional lives.
METHODS
Exploratory and descriptive survey. Professionals of various categories (doulas, doctors, nurses, midwives, psychologists, physiotherapists, traditional midwives, social workers and others) in the field of sexual and reproductive health responded an online questionnaire.
RESULTS
Professionals reported various kinds of persecution, impacting their careers and personal well-being. Professionally, the main complaints were retaliation - punishments or difficulties in the workplace (27%), threats (19%) and formal warnings (14%). Many reported less demand for their services (13%), dismissals, compulsory transfers and even ethical litigations in professional councils. Regarding the impact in their personal lives, 70% of respondents reported feeling insecure in their workplace, which affected the quality of the care they provided. The majority (51%) reported anxiety or panic attacks, while 31% mentioned financial impacts and burnout; 30% depression; 26% social isolation, 22% conflicts in family life and 15% worsening of pre-existing psychiatric illnesses.
CONCLUSIONS
Persecution of professionals advocating for humanized and evidence-based care affects both their mental health and careers, besides the quality of care provided. Personal and professional implications are interconnected, harming both workers and health system users.
KEY MESSAGE
Professionals working with evidence-based and humanized care deserve a safe work environment, with no persecution, in order to ensure the rights of childbearing people.
Eur J Midwifery 2026;10(Supplement 1):A904

PB193

The association between antenatal care utilisation and women's empowerment in Nepal: A secondary analysis of the 2022 Nepal Demographic and Health Survey

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BACKGROUND
Antenatal care (ANC) is a critically important maternal and child health service that prevents maternal mortality. To encourage the utilisation of ANC, women's empowerment like autonomy and decision-making ability have been reported to be associated with attending four or more (≥4) ANC contacts. However, theoretical framework has not been fully adopted and comprehensively analysed the association between ANC utilisation and women's empowerment by using the most recent data from Nepal.
OBJECTIVES
This research aims to examine the association between the number of ANC contacts and women's empowerment among Nepali women.
METHODS
This research was a secondary analysis using the 2022 Nepal Demographic and Health Survey. The data of women aged 15-49 years who had given birth or experienced stillbirth in the past two years and lived with husband or partner and were included. The dependent variables were the number of ANC contacts, the independent variables were women's empowerment variables, and the covariates were socio-demographic characteristics. Chi-square tests were conducted to examine statistically significant associations between the number of ANC contacts (0–3 vs. ≥4 contacts, 0–7 vs. ≥8 contacts) and independent variables or covariates. Subsequently, multiple logistic regression analysis was performed with adjustment for covariates.
RESULTS
Total of 2012 women aged 15-49 were analysed. 80.2% attended ≥4 ANC contacts, while only 5.8% attended ≥8 ANC contacts. Bivariate analysis revealed the statistically significant association between the number of ANC contacts and some variables such as women's educational level, Internet use and bank account ownership.Multivariate analysis revealed that women who used the Internet almost every day were 2.13 times more likely to attend ≥4 ANC contacts compared to non-users (95% Confidence Interval: 1.44–3.15, p<.001).
CONCLUSIONS
The ANC utilisation may be associated with several factors such as Internet use.
KEY MESSAGE
Understanding women's empowerment background including Internet use, is key to equitable ANC access.
Eur J Midwifery 2026;10(Supplement 1):A905

PB194

Addressing rural maternal care deserts in the U.S.: Are midwives the solution?

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PURPOSE

Research confirms that a strong midwifery workforce improves access to essential health services and reduces maternal and infant morbidity and mortality. Significant global efforts have demonstrated that expanding access to midwives through supported education, professional associations, and regulation improves maternal and newborn health outcomes. Yet, in the United States—with the highest maternal mortality rate among high income countries—midwives continue to face restrictive regulations that limit their ability to practice, particularly in rural areas experiencing severe gaps in maternity care.

DISCUSSION

This presentation will examine the current state of maternal health in the U.S., with a focus on how restrictive state policies prevent midwives from practicing to the full extent of their training. These regulations contribute to poor maternal health outcomes and exacerbate care shortages in rural communities, where hospital closures and the absence of birthing facilities have created widespread maternal care deserts.

EVIDENCE WHERE RELEVANT

The United States spends more on health care than any other high-income country yet faces the highest maternal mortality rate. According to the 2024 March of Dimes report, 1 in 25 obstetric units in the U.S. has closed within the past two years, with 25% of counties classified as maternity care deserts, lacking a single birthing facility or clinician. In many states, restrictive laws prevent qualified midwives from providing essential care. Additionally, 70% of birth centers are concentrated in just 10 states, leaving millions of women of reproductive age with limited options.

KEY MESSAGE

Outdated policies restricting midwifery practice are a significant and preventable barrier to addressing the maternal health crisis in rural America. Regulatory reform is essential to expand access to safe, community-based maternal care and close the gap in rural maternal health deserts.

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PB195

Changes in health facility readiness for providing quality maternal and newborn care in five regions of Tanzania

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PURPOSE

Maternal and neonatal morbidity and mortality remain pressing challenges, with uneven progress globally. The capacity of health facilities to provide quality care is critical to improving outcomes. This study assessed changes in readiness to deliver maternal and newborn care in Tanzania.

DISCUSSION

A before-and-after study was conducted across 28 Comprehensive Emergency Obstetric and Newborn Care facilities implementing the Safer Births Bundle of Care in five Tanzanian regions. Assessments were conducted in December 2020 and January 2023 using an adapted WHO Service Availability and Readiness Assessment tool, which covered amenities, equipment, staff, guidelines, medicines, and diagnostics. Composite readiness scores were calculated, and changes were analyzed using Fisher's exact test, paired sample t-tests, and linear mixed models to account for regional clustering. Significance was set at $p<0.05$.

EVIDENCE WHERE RELEVANT

Overall readiness improved significantly from 67.6% to 83.7% ($p<0.05$). Statistically significant improvements were seen in medical equipment (77.1% to 94.0%), diagnostic/treatment commodities (69.3% to 83.1%), and availability of guidelines (50.8% to 96.7%). Changes in amenities (78.1% to 84.2%) were not significant, while staff availability declined slightly (63.0% to 61.7%). The observed values for general readiness improved in all facility types, and the change was statistically significant in district hospitals and health centers ($p<0.05$).

KEY MESSAGE

Health facility readiness for maternal and newborn care significantly increased, suggesting positive impacts from interventions. Continued efforts are needed to address persistent gaps, particularly in staffing and amenities to ensure consistent, high-quality care.

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PB196

Building bridges for empowerment and informed decision making: A qualitative study of midwives' reflections on how to optimise contraceptive counselling for immigrant women in Sweden

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BACKGROUND

Sweden's gender equality and robust healthcare system

prioritise access to contraceptives and free abortion services in its National Strategy for Sexual and Reproductive Health and Rights. However, immigrant women face lower contraceptive use and higher rates of unintended pregnancies than native-born women. Research highlights the importance of trust, cultural sensitivity, and communication in contraceptive counselling for immigrant women and their partners, who often influence contraceptive decisions. Midwives, as key providers of counselling, play a pivotal role in supporting women's reproductive autonomy. This study explores midwives' reflections about optimising counselling to empower immigrant women by expanding their freedoms, such as bodily integrity and decision-making autonomy.
OBJECTIVES
To explore midwives' reflections on how to optimise contraceptive counselling for immigrant women in Sweden.
METHODS
The study used a qualitative design, with focus group discussions (FGDs) among midwives in Malmö, Sweden, a city where about 30% of the population are of immigrant descent. A total of 11 FGDs were held with 50 midwives from private and public midwifery-led health clinics. FGD texts were analysed with manifest and latent content analysis.
RESULTS
Midwives reported systemic barriers, such as the prioritisation of antenatal care over contraceptive counselling due to funding system, limited appointment availability, and challenges with online booking systems, particularly for immigrant women with low health literacy and language issues. Midwives highlighted complexities with involving men in counselling, which raised concerns about undermining women's autonomy. They emphasised the need for culturally sensitive care, resources, and professional development.
CONCLUSIONS
Optimising counselling for immigrant women requires systemic changes, including revising funding, improving access to multilingual resources, and ongoing professional development. Addressing these barriers will enhance women's capabilities and support their reproductive autonomy, aligning with Nussbaum's Capabilities Approach and promoting gender equality.
KEY MESSAGE
Midwives highlight how funding models and structural conditions shape contraceptive counselling, calling for system-level support to ensure equitable, responsive care.
Eur J Midwifery 2026;10(Supplement 1):A908

PB197

Paternity leave duration and parental mental health at two, six and twelve months post-partum: An outcome-wide analysis of a national cohort study

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BACKGROUND
Since 2021, the legal duration of paid paternity leave in Switzerland has been two weeks, considerably shorter than in many European countries. A growing body of evidence suggests that paid leave policies can support the mental health of new parents. However, the association between paternity leave duration and parental mental health outcomes remains unclear.
OBJECTIVES
To assess whether paternity leave duration is associated with parental mental health at 2, 6, and 12 months postpartum.
METHODS
We used data from a Swiss national cohort study of mothers and partners recruited after birth in 81 centers during Spring 2025. Planned paternity leave duration was reported in the first paternal questionnaire completed after birth. Mental health outcomes (depressive symptoms, stress, loneliness, poor wellbeing, poor quality of life) were collected at 2, 6, and 12 months postpartum (data collection is still ongoing). Associations between paternity leave duration and parental mental health were examined using logistic regression models adjusted for a common set of covariates. We calculated E-values to evaluate potential unmeasured confounding.
RESULTS
Among 975 partners, 14.2% did not take any leave, while 36.6%, 34.0% and 15.2% took 1-14 days, 15-28 days and 29 days or more, respectively. Preliminary results indicated that paternity leave duration was not associated with mental health outcomes in mothers and partners at two months postpartum. Data collection at 6 and 12 months is scheduled until Spring 2026.
CONCLUSIONS
These findings suggest that the short-term impact of paternity leave duration on mental health may be limited. Despite this, paternity leave remains a critical structural support for family well-being. Midwives are uniquely positioned to detect psychological distress, promote balanced parental involvement, and advocate for support systems that account for both maternal and paternal needs.
KEY MESSAGE
Paternity leave duration was not associated with parental mental health at two months postpartum.
Eur J Midwifery 2026;10(Supplement 1):A909

PB198

Skilled birth practice and traditional birth attendant preference in pastoralist settings, Ethiopia

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BACKGROUND

The widest urban-rural disparity in maternal health service utilization in Ethiopia is in health facility delivery.

OBJECTIVES

This study aimed to assess the magnitude of skilled birth attendance practices and the role of Traditional Birth Attendants (TBAs) in pastoralist communities of the Afar Regional State, Ethiopia.

METHODS

A community-based cross-sectional study was conducted using a mixed-method data collection approach from February 4 to March 22, 2020. A random sample of 846 mothers was taken. Focused group discussions and key informant interviews were also held at the community and facility levels. Descriptive statistical methods were used to summarize the characteristics of study participants. logistics and regression analysis was employed to identify factors associated with skilled birth attendant utilization. The qualitative data were analyzed thematically and triangulated with the quantitative findings.

RESULTS

Only one-third (32.8%) of women were assisted by trained, skilled birth attendants. Mothers living at least 30 minutes from the nearest health facility, having knowledge of obstetric danger signs, and a positive attitude to the health facility were more likely to be assisted by skilled birth attendants. Home delivery assisted by TBAs was widespread for reasons including community acceptance, trust for TBA experience, inaccessible health facilities, lack of transportation, ignoring of risks of home delivery, non-functionality of waiting rooms, and lack of traditionally accepted practices in the health facilities.

CONCLUSIONS

Although there is a policy restriction on home births, Mothers in the pastoralist community continued to prefer home delivery by TBAs.

KEY MESSAGE

Currently, it's challenging to encourage mothers to utilize health facilities instead of Traditional Birth Attendants (TBAs). Recognizing the substantial impact of TBAs within the community, strategies should be developed to integrate them not into clinical care, but as facilitators for mothers accessing health facilities.

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PB199

Localizing the future: Advancing family planning and gender responsive reproductive health through organizational capacity strengthening

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PURPOSE

Local implementing partners play a vital role in delivering quality, gender-responsive reproductive health and family planning programs. However, many face challenges including limited technical capacity in delivering high-impact interventions, weak governance, underdeveloped financial systems, and insufficient data-driven decision-making that impede their ability to manage scalable, sustainable programs. To address these gaps, Jhpiego introduced an Organizational Capacity Assessment & Action Planning Tool to systematically evaluate and strengthen local partners across key domains: Leadership & governance Project management Human resources Finance & administration Data use External communication Technical proficiency in gender and family planning This initiative aimed to enhance partner readiness to deliver high-impact interventions, secure sustained funding, and provide equitable, rights-based Reproductive Health and Family Planning programs that align with global donor localization mandate.

DISCUSSION

A longitudinal study (2022–2027) was conducted across four Kenyan counties (Isiolo, Kakamega, Makueni, and Kwale), targeting four Local Implementing Partners with regional representation. The capacity-building intervention included structured mentorship, technical assistance, gender transformational leadership training, financial management coaching, and data-driven decision-making support. Using the Jhpiego tool, baseline and subsequent capacity scores were analysed across key domains. Comparative analysis assessed changes over time and alignment with donor priorities for locally led programming.

EVIDENCE WHERE RELEVANT

Between the baseline (June 2022) and current (June 2025), results indicate strong organizational growth, improved monitoring and evaluation, better service delivery, expanded family planning and SRH uptake, and readiness for direct donor engagement as part of localization efforts. This approach supports the transition from donor-dependent to locally led, community-responsive Reproductive Health and Family Planning service delivery.

KEY MESSAGE

Investing in tailored capacity-building models equips local organizations to sustainably manage and lead rights-based Reproductive Health and Family Planning programs, advancing both national priorities and global goals for health system localization and resilience

Eur J Midwifery 2026;10(Supplement 1):A911

PB200

Global breastfeeding collective: A call to action for increasing breastfeeding investment and policy implementation

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PURPOSE

The Global Breastfeeding Collective is a strategic partnership of prominent international agencies aimed at increasing global investment in breastfeeding policies and programs.

This initiative addresses the urgent need to accelerate progress toward the 2030 World Health Assembly target for exclusive breastfeeding, building on the 10% increase achieved over the past decade.
DISCUSSION
Breastfeeding represents one of the most critical public health interventions, delivering substantial benefits including reduced healthcare costs and improved family health outcomes. The Collective operates through four key mechanisms: convening advocacy organizations to coordinate strategic efforts, crafting compelling advocacy messages for decision-makers at major global events, providing comprehensive advocacy toolkits to strengthen policy implementation, and publishing the annual Global Breastfeeding Scorecard for data-driven monitoring and accountability. Midwives and nurses serve as frontline advocates, ideally positioned to protect, promote, and support breastfeeding through their direct patient care roles. They provide essential skilled breastfeeding counseling, facilitate immediate skin-to-skin contact, and deliver personalized support that builds maternal confidence and addresses breastfeeding challenges.
EVIDENCE WHERE RELEVANT
The Collective's evidence-based approach demonstrates that when nations invest in robust breastfeeding policies and programs, exclusive breastfeeding rates increase significantly. Data shows clear correlations between policy investment and improved breastfeeding outcomes across diverse global contexts. The annual Scorecard provides concrete metrics tracking progress in policy implementation and breastfeeding practices within countries.
KEY MESSAGE
The Global Breastfeeding Collective issues a seven-point call to action for implementers and donors from governments, philanthropies, international organizations, and civil society. The organization's vision encompasses a world where all mothers receive comprehensive financial, emotional, technical, and public support enabling them to initiate breastfeeding within one hour of birth, maintain exclusive breastfeeding for six months, and continue breastfeeding with appropriate complementary foods for two years or beyond. Through coordinated advocacy, evidence-based policy development, and systematic monitoring, the Collective transforms breastfeeding from individual challenge to collective global investment priority.
Eur J Midwifery 2026;10(Supplement 1):A912

PB201

Reclaiming self and creating community, the experience of moving forward from birth trauma

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BACKGROUND
Birth trauma is a common experience, with 18-45% of birthing individuals perceiving their birth as traumatic. Although awareness of birth trauma is increasing, research on the healing process following traumatic birth remains limited. While some studies have examined the experience of birth trauma, phenomenological research has not yet been conducted on the experience of healing birth trauma.
OBJECTIVES
To address this gap, this study utilized interpretive phenomenological analysis (IPA) with an intersectional feminist trauma lens, to understand how people experience healing from birth trauma.
METHODS
Using IPA methodology, eleven participants were recruited using purposive sampling in May 2024 in Outaouais (Canada). Participants self-identified as having experienced and healed from a psychologically traumatic birth. Data was collected through in-person interviews, follow-up phone interviews, and optional focus groups. Participants were chosen that reflected the diversity of birthing individuals in the Outaouais region.
RESULTS
The study identified five key themes related to the experience of healing from birth trauma: (1) seeking and strengthening support, (2) creating community and sharing stories, (3) empowerment (4) giving birth again and (5) healing over time.
CONCLUSIONS
The findings suggest that while psychological intervention is sometimes accessed, sharing stories, creating a community, and strengthening support systems over time are key components in moving forward from birth trauma. Interventions should integrate peer-led support and focus on reducing isolation and promoting community for those with birth trauma.
KEY MESSAGE
Integrating the lived experiences of those recovering from birth trauma is essential for the development of client-centred programs and services. This includes the incorporation of peer-led support initiatives that can mitigate isolation and foster a community among those with birth trauma. Additionally, validation and empathetic engagement from partners, support people, and healthcare providers play a crucial role in facilitating recovery following traumatic birth.
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PB202

Giving birth to citizens: How birthright citizenship shapes the perinatal experiences of pregnant migrants

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PURPOSE
There has been significant rise in public debates about the value of birthright citizenship and narratives describing pregnant migrants as threatening to societies. In high resource countries, these debates are driven by intersecting anxieties about race, ethnicity, socio-economic status, gender, and culture. Recent US attempts to unilaterally end birthright citizenship for the children of certain migrants, despite the Constitution's citizenship guarantees for all native-born people, is a key example of this anti-pregnant migrant backlash and highlights the heightened precarity experienced by many pregnant migrants.
DISCUSSION

The perinatal period tells us much about the relationship between migrants, their bodies, and the state. Despite their interconnected health care needs, many countries differentiate between the rights and needs of the pregnant person versus the fetus. In societies with birthright citizenship, the future citizenship status of their child shapes pregnant migrants' interactions with health systems. This paper unpacks these complex dynamics through a comparative sociolegal discussion of how changing laws and policies shape pregnant immigrants' access to perinatal care.
EVIDENCE WHERE RELEVANT
I conducted a qualitative case study of laws, judicial decisions, and policy guidance documents which govern pregnant migrants' access to state-funded perinatal healthcare in Canada and the US. My thematic content analysis demonstrates that pregnant migrants experience heightened precarity because of their intersecting immigration and pregnancy statuses. Access to reproductive care varies by both gestational age and legal status. Birthright citizenship can create tensions between the pregnant migrant's rights as an individual and their status as the carrier of a future citizen. The fetus' rights as a future citizen may take precedence over the legal status of the pregnant migrant, perpetuating problematic maternal-fetal conflict narratives.
KEY MESSAGE
Pregnant migrants experience heightened precarity due to their intersecting pregnancy and immigration statuses. When accessible, the midwifery model of care may be particularly suited for caring for legally marginalized pregnant migrants.
Eur J Midwifery 2026;10(Supplement 1):A914

PB203

Gentle revolution let production return to the most natural and beautiful state

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PURPOSE
According to the statistics of the National Health Administration in 2023, Taiwan's midwifery delivery rate of 0.22% is the lowest in the world, but it is the highest delivery rate in 16 years since 2009 (0.02%). In 2023, the caesarean section rate 38.41 % reached the highest in all years, which is far from the 10%-15% recommended by the World Health Organization (WHO). Many advanced countries in Europe and America have made great progress in the aspect of "complete system", and the proportion of women who can choose their own midwives to deliver their babies is much higher than that in Taiwan Province.
DISCUSSION
Experience inheritance and policy implementation Is it true that the medical system cannot accommodate the role of "midwives"?
EVIDENCE WHERE RELEVANT
The Ministry of Health and Welfare also tried to promote the "Friendly, Diverse and Warm Birth Hospital Pilot Program" in 2014, in which midwives were included in the hospital to serve mothers. At that time, a total of six hospitals participated in the pilot program. The cesarean section rate and episiotomy rate of births delivered by midwives decreased, and the breastfeeding rate increased. The satisfaction of women and their families with this care model reached more than 85%, and the maternal and infant complications were 0%.
KEY MESSAGE
For me, who was fortunate enough to obtain Taiwan's No. 000001 midwife certificate in 2004. In recent years, the aging of Taiwan's population and the "feminization of care" have made women's responsibilities more important. However, the caesarean section rate is as high as 38.41%, which is really worrying. Since the restoration of midwifery "education" in 2000, more than 900 midwives have passed the "examination" and obtained certificates. I hope that we can see a more complete medical system soon and implement the policy of making good use of midwives.
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PB204

Improving the early detection and referral system of perinatal mental health problems in couples

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BACKGROUND
The perinatal period is a transformative phase, characterized by both positive expectations and considerable physical and psychological challenges for women and their partners. This emotional ambivalence can contribute to the emergence of psychological difficulties. Early detection of those perinatal mental health (PMH) problems and appropriate referral to mental health care services for both women and their partners is essential to improve mental well-being, maternal- and fetal health outcomes.
OBJECTIVES
This study aims to optimize the early detection and referral process for PMH problems in Belgium by identifying existing practices, systematic gaps, and opportunities within the current mental health care system.
METHODS
An explanatory sequential design was applied: (1) healthcare providers registered the available PMH care services, following a bottom-up approach. (2) A systematic monitoring of perinatal mental health referrals was conducted, whereby providers completed a brief survey for each PMH-related referral from a woman or her partner, during a defined period (June 2025). (3) To qualitatively complement these data, focus groups were conducted to explore health care providers' perceived challenges in the early detection and referral of PMH problems in couples.
RESULTS
Initial findings will include existing gaps within the care system for PMH problems, through the analysis of, among other factors, referral waiting times and the characteristics of women or partners who do not receive the care they require. As a result, targeted recommendations will be made by stakeholders to enhance the accessibility of the system.
CONCLUSIONS
This study will support the development of evidence-based

policy and practice in the early detection and referral of PMH problems. This methodology will be repeated in the future to assess whether the recommendations derived from the results have been successfully implemented.
KEY MESSAGE
This study will create sustainable improvement of the mental health care system by implementing the stakeholder.
Eur J Midwifery 2026;10(Supplement 1):A916

PB205

Policy approaches to midwifery initiatives by professional organizations and their outcomes

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PURPOSE
To outline the policy approach to midwifery-related initiatives by the Japanese Nursing Association. We aim to share the advocation process with the national government that continuous care by midwives contributes to safe and comfortable childbirth environments, and how these efforts led to the promotion of in-hospital midwife-led care and in-hospital midwifery clinic.
DISCUSSION
1. Issue Identification Survey-based identification of challenges, including a lack of specialized educational tools for midwives and restrictions placed on midwife autonomy due to medical safety concerns. 2. Policy Implementation Development of guidelines and educational tools to enhance midwife competencies. 3. Policy Evaluation Confirmation through surveys of increased facilities offering in-hospital midwife-led care and in-hospital midwifery clinic, and provision of SRMNAH care by midwives. 4. Policy Development To further support continuous care from pregnancy through child-rearing, the Association revised the Guidelines for In-Hospital Midwife-Led Care and In-Hospital Midwifery Clinic and repeatedly advocated the national government on the importance of expanding these services. Evidence that midwifery services help reduce physicians' workloads also bolstered the case, contributing to their incorporation into national policy. 5. Future Outlook Exploring mechanisms that would enable midwives to actively participate in policy development.
EVIDENCE WHERE RELEVANT
International Confederation of Midwives. ICM Professional Framework for Midwifery 2021. International Confederation of Midwives; 2021. Accessed June 10, 2026. https://internationalmidwives.org/resources/professional-framework-for-midwifery/
KEY MESSAGE
By sharing examples of the Japanese Nursing Association's initiatives, we hope to provide insights that will support ICM member associations and professional organizations worldwide in carrying out initiatives to improve their national maternal and child health policies.
Eur J Midwifery 2026;10(Supplement 1):A917

PB206

Autoethnographic reflection: Championing a supportive and non-toxic work environment in nursing and midwifery

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BACKGROUND
Workplace culture significantly influences healthcare professionals' well-being and the quality of patient care. Toxic behaviors' such as gaslighting and bootlicking undermine team cohesion and morale, yet little is documented from the perspective of experienced nurses and midwives who actively resist such practices. Over the course of my 20 years in nursing and 16 years as a midwife, I have come to deeply value the importance of a supportive, respectful, and healthy workplace culture. From the earliest days of my career, I recognized that the quality of care we provide to patients is inseparable from the quality of the environment in which healthcare professionals work. This conviction has guided my actions and interactions, shaping my professional identity and leadership style.
OBJECTIVES
This autoethnographic study aims to explore the author's 20 years of nursing and 16 years of midwifery experience to understand how championing a supportive, non-toxic work environment impacts professional practice and healthcare delivery.
METHODS
Using an autoethnographic approach, the author reflects on personal and professional experiences, emphasizing ethical conduct and leadership in fostering psychological safety, transparent communication, and mutual respect within clinical teams.
RESULTS
Findings reveal that consciously rejecting toxic behaviors and promoting a culture of openness and support enhances staff morale, reduces burnout, and improves collaborative practice. Leadership and mentorship emerged as critical factors in sustaining a healthy work environment and empowering healthcare professionals, particularly in resource-limited and community settings.
CONCLUSIONS
Championing a supportive, non-toxic workplace is essential for the well-being of nurses and midwives and the delivery of quality care. This reflection highlights the importance of ethical leadership and cultural change in healthcare environments, offering valuable insights for practitioners and policymakers committed to fostering positive work cultures.
KEY MESSAGE
Nursing and midwifery workplace culture, supportive work environment, non-toxic workplace, ethical leadership, psychological safety, staff well-being in healthcare teamwork, workplace bullying, prevention clinical practice.
Eur J Midwifery 2026;10(Supplement 1):A918

PB207

Digital, but not equal: Understanding safe and equitable implementation of digital consultations in maternity care

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BACKGROUND

Digital consultations (telephone and video) became rapidly embedded into UK maternity services during the COVID-19 pandemic. While these approaches offer flexibility and efficiency, they also risk entrenching disparities if equity, language needs, and relationship-based care are not embedded into their design. Concerns persist about exclusion, depersonalisation, and inconsistent implementation across services.

OBJECTIVES

To explore how digital clinical consultations can be implemented in a clinically safe, appropriate, and acceptable way within maternity care, for whom, in what settings, and for what purposes, while attending to access, communication, and equity.

METHODS

A realist synthesis was undertaken as part of an NIHR-funded project (NIHR134535). Data sources included 93 research studies, policy and safety documents, and insights from community organisations, women, and maternity staff. Programme theories were developed to explain how different mechanisms and contexts interact to shape outcomes. Stakeholder workshops were held throughout to prioritise questions, validate findings, and inform framework development.

RESULTS

Digital consultations were acceptable where women experienced clear communication, continuity, and choice. Positive outcomes relied on adaptable systems, responsive staff, and equity-led infrastructure. Barriers included poor connectivity, digital poverty, linguistic mismatch, and limited relational continuity. Stakeholders emphasised that digital delivery alone does not guarantee access or inclusion. The synthesis generated a conceptual framework and four CORE principles: Creating supportive infrastructure, Optimising care to individual needs, Recognising digital and social barriers, and Enabling safety through relational practice.

CONCLUSIONS

Digital transformation in maternity care must be equity-led, relationship-based, and context-aware. Implementation requires more than technology: it needs co-designed processes, flexible pathways, and inclusive decision-making with women and staff.

KEY MESSAGE

Digital care is not inherently safe or equitable. Midwives must lead on embedding relational safety, co-design, and justice into digital maternity pathways to ensure no one is left behind.

Eur J Midwifery 2026;10(Supplement 1):A919

PB208

Exploring midwives' understanding of the midwife's role in infant removals: What are the implications for midwifery practice?

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PURPOSE

This study explores whether continuity of midwifery care can reduce the number of infants legally removed from their mothers in Australia, using a feminist intersectionality lens. It centres on midwives' lived experiences to examine how sustained, relational care may mitigate the risk of infant removal and its associated intergenerational trauma.

DISCUSSION

Women who experience intersecting forms of marginalisation, such as poverty, homelessness, domestic family violence, and systemic racism, are disproportionately represented within child protection systems and are at heightened risk of recurrent infant removals across generations. Continuity of midwifery care, globally recognised for improving maternal and neonatal outcomes, may offer a protective mechanism by fostering trust, advocacy, and holistic support. This research investigates national and state-level service response pathways, focusing on midwifery interventions for women identified as at risk during the antenatal, intrapartum and postnatal periods. It examines the quality and impact of care provided to women who experienced, or were at risk of, infant removal between 2016 and 2026. By applying a feminist intersectionality framework, the study interrogates how overlapping systems of oppression—particularly gender, race, and class—shape women's experiences of maternity care and child protection. Midwives' insights reveal the structural barriers and opportunities within care systems, offering critical reflections on how continuity models can support women's autonomy, reduce trauma, and improve long-term health outcomes. Findings will inform recommendations for sustainable, specialist midwifery infrastructures that prioritise relational care and equity.

KEY MESSAGE

The unique positioning of midwives at the centre of care throughout the childbirth journey for women and their families provides crucial opportunities to not only positively influence but also support potential lifestyle changes. It is well documented and acknowledged internationally that midwifery care uniquely impacts pregnancy outcomes for women and babies across the physiological, psychosocial, and emotional spectrum, and positively influences maternal and neonatal mortality and morbidities, improving intergenerational health.

Eur J Midwifery 2026;10(Supplement 1):A920

PB209

Developing solutions for the implementation of midwifery units in Portugal: Stakeholder perspectives to overcome barriers

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BACKGROUND

The implementation of Midwifery Units (MUs) has been

internationally recognised as a key strategy for improving the quality, safety, and humanisation of childbirth care. In the Portuguese context, however, MUs remain largely absent from the public health system.
OBJECTIVES
This study aimed to explore the perceived barriers and facilitators to MU implementation in Portugal, with the goal of informing context-specific solutions.
METHODS
Using a qualitative, exploratory-descriptive design, and following ethical approval from the hosting institution, semi-structured interviews were conducted with a purposive and snowball sample of stakeholders, including decision-makers, implementers, participants, and partners. Data were analysed thematically using the principles of Framework Analysis, in order to identify core categories shaping implementation readiness.
RESULTS
Findings revealed a complex interplay of factors at organisational, professional, sociocultural, and policy levels. Key barriers included: limited institutional awareness of the midwifery model of care; the dominance of obstetric-led paradigms; ambiguous regulatory frameworks; and the low visibility of midwifery autonomy. Facilitators identified included: increasing interest in physiological birth; the presence of highly skilled midwives; support from selected professional groups; and growing public demand for respectful, woman-centred care.
CONCLUSIONS
Based on these findings, this poster presents a set of strategic solutions to support the implementation of MUs in Portugal. These include: 1. Strengthening midwifery leadership and advocacy; 2. Promoting regulatory and policy reform; 3. Developing interprofessional collaboration frameworks; 4. Investing in midwifery education and public engagement; and 5. Piloting MU models within existing maternity services.
KEY MESSAGE
These strategies aim to promote system-level change while respecting Portugal's unique healthcare and sociocultural context. Implementing MUs is not merely a structural intervention, but a paradigm shift, towards care that is evidence-based, safe, and grounded in women's needs and midwifery values.
Eur J Midwifery 2026;10(Supplement 1):A921

PB210

Women's experiences when attending an early pregnancy assessment service for a miscarriage

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BACKGROUND
A miscarriage can be a distressing, isolating, and lonely experience for individuals and their loved ones. At the same time, the way a diagnosis, counselling, and care are managed can influence a woman's experience. However, there are limited studies that explore women's experiences with the services and practices provided.
OBJECTIVES
The aim of this integrative review was to identify women's experiences when attending an early pregnancy assessment service for their miscarriage.
METHODS
An integrative literature review was undertaken using six major databases. Studies published in English between 2015 and 2025 were searched. The qualitative data were thematically analysed using Braun and Clarke's thematic analysis.
RESULTS
We looked at 2047 papers and eighteen studies identified themes of Access and Availability, Communication, Psychological Impact, and Social Implications. Women expressed the need for prompt diagnosis with a clear plan, timely appointments and private spaces during their loss away from pregnant women and the sound of baby heartbeats. They sought acknowledgment of their grief and a supportive environment from midwives and family.
CONCLUSIONS
Women who experience miscarriages go through both physical and emotional stress. To support these women, there is a need for prompt diagnosis and a clear plan, delivered in an appropriate setting away from other pregnant women. Additionally, staff education is required to enhance awareness of the psychological impact of miscarriage, ensuring women's feelings are acknowledged in a safe and supportive environment. Finally, a clear referral and follow-up process is necessary to ensure continuity of care.
KEY MESSAGE
Health systems and policies for women who have experienced miscarriage must ensure quick access to services in a private setting, away from other pregnant women. Consultations should take place in a safe space where women's feelings are acknowledged, and their emotions explored. A clear follow-up pathway should be in place, involving family members as appropriate, to provide necessary support.
Eur J Midwifery 2026;10(Supplement 1):A922

PB211

Towards inclusive reproductive care for people with mild intellectual disability or mental health vulnerability: Action research across medical, social, and lived experience domains

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BACKGROUND
People with mild intellectual disabilities (MID) and/or mental health vulnerabilities (MHV) often face barriers in accessing reproductive health services and support during early parenthood. These include limited help-seeking behavior, and challenges that professionals face in recognizing and addressing such vulnerabilities. In Groningen, the Netherlands, existing interventions reach only a small portion of this population. Professional hesitance, driven by uncertainty and moral dilemmas, often leads to missed opportunities for timely, appropriate care.
OBJECTIVES
This project aimed to (1) improve recognition of MID and MHV in reproductive health and parenting contexts, and (2) facilitate open, respectful conversations between professionals and clients about sexuality, contraception, reproductive intentions, pregnancy and parenting.
METHODS
Two interdisciplinary communities of practice were established, each focused on one objective. Participants included professionals from the social and medical domains and experts by experience. Through iterative cycles of exploration, planning, action, and reflection, two tailored interventions were co-designed and piloted. Data collection included interviews, focus group discussions, questionnaires, literature reviews, and creative tools. Emphasis was placed on co-creation, contextual relevance, and reflexivity.
RESULTS
Participants confirmed the project's problem analysis, noting that siloed practices hinder recognition. While there was shared ambition to improve screening, planning was blocked by earlier failed attempts to agree on a universal tool. In response, the communities aligned efforts and developed a dialogical tool and interprofessional training to support professionals in improving both uptake and quality of conversations. Evaluation showed increased confidence, awareness of care pathways, and stronger collaboration between the domains. Gaps remain in knowledge on stigma, legal frameworks, and local agreements.
CONCLUSIONS
Improved recognition and addressing MID and MHV in reproductive health require both bottom-up co-creation and top-down commitment. Sustainable change depends on leadership support, time for reflection, and peer learning.
KEY MESSAGE
Inclusive reproductive care emerges from co-creation—supported by structural investment, policy alignment, and leadership commitment.
Eur J Midwifery 2026;10(Supplement 1):A923

PB212

Democratizing evidence for implementation in global health: A mixed methods study of voices from around the world

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BACKGROUND
Despite numerous life-saving innovations, significant implementation gaps and inequities remain, especially in maternal and newborn health (MNH), where progress toward Sustainable Development Goals (SDGs) has stalled. A clear divide persists between what is known and what is done, highlighted by the global shortage of one million midwives.
OBJECTIVES
This study was undertaken in support of the Lancet Commission on Evidence-based Implementation in Global Health. We focused on Implementer's Voices and explored, how and why they use evidence, the barriers, and ways to bridge potential gaps between evidence and implementation, especially in resource-limited settings.
METHODS
There were two phases. First, a global, multilingual crowdsourcing survey gathered quantitative and open-text data (July 2024-June 2025) from >1500 responses from 115 countries, including those affected by crisis or instability. Second, in-depth interviews were conducted with 40 selected implementers (including midwives, nurses, doctors, policymakers, academics, and health information specialists), representing diverse regions and sectors (Dec 2024-June 2025).
RESULTS
Survey findings showed that while evidence and guidelines shape what to implement, less is known about how to implement effectively in varied contexts. Interviews highlighted the need for interventions and implementation strategies to reflect local values, priorities, and needs. Participants stressed the importance of participatory approaches that engage both communities and implementers.
CONCLUSIONS
Implementers had a nuanced understanding of the complexities surrounding evidence use for maternal and newborn health and beyond, including for crisis-affected settings. Their experiences underscore the importance of empowering local voices to create more equitable and responsive health systems.
KEY MESSAGE
Implementation must be embedded in systems that are responsive to local needs, realities, values and power dynamics. To meet SDG targets for MNH, global health efforts should prioritise inclusive, context-driven strategies guided by local communities and service providers.
Eur J Midwifery 2026;10(Supplement 1):A924

PB213

Key lessons learnt about implementation and sustainability of a community-based model of continuity of midwifery care

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BACKGROUND
Continuity of care for pregnant women from ethnic minority backgrounds and the most deprived communities is a national priority in England to reduce stark maternal and newborn health inequalities. Evidence on successful implementation is limited. A community-based continuity of midwifery care model was implemented in one London Borough as part of one of five local partnerships which made up A Better Start – a national 10-year (2015-2025) £215 million programme funded by the National Lottery Community Fund.
OBJECTIVES
We explored the strategies used for mainstreaming and sustainability of a community-based model of continuity of midwifery care, improve child health services and outcomes, in an inner-city area of ethnic diversity and social deprivation in England.
METHODS
We undertook a qualitative study with 23 healthcare providers and organisational stakeholders in local authorities, public health, education, and mental health delivering services or supporting the caseload model of care. We used semi-structured interviews to explore implementation strategies and potential for scale up in similar contexts. Template analysis, informed by an approach to scaling up public health interventions, was used to analyse interview data.
RESULTS
Three themes were included in the final template for analysis. 1. Scalability assessment, planning and preparation - strong local partnerships facilitated establishment of the community-based continuity of midwifery care service and integration with new and existing services. 2. Scale up the intervention - the model facilitated access to tailored support for women and families 3. Sustainability - changes to the local and national context, staff and wider stakeholders were challenging.
CONCLUSIONS
Community-based continuity of care models provide individualised care focussed on reducing health inequalities. Sustaining partnerships and communication with other care providers and key stakeholders in organisations outside the health service is essential.
KEY MESSAGE
Strong local partnerships, with a focus on sustaining communication and relationships are essential to ensure mainstreaming of community-based midwifery continuity models.
Eur J Midwifery 2026;10(Supplement 1):A925

PB214

Home births in the Western Balkans: A symptom of systemic gaps in maternity care design and policy

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BACKGROUND
Despite global trends recognizing out-of-hospital births as a legitimate option within maternity care systems, home births in Croatia, Serbia, and Bosnia and Herzegovina remain marginal, institutionally unsupported, and poorly regulated. In Croatia, midwives are legally recognized health professionals with competencies for managing physiological births—but aren't authorized to attend home births, leaving this option in a legal gray zone.
OBJECTIVES
To explores how the lack of policy and regulatory frameworks for home births reflects deeper flaws in health system design, particularly in the context of reproductive care governance.
METHODS
Through policy and legislative analysis, supported by original qualitative data collected during COVID-19 pandemic, we examine how systemic rigidity and political neglect contributed to the marginalization of home birth options.
RESULTS
During COVID-19 pandemic, Croatia experienced a rise in out-of-hospital births (52 in 2018, 97 in 2020), as women sought alternatives to restrictive hospital protocols. Similar trends were observed in Serbia and Bosnia and Herzegovina. In a sample of 108 women who planned home births during this period, majority cited institutional distrust, lack of autonomy, and the absence of respectful care as key motivators. Most births were attended by foreign midwives or occurred as freebirths due to the absence of legal pathways for domestic midwifery support.
CONCLUSIONS
The fact that Croatia is a part of EU and subjected to policies doesn't necessarily mean that the situation is more regulated. This underscores the need to critically review and revise national frameworks and also EU-level standards and policies. The rise in home births during the pandemic highlights critical gaps in health system design and reproductive care policy. Without legal recognition, structured support, home births remain an unmanaged, politically invisible aspect of maternity care.
KEY MESSAGE
Home births in the Western Balkans aren't merely personal choices but indicators of systemic and political failure to ensure safe and rights-based maternity care options.
Eur J Midwifery 2026;10(Supplement 1):A926

PB216

Women's perspectives on gynaecological examinations: A cross-sectional study of apprehensions, expectations, and experiences in central India

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BACKGROUND
Gynaecological examinations play a crucial role in women's reproductive healthcare by enabling early diagnosis and management of conditions such as infections and menstrual

disorders. Despite their importance, many women face emotional discomfort and anxiety during such examinations, often due to cultural stigma, fear of judgment, privacy concerns, and previous negative experiences.
OBJECTIVES
To assess women's apprehensions, expectations, and experiences related to gynaecological examinations using the Gynoscope tool, and to identify areas for improvement in clinical practice.
METHODS
A descriptive cross-sectional study was conducted between December 2023 and November 2024 at the Gynaecology Outpatient Department of All India Institute of Medical Sciences (AIIMS), Bhopal. A total of 400 women aged 18 years and above were selected through purposive sampling. Data were collected using a validated, copyrighted tool—Gynoscope—which includes a five-point Likert scale evaluating apprehension, expectation, and experience domains. Sociodemographic information was also gathered. Data were analysed using descriptive statistics and chi-square tests (significance level $p<0.05$) via IBM SPSS Statistics version 26. Ethical approval was obtained.
RESULTS
Most participants (46.4%) were aged 18–28 years, and 74.6% were married. Common presenting complaints included genito-urinary infections (32.1%) and menstrual irregularities (31.3%). Apprehension levels were moderate in 49.5% and high in 22.5% of participants, primarily due to fears of pain, judgment, and confidentiality breaches. Preferences included female doctors and private, hygienic settings. While 44.0% reported positive experiences, limited communication, presence of multiple observers, and lack of emotional support were common concerns. Demographics showed no significant association with experience, highlighting the importance of provider conduct and examination environment.
CONCLUSIONS
Study highlights, women's discomfort during gynaecological exams stems from fear and lack of empathy. Prioritising respectful communication, privacy, and emotional support can foster trust and make care more compassionate and patient-centred.
KEY MESSAGE
Addressing women's apprehensions through respectful communication, privacy safeguards, and gender-sensitive practices can enhance the quality and acceptability of gynaecological care.
Eur J Midwifery 2026;10(Supplement 1):A927

PB217

Japanese experience of childbirth and a pathway to strengthen midwifery care by implementing the International Childbirth Initiative

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BACKGROUND
The International Childbirth Initiative was created by ICM with partner institutions for the implementation of respectful, evidence-based care. In Japan, where midwives are leading change in maternity practice, ICI has been launched as an appropriate strategy for health facilities seeking to strengthen midwifery care.
OBJECTIVES
Provide perspective on Japanese women's experience of childbirth and postpartum mental health. Describe first stage of introduction of the International Childbirth Initiative as an intervention to advance midwifery models and addresses concerns of women and midwives.
METHODS
To gain greater understanding of women's childbirth experience and postpartum mental health in Japan, 821 women who had given birth in the past year were surveyed using the International Childbirth Initiative birth experience questionnaire in March-April 2025. To assess their mental health, the PHQ-4 was also administered. Focus groups with the general community and midwives were also conducted.
RESULTS
First-time mothers accounted for 43.7% of the sample. While women overall reported satisfaction with their experience in labor and delivery, we note high rates of interventions (episiotomy (51.3%), cesarean section (20.3%), and challenges around breastfeeding (15.1% inadequate support to breastfeed, 13.9% reported inadequate milk production). Additionally, women reported that 11% of episiotomies were performed without their consent. Midwifery centers account for only 3.7% of the births reported. Only 56.8% of women felt that their care providers always treated them with respect throughout labor, delivery, and postpartum. Using the PHQ-4 tool, 20.3% of women scored positive for anxiety (n=748) and 16.% of women scored positive for depression (n=722).
CONCLUSIONS
Our findings around intervention rates, consent, respect, and postpartum mental health suggest that the ICI tool effectively identifies challenges that may be addressed by strengthening midwifery models of care.
KEY MESSAGE
Midwives and women in focus groups found the ICI framework effectively represented necessary change in maternity care and allowed women to validate their desires during childbirth.
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PB218

Referral patterns for evacuation for birth in First Nations communities in Ontario, Canada: A call for the inclusion of midwives in federal health policy

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BACKGROUND
Currently, pregnant First Nations peoples living in remote, northern reserve communities in Ontario are subjected to evacuation for birth by the First Nations and Inuit Health Branch (FNIHB). People are evacuated out of their communities by plane to give birth at healthcare centres in urban cities.
OBJECTIVES

Describe the referral patterns for First Nations peoples evacuated in Ontario to give birth and to name the specific organizations where births are taking place.
METHODS
I collected documentary data from FNIHB, as well as survey and interview data from 15 perinatal care providers working within the province of Ontario and provide care to evacuees for birth.
RESULTS
Referral patterns from reserve communities to healthcare centres were determined at an institutional level. When possible, care providers tried to transfer people to the healthcare centres of their choice. First Nations peoples were referred automatically to an OBGYN. People who chose to birth with a midwife needed to arrange and pay for their transportation and accommodation, as midwives were not part of institutional referral patterns. Birth is not the only time during pregnancy that First Nation peoples were transported out of the community to access healthcare. Pregnant people also needed to leave their community if they wanted abortions, ultrasounds, or required other specialized testing, meaning that many people forgo care.
CONCLUSIONS
First Nations peoples evacuated for birth lack choice over where and who they birth with, because of a lack of perinatal care options within and close to their communities.
KEY MESSAGE
To bring birth closer to home, midwives, specifically Indigenous midwives need to be included in FNIHB's referral pathways for First Nations peoples. Globally, midwifery must be an accessible care option within health systems.
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PB219

Development and implementation of a guideline to support women in choosing midwifery care in Japan

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PURPOSE
In Japan, policy reforms are expanding public health insurance coverage for childbirth, prompting more women to reflect on what kind of care they wish to receive during pregnancy and childbirth. This project aimed to develop and implement a guideline to support women in making informed choices about midwifery care.
DISCUSSION
Using the GIN Public Toolkit as a reference, we designed a three-stage process for guideline development with active participation from the public. Stage 1: The development team consisted of midwives and two laywomen with personal experience of pregnancy and childbirth but no medical training. Stage 2: From the 15 clinical questions (CQs) listed in the "Evidence-Based Midwifery Guidelines 2024" (developed via systematic review, meta-analysis, GRADE assessment, and consensus methods), members voted on which topics were most relevant to women. The top seven were selected based on average scores. Stage 3: The selected CQs were rewritten in plain language in a Q&A format, clearly explaining key terms such as the strength of recommendation and certainty of evidence. Background context and practical notes were also included to support understanding and application. For implementation, the guideline was published online to allow free access. We also conducted consultations with women to gather feedback on their expectations and information needs regarding pregnancy and birth.
EVIDENCE WHERE RELEVANT
Involving women in the guideline development process respects their reproductive rights and promotes informed, autonomous decision-making. It also strengthens midwives' ability to provide care that reflects women's preferences.
KEY MESSAGE
This initiative contributes to a healthcare environment where midwifery care is recognized as a basic human right, and both women and midwives are empowered through shared knowledge and mutual respect.
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PB220

Second victim phenomenon among Estonian midwives: Prevalence, effect and possibilities for support strategies - A multi-method study

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BACKGROUND
Patient safety is a framework of organized activities and it aims: lower risks, reduce the occurrence of avoidable harm, make error less likely and reduce its impact when it does occur. A second victim (SV) in health care is defined as any health care worker, directly or indirectly involved in an unanticipated adverse patient event, unintentional healthcare error, or patient injury and becomes victimized in the sense that they are negatively impacted. It is known that birthing unit midwives report higher SV scores than their primary care colleagues and obstetricians. Lower level of support and feedback for midwives from superiors may indicate that SV prevalence is undervalued. Fear of being blamed is of concern to midwives after an adverse event, even in cases where there is no blame.
OBJECTIVES
To describe the prevalence, awareness and experiences related to SV phenomenon among Estonian midwives.
METHODS
This was a nationwide online quantitative survey with pre-

validated instrument SeViD-EST (Second Victim Experience and Support Tool Estonian version) among midwives. The participants were recruited through the professional associations, media and via social media platforms, data were collected using the REDCap platform from April-June 2025. The data was analyzed using the SPSS program.
RESULTS
In the survey 80 midwives responded. This makes approximately 15% of midwives practicing in Estonia (n=523). The prevalence of second victim phenomenon among Estonian midwives was 72%. 85% of midwives indicated that health care organizations provide inadequate support coping with medical errors.
CONCLUSIONS
This study will provide the knowledge of the prevalence and symptoms of SV in Estonia. Based on that the evidence-based recommendations to develop the SV support system on national level will be provided.
KEY MESSAGE
The desired healthcare is one where midwives are resilient and mutually supportive and supported before, during and after adverse events. Effective support programs into health care can reduce patient related error.
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PB221

Undisturbed labour and birth (ULaB) facility index: Improving accountability for health equity

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PURPOSE
Our multi-stakeholder team developed an accountability tool including indicators around environment, medical interventions, clinical standards, and conditions that affect experience of labour and birth care.
DISCUSSION
The Undisturbed Labour and Birth Facility (ULab) index, uses a weighted scoring system that assesses degree of adherence to best practice within facilitiesThe majority of existing research in maternity care is focused on adverse outcomes. This use of pathogenic measures is appropriate for assessing standard medical treatments that are only used when people are unwell. However, pregnancy and birth are outcomes of a normal physiological processes, rather than an illness. The WHO Standards for Improving Quality of Care in Health Facilities have issued recommendations to reduce interventions and support physiologic labour and birth. However, they note a scarcity of evidence-based audit tools to evaluate facility adherence to best practices.
EVIDENCE WHERE RELEVANT
We used a Global Delphi process to identify a set of measurable facility factors such as environment, equipment, human resources and policies that support movement, oral intake, intermittent auscultation, nonpharmacologic pain management, respectful care and cultural safety, as well as staff education on how to reduce disturbance, trauma, and mistreatment. We operationalized the items onto an online platform that can be completed in less than two hours by facility staff. We implemented ULaB in over 100 hospitals in urban and rural settings in the United States and Canada. Facility scores range from high performers to non-performers and scores reveal significant structural inequities across populations and communities.
KEY MESSAGE
The ULaB Facility Index is well positioned as a quality improvement tool to assess facility readiness and accountability for supporting salutogenic birth for all, optimizing health systems costs, improving patient experience, and reducing overuse of interventions. It is a pragmatic metric for quality care, as defined by service users, and can be used to measure enabling environments for midwifery practice.
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PB222

Midwives' work-related intentions and reasons to remain, leave or to return to clinical positions in Norwegian maternity care (CompMid)

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BACKGROUND
A sustainable midwifery workforce is vital to ensure high-quality maternity care. As many midwives leave or consider leaving their clinical work this poses a threat to service stability and care quality. Identifying midwives' work-related intentions and reasons to remain, leave or to return to clinical positions is crucial for developing effective retention strategies.
OBJECTIVES
This study aims to explore midwives' self-reported reasons for leaving, remaining in, or returning to clinical positions in Norway.
METHODS
This study is part of the national project CompMid. Midwives residing in Norway, both practicing and non-practicing, are invited to participate through the two main national associations representing midwives (n ≈ 4500), targeted social media posts, and a snowball sampling approach. The questionnaire is open for participation from May to September 2025, with a planned follow-up 12 months later. Data collected include sociodemographic and professional background, work-related intentions (measured using the Turnover Intention Scale), and reasons for leaving or remaining in clinical work. Midwives who have left clinical practice are asked about their motivations for leaving and for potential return. Multivariable analyses will examine associations between background factors, burnout, midwifery empowerment, and future work intentions.
RESULTS
Data collection is ongoing, with over 900 participants enrolled

to date. Findings from the baseline will be presented at the congress, including descriptive statistics and emerging patterns related to midwives' reasons for leaving, staying in, or returning to clinical positions.
CONCLUSIONS
Findings from the baseline will be discussed at the congress.
KEY MESSAGE
By identifying midwives' work-related intentions and reasons to remain, leave or to return to clinical positions, this project will inform strategies to strengthen workforce retention.
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PB223

Labouring together: Exploring women's perspectives on future research priorities for shared decision making in maternity care

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BACKGROUND
Internationally, childbearing women have highlighted perceptions of poor autonomy, support and communication as contributory factors to their traumatic experiences of perinatal care. Partnering with women through communication and information sharing are central tenets of midwifery care. Shared decision making (SDM) is a structured process of information sharing in which women are supported to consider the potential benefits and risks of maternity care options in line with their personal context, values and preferences. Studies have shown that this structured information sharing partnership enables women to have a better understanding of all the options available, with more confidence in the final decisions made. Labouring Together research has explored factors that influence the experience of decision making in maternity care, including SDM and interprofessional collaboration (IPC). Successful SDM and IPC in maternity care have been shown to be hindered by multiple organisational and system-level barriers.
OBJECTIVES
To explore women's perspectives of SDM and priorities on the future research agenda for SDM in maternity care in Australia.
METHODS
An electronic survey via targeted social media campaign, aiming to recruit women over the age of 18 years who have given birth in Australia since January 2022.
RESULTS
Data analysis is ongoing. Preliminary findings indicate that women's priorities for future research include finding better ways to: 1) Support women to clarify their values and communicate their preferences; 2) Communicate the risks and benefits of all available options; 3) Weigh risks and benefits relative to the personal context of the woman; and 4) Build respect for the decisional autonomy of childbearing women into the healthcare system.
CONCLUSIONS
Understanding women's priorities for future research into SDM in maternity care is central to the midwifery tenet of partnering with women.
KEY MESSAGE
Women are best placed to identify their priorities for future research relating to partnering with midwives to address barriers to SDM.
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PB224

An exploration of the experiences of compassionate maternity care in the UK for women living with Female Genital Mutilation (FGM)

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BACKGROUND
Female Genital Mutilation (FGM) affects over 200 million women globally, including 137,000 in England and Wales. FGM has serious health impacts and requires culturally sensitive, compassionate maternity care. Compassionate maternity care is essential for improving outcomes and experiences for women living with FGM.
OBJECTIVES
This study aims to explore the lived experiences of women living with FGM regarding compassionate maternity care. Using Interpretive Phenomenological Analysis and Appreciative Inquiry, the study seeks to understand perceptions, expectations, and shared meanings to identify key components of compassionate maternity care.
METHODS
Data collection began in March 2025 through in-depth interviews using participants' preferred methods; WhatsApp voice notes, face-to-face or online, in private, comfortable settings. A purposive sample of 14 women over 18 who experienced UK maternity care will be recruited. Ethical considerations include informed consent, voluntary participation, and participant-led interviews to minimise distress. The study follows principles of autonomy, beneficence, nonmaleficence, and justice. Data will be anonymised, securely stored, and accessed only by the research team.
RESULTS
Preliminary findings will be presented. The study aims to complete and transcribe 14 in-depth interviews by the time of the conference. Early insights are expected to highlight

emerging themes around compassionate maternity care as experienced by women living with FGM, contributing to the evolving understanding of their needs.
CONCLUSIONS
This study aims to deepen understanding of compassionate maternity care for women living with FGM. Insights from participants lived experiences will inform culturally sensitive, compassionate care practices. Findings will contribute to midwifery education, policy, and practice, supporting improved perinatal outcomes, respectful, and compassionate care for this underrepresented population.
KEY MESSAGE
Understanding the lived experiences of women with living FGM is essential to shaping compassionate, culturally sensitive maternity care that meets unique needs and promotes dignity, safety, and trust.
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PB225

Who has a say over women's bodies? A qualitative study on gender-based practices in Turkey's healthcare system from midwifery students' perspectives

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BACKGROUND
Gender-based practices in healthcare often compromise women's autonomy, particularly in systems where sociocultural norms dominate clinical decision-making. Understanding how midwifery students perceive these dynamics is critical to enhancing respectful and equitable maternity care.
OBJECTIVES
This study aimed to explore midwifery students' perspectives on decision-making power over women's bodies and gender-based practices in Turkey's healthcare system.
METHODS
A qualitative phenomenological design was adopted. Semi-structured interviews were conducted with 19 midwifery students selected via maximum variation sampling. Interviews, each lasting 30–45 minutes, were audio-recorded and continued until data saturation. Thematic analysis was employed.
RESULTS
Four main themes emerged: (1) Decision-making power over women's bodies, highlighting limited autonomy and inadequate informed consent; (2) Gender-based intervention mechanisms, illustrating how family pressure and societal norms constrain women's agency; (3) Structural issues in the healthcare system, including poor counseling and unethical interventions; and (4) Gender-based outcomes, revealing emotional distress, reduced self-confidence, and withdrawal from care. Collectively, these themes indicate that women's bodily autonomy is compromised at individual, institutional, and societal levels.
CONCLUSIONS
The findings underscore significant barriers to women's autonomy in healthcare, shaped by gender norms and systemic shortcomings. There is an urgent need for gender-sensitive healthcare delivery and for strengthening midwives' advocacy roles in promoting informed consent and bodily rights.
KEY MESSAGE
Midwives must be empowered as advocates to ensure informed consent and bodily autonomy in gender-equitable healthcare systems.
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4e-parent – Promoting responsive parenting and engaged fatherhood through community services

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PURPOSE
Early, equal, engaged, and empathetic father involvement benefits children's development, enhances family health, supports breastfeeding, and contributes to prevent gender-based violence (GBV). 4e-parent project aims to promote equitable and responsible parenting, by working with community service staff to facilitate the involvement of fathers from pregnancy onward, and to deconstruct gender stereotypes that hinder the development of nurturing masculinity.
DISCUSSION
Project activities were structured into four work packages: (1) general management and coordination; (2) capacity building for professionals and community facilitators; (3) development of a policy framework and a supportive working environment for responsive father engagement in caregiving; (4) awareness-raising to shift cultural norms and stereotypes. Through the project, the skills of professionals – including medical staff, midwives, and nurses involved in the community care network for the first 1,000 days of life – were strengthened through the online training, in which 11182 health professionals, 581 third sector professionals and 1424 educational professionals participated. An in-person training on group facilitation was also held, attracting 120 participants, including both mothers and fathers. An online mapping of resources for fathers was also developed and published, featuring 42 initiatives to date. At the policy level, the project promoted institutional dialogue through national and European workshops on care-sharing and fatherhood policies. The project also collaborated with 6 Italian companies, initiating internal reflections on parenting support policies following data collection through 13 focus groups involving 57 participants and a survey with 1,023 responses. Communication activities were coordinated by an editorial hub that was regularly updated. An in-depth analysis of narratives around fatherhood and masculinity was conducted through social-media monitoring.
KEY MESSAGE

Promoting nurturing father involvement strengthens family and the broader community well-being, contributes to work-life balance, GBV prevention and gender equality policies.
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PB227

Development of a menopause-specific questionnaire to bridge knowledge gaps and explore midwives' role in menopausal healthcare: A Delphi study

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BACKGROUND
Menopause significantly impacts women's health and quality of life, yet knowledge gaps persist among women and healthcare providers. Empowering women with informed choices about menopause and treatments, such as menopausal hormone therapy, is crucial to enhance autonomy and health outcomes. An informed choice requires access to knowledge and information, easy access to healthcare and treatments and freedom from stigmas and misinformation. Midwives, as women oriented healthcare professionals, have potential to play a vital role in menopausal care, supporting gender equality by addressing women's health across the lifespan.
OBJECTIVES
The aim of this study is to develop a menopause specific questionnaire to assess women´s access to the necessary preconditions for making informed choices about their menopausal transition.
METHODS
A modified Delphi technique was used involving a panel of experts (including midwives, gynecologists, general practitioners, and menopausal health activists) and a Patient and Public Involvement group. Validated questionnaires on informed choice, health literacy, and decisional conflict informed the development of menopause-specific questions. The iterative process consisted of five rounds with both digital Delphi rounds and workshops. And a pilot study will be conducted to ensure clarity and feasibility.
RESULTS
This study is ongoing and have no results available yet. The first validated tool on "Womens´ access to informed choice during their menopausal transition" will presentation at the conference.
CONCLUSIONS
The menopause-specific questionnaire under development aims to fill critical knowledge gaps by capturing women's knowledge, perceptions, and access to menopausal healthcare. It represents a pioneering tool for research and clinical practice in this underexplored area.
KEY MESSAGE
Exploring midwives' potential role in menopausal healthcare highlights opportunities to advance gender equality by improving support and education for women during midlife transitions.
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PB228

PUSH campaign for woman-centered care in the Arab States Region

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BACKGROUND
In partnership with UNFPA Arab States Regional Office (ASRO), the International Confederation of Midwives (ICM) is piloting the first regional adaptation of the PUSH Campaign - an advocacy initiative promoting woman-centered care (WCC) and elevating the visibility, autonomy, and leadership of midwives. This joint effort addresses deep-rooted gender inequities in health systems, particularly in the Arab States Region, where midwifery is undervalued, WCC is limited, and midwives often operate within restrictive, male-dominated environments. The region faces critical challenges: low access to respectful care, limited bodily autonomy, poor reproductive health literacy, and the world's second-largest midwifery workforce gap. The PUSH Campaign positions midwifery not only as a healthcare solution, but as a gender justice strategy essential to transforming maternal and reproductive health.
OBJECTIVES
The campaign's three-pillar strategy - Partnership, Policy, and Public Engagement - combines high-level advocacy with grassroots mobilization. Key activities include feminist coalition-building, community consultations, social media campaigns (e.g., Who is a Midwife?), and storytelling that centers real-life experiences. Implementation is guided by the Arab Regional Midwifery Advisory Group (ARMAG), composed of ten midwifery leaders from across the region.
METHODS
A robust monitoring and evaluation framework has been developed to assess progress in public awareness, stakeholder commitment, and gender-transformative policy shifts. This includes a results matrix, relevant indicators, and a baseline Knowledge, Attitudes, and Practices (KAP) survey to track community perceptions of WCC and midwifery over time.
RESULTS
Though still in its implementation phase, the campaign builds on UNFPA's longstanding investments in midwifery and aligns with ICM's global PUSH strategy.
KEY MESSAGE
The PUSH Campaign reframes midwifery as central to gender-equitable health systems. By amplifying women's voices and normalizing WCC, the Arab States Region is leading a replicable model of transformative, rights-based care for other regions facing similar inequities.
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PB229

Gaps in reproductive health support for women in industrial workplaces: A case study of female heavy equipment operators in Indonesia

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BACKGROUND
Women in industrial sectors, such as mining, are often overlooked in reproductive health research and services. Menstrual disorders—ranging from irregular cycles to excessive bleeding—can be influenced by stress, physical strain, and limited access to sexual and reproductive health (SRH) care. These issues are rarely addressed in male-dominated work environments.
OBJECTIVES
To examine reproductive health support for female heavy equipment operators and identify gaps within an industrial mining workplace.
METHODS
A mixed-methods study was conducted in September–October 2022 at an Indonesian mining site. A cross-sectional survey of 43 female operators was conducted using validated tools (WHO Global Physical Activity Questionnaire and Perceived Stress Scale -10) to measure menstrual health status and contributing factors. In-depth interviews with 9 informants (operators, staff, and managers) explored experiences, perceptions, and barriers related to reproductive health access at work. Quantitative data were analyzed using logistic regression, and qualitative data were examined using thematic analysis.
RESULTS
Although the company had gender-sensitive policies—such as menstrual leave, access to clinics, and nutritional support—interviews revealed lack of targeted SRH education. No structured reproductive health education was available, and menstrual hygiene was difficult due to distant toilet facilities. Some workers often had to manage heavy menstrual bleeding inside equipment cabins. Stress levels are identified as a key contributor to menstrual disorders. Supervisors expressed uncertainty in handling menstruation-related support due to a lack of information. Despite nutrition and general health services being in place, reproductive health was not prioritized.
CONCLUSIONS
There is still a gap between gender-equity policies and on-the-ground reproductive health support in industrial workplaces. Addressing these gaps requires workplace-based midwifery interventions, health education, menstrual hygiene facilities, and stress management support.
KEY MESSAGE
Midwives and SRH professionals have a vital role in advocating for gender-responsive health services in industrial sectors. Integrating menstrual health and mental well-being support into workplace programs is essential to ensure gender-equitable occupational health.

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Menstrual leave support among Polish women: Linking social and menstrual health challenges to workplace gender equity

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BACKGROUND
Menstrual leave policies are increasingly recognized as a means to support women's health and well-being in the workplace. Attitudes toward such policies vary and may be influenced by personal experiences of menstrual pain and related challenges.
OBJECTIVES
This study aimed to assess women's support for menstrual leave and to identify menstrual and social factors associated with it, focusing on menstrual pain, use of pain-relief medications, functional impairment, and menstrual poverty.
METHODS
A cross-sectional online survey was conducted among 565 menstruating Polish women. Participants reported menstrual pain intensity, medication use, functional impact, menstrual poverty, and sociodemographic characteristics. The data were analyzed using chi-square tests, odds ratios (OR) with 95% confidence intervals (CI), Phi coefficients, Mann–Whitney U tests and rank-biserial correlation. A significance level of $\alpha=0.05$ was applied.
RESULTS
Overall, 84.2% of respondents were in favor of menstrual leave. Endorsement was significantly associated with menstrual health factors, showing effect sizes from small to large. Women experiencing painful menstruation had over three times higher odds of support (OR=3.07, 95% CI: 1.93–4.88; Phi=0.206), and those using analgesics (OR=3.15, 95% CI: 1.98–5.00; Phi=0.211) or spasmolytics (OR=2.15, 95% CI: 1.32–3.52; Phi=0.131) were also more likely to agree. The likelihood was 3.7 times higher among those reporting absenteeism due to menstrual pain (OR=3.72, 95% CI: 2.19–6.32; Phi=0.215). The strongest link was found for negative functional impact, increasing odds more than eightfold (OR=8.54, 95% CI: 5.00–14.60; Phi=0.369). Those in favor were younger (U=12,698, $p<0.001$; rrb=0.40) and reported higher menstrual pain intensity (U=14,099, $p<0.001$; rrb=0.33).
CONCLUSIONS
Most women support menstrual leave, particularly younger individuals and those affected by menstrual pain and functional impairment. These findings underscore the need for workplace policies that address menstrual health to enhance well-being and promote gender equity.
KEY MESSAGE
Menstrual health is a workplace issue — policies must catch up to support equity at work.

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PB231

Historical trends and implications of the ban on midwifery education in Afghanistan (2001–2024): A feminist perspective

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PURPOSE
To provide a historical overview of midwifery education in Afghanistan and utilising a feminist lens, examine the implications of the recent education ban on the midwifery profession, maternal and newborn health (MNH) services, and women's participation in the health workforce.
DISCUSSION
Since 2001, Afghanistan's midwifery education system has played a key role in addressing high maternal and newborn mortality, while expanding professional opportunities for women. Over two decades, the number of midwives grew from around 467 to around 10,000, excluding those who graduated from private sector programs. Midwives contributed significantly to reducing maternal deaths, while also serving as advocates for women-centered care in their communities. The midwifery education system, aligned with ICM competencies and standards, achieved many successes yet faced persistent challenges, including quality gaps in a weak regulatory mechanism, limited faculty development, and regional disparities in access. The return of the Taliban in 2021 and the December 2024 ban on midwifery education have disrupted progress. This policy change, rooted in sociocultural norms restricting women's public roles, halts the production of new midwives, threatens future workforce capacity, and increases risks for MNH outcomes. Educators now face professional uncertainty; many remain on payroll with significantly reduced salaries, and mobility restrictions impact both midwives' work and women's access to care, especially in cases of pregnancy complications or emergencies.
EVIDENCE WHERE RELEVANT
Feminist theory highlights how control over women's education and professional spaces perpetuates power imbalances and undermines gender equity. Sustaining midwifery education is essential to achieving SDG 3 (health and wellbeing) and SDG 5 (gender equality) services.
KEY MESSAGE
The global need for midwives is critical, especially in fragile settings, like Afghanistan, where maternal and newborn mortality remains high. Bans on midwifery education cannot continue if global commitments to universal health coverage, gender equality, and the "1 Million More Midwives" goal are to be achieved.

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PB232

Multi-country study on the effects of gender inequality on midwives' capacity to provide the high-quality respectful maternal and newborn care

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BACKGROUND
Midwives are the backbone of maternal and newborn health (MNH) care, yet persistent gender inequalities systematically undermine their leadership, autonomy and ability to provide respectful, high-quality care. Evidence on this issue remains scarce in low- and middle-income countries.
OBJECTIVES
This study explored how gender inequality shapes midwives' professional experiences and capacity to deliver quality MNH care using evidence from six countries; Benin, Côte d'Ivoire, Ethiopia, Namibia, Senegal and Zambia.
METHODS
Using a convergent mixed-methods design, the study combined an online survey with 1,579 midwives and qualitative data from 502 stakeholders, including 46 focus group discussions, 34 "river-of-life" sessions, and 74 key informant interviews. Quantitative data were analysed with descriptive statistics and chi-square tests; qualitative data underwent thematic content analysis. Findings were integrated using a gender-transformative framework spanning four levels: policy, institutional, community/interpersonal, and individual. The study explored midwives' perceptions and experiences of gender inequality and its impacts.
RESULTS
At the policy level, midwifery remains undervalued and underfunded relative to male-dominated professions, with 76% reporting being underpaid in comparison. Institutionally, most experienced high workload (80%), under-resourced workplaces (67%), harassment (59%) and weak implementation of gender-responsive policies. At the community/interpersonal level, social norms restrict mobility and reinforce gendered expectations, such as the "double burden" of domestic and professional roles. At the individual level, these pressures drive stress, burnout, and internalised bias, particularly among women. Collectively, these barriers limit leadership opportunities, autonomy, and respectful care. Results varied by country and sex.
CONCLUSIONS
Gender inequality in midwifery is a deeply rooted structural barrier to respectful, high-quality care. Addressing it requires systemic, gender-transformative reforms—bringing midwives to the policy making space, establishing leadership pathways, equitable remuneration, ensuring safe, supportive and accountable workplaces, and supportive community norms.
KEY MESSAGE
Empowering midwives through gender-responsive policies

and workplaces is essential to achieve high-quality, respectful MNH care for every woman and newborn.

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PB233

Indigenous Peoples' evaluation of health risks when facing mandatory evacuation for birth during the COVID-19 pandemic: An indigenous feminist analysis

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BACKGROUND

Indigenous Peoples living on the land known as Canada are comprised of First Nations, Inuit, and Métis people and because of the Government of Canada's mandatory evacuation policy, those living in rural and remote regions of Ontario are required to travel to urban, tertiary care centres to give birth. When evaluating the risk of travelling for birth, Indigenous Peoples understand, evaluate, and conceptualise health risks differently than Eurocentric biomedical models of health. Also, the global COVID-19 pandemic changed how people perceived risks to their health.

OBJECTIVES

Describe how Indigenous parturients living in rural and remote communities conceptualised the risks associated with evacuation for birth before and during the COVID-19 pandemic.

METHODS

We conducted semi-structured interviews with 11 participants who travelled for birth during the pandemic and with 5 family members of those who were evacuated for birth.

RESULTS

Participants conceptualised evacuation for birth as riskier during the COVID-19 pandemic and identified how the pandemic exacerbated existing risks of travelling for birth. In fact, Indigenous participants noted the increased risk of contracting COVID-19 when travelling to urban centres for perinatal care, the impact of public health restrictions on increased isolation from family and community, the emotional impact of fear during the pandemic, and the decreased availability of quality healthcare.

CONCLUSIONS

Using Indigenous Feminist Methodology and Indigenous Feminist Theory, we critically analysed how mandatory evacuation for birth functions as a colonial tool and how conceptualizations of risk empowered Indigenous Peoples to make decisions that reduced risks to their health during the pandemic.

KEY MESSAGE

With the results of this study, policy makers and governments can better understand how Indigenous Peoples conceptualise risks related to evacuation for birth before and during the pandemic, and prioritise further consultation with Indigenous Peoples to collaborate in the delivery of the health and care they need and desire.

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PB234

Comprehensive education on sexuality, consent, and relationships: A cross-sectional study of upper secondary school students' experiences and needs in Sweden

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BACKGROUND

Education on sexuality, consent, and relationships (SCR) in Sweden is a renewed (2022), school-based comprehensive sexuality education initiative that has been incorporated into core subject teaching in both lower and upper secondary schools in Sweden. However, limited knowledge exists on how students perceive SCR-education.

OBJECTIVES

To investigate experiences and needs related to SCR-education among upper secondary school students.

METHODS

A cross-sectional study (February-March 2025) using a digital questionnaire completed by 1,378 students (grades 10–12) in a sparsely populated county in Sweden. Bivariate and multivariate analyses were performed using odds ratios (OR), 95% confidence intervals (CI), and p-values <.05.

RESULTS

Sixty-one percent (n=835) of students reported having received adequate school-based knowledge to support their sexual health. However, girls were significantly more likely than boys to report that the SCR-education provided was insufficient or lacking (OR 1.96, CI: 1.56–2.45), as were non-heterosexual boys compared to heterosexual boys (OR 1.91, CI: 1.09–3.34). Twenty-five percent (n=349) expressed a desire for additional SCR-education, with girls more likely than boys to do so (OR 3.13, CI: 2.38–4.12), as were non-heterosexual girls (OR 1.71, CI: 1.15–2.55) and boys (OR 2.17, CI: 1.11–4.23), compared to their heterosexual peers. The topic rated very important by most participants (72.2%; n=995) was intimate partner violence.

CONCLUSIONS

Most students reported receiving adequate SCR-education, but girls and non-heterosexual students were less likely to do so—highlighting inequalities, and the need for greater emphasis on topics such as abusive relationships, which many students considered especially important.

KEY MESSAGE

1. Most students reported receiving adequate school-based SCR-education, but notable gaps remains. 2. Girls and non-heterosexual students more often reported not receiving sufficient SCR-education, underscore the need for inclusive, comprehensive SCR-education. 3. Students highlighted the importance of addressing intimate partner violence within SCR-education.

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PB235

Responding to women's stories of reproductive coercion: How are governments, institutions and organizations carrying through recommendations and calls to action?

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BACKGROUND
In late 2015 and early 2016, First Nations and Métis women shared their experiences about being coerced or forced to have a tubal ligation at the Royal University Hospital in Saskatoon, Saskatchewan, Canada. These accounts, and related news coverage, instigated institutional, government and public conversations across Canada about coerced and forced sterilization of Indigenous (First Nations, Inuit and Métis) women and marginalized people, including an external review commissioned by the Saskatoon Health Region and two Canadian Senate reports.
OBJECTIVES
1) Identify Canadian government- and healthcare institution-led and commissioned reports focused on reproductive coercion published from 2015-2025; and 2) Document the progress on these recommendations and Calls to Action (hereafter recommendations) according to publicly available information and analyze what aspects are likely contributing to whether, and how, they are being carried forward.
METHODS
Guided by anti-colonial intersectionality and Indigenous feminisms, we reviewed academic literature, media, institutional reports and websites.
RESULTS
Our analysis demonstrated that alongside the growth in community and public conversations, there have been some government and institutional actions, for instance, the federal government funding an Indigenous survivor-led organization that provides support and holds a registry of survivors. However, many recommendations have been carried forward in limited ways, or not carried forward at all. Many such recommendations require action across levels and sectors of governments, and other public institutions.
CONCLUSIONS
It is integral for Indigenous communities, marginalized communities, midwives and allies to hold governments and institutions accountable to these reports' recommendations.
KEY MESSAGE
While the growth in public and institutional attention to forced and coerced sterilization of Indigenous women and marginalized people is promising, we ask for the international midwifery community to pressure the Canadian government and institutions to carry forward these recommendations to address forced and coerced sterilization.

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PB236

Listening to the voices of women: Experiences of accessing information and services for maternal, sexual and reproductive health in Northern Ireland

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BACKGROUND
It is recognised globally that a strategic approach to women's health is needed to address gender-related inequalities in health and health care provision. In Northern Ireland (NI) there is currently no Maternity Strategy nor Women's Health Strategy. A listening exercise was needed to understand women's experiences and expectations [FL1] of health services to inform strategic priorities.
OBJECTIVES
To explore women's perspectives on accessing information and services, along with their priorities for maternity care and sexual and reproductive health (SRH) services.
METHODS
The study used mixed-methods design consisting of a survey promoted nationwide and focus groups. Women aged over 16 years, normally resident and accessing services in NI were eligible to participate. This abstract reports on the survey with data analysed using descriptive statistics and content analysis.
RESULTS
Responses were from 2334 women across NI; 68% were educated to degree level and were mostly aged 30 to 59 years (72%). Women reported accessing services for sexual health, perinatal health, perinatal mental health, pregnancy and baby loss, contraception and abortion in the previous 5 years. Topics that were most frequently reported as uncomfortable for women to discuss with health professionals included sexual health (31%), abortion (35%), perinatal mental health (17%), pregnancy and baby loss (18%) and pelvic floor health (24%). On experiences of accessing health information and services, women reported feeling dismissed, not being listened to, unable to find reliable and accurate information, feeling embarrassment, fear, shame, and anxiety. Women reported the need for local wellness clinics for easier access to health information and services.
CONCLUSIONS
Women in NI experience significant deficits in relation to their health care needs across the perinatal period and relative to SRH.
KEY MESSAGE
Urgent prioritisation, investment and strategic direction in NI is needed to improve access and reduce inequalities in women's health across the perinatal period and in relation to SRH.

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PB237

Key worker model for work against domestic violence and sexual assault: Project in Finland

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PURPOSE
Domestic violence and sexual assault are serious, often hidden forms of violence against women. The key worker model offers support to victims and this project aims to

expand its use across Finland's wellbeing services counties. A web-based training on sexual violence will also be developed in this project to improve professionals' ability to recognize gender-based violence.
DISCUSSION
It is essential for all professionals including midwives to have the skills to identify victims of domestic and sexual violence as early as possible. Professionals need more skills and tools to recognize intimate partner and sexual violence. Key worker training will increase professionals' understanding of the gendered nature of violence. Nationally developed practices, models, and tools as web-based training on sexual violence are available to professionals in their work with clients. The aim of the project in 2025-2027 is for the key worker model to be widely implemented throughout Finland. It also promotes multiprofessional cooperation by organizing joint seminars and workshops and strengthens equal services across different regions. The project partners include the Finnish Institute for Health and Welfare, the Wellbeing Services County of Southwest Finland, the South Savo Wellbeing Services County, the Mother and Child Home of Turku, and VIOLA ry.
EVIDENCE WHERE RELEVANT
According to a study by Statistic Finland, 34% of women and 18% of men over the age of 16 have experienced physical violence from their partner, while 43% of women and 12% of men have experienced sexual violence. These forms of violence cause significant harm to health and well-being.
KEY MESSAGE
Midwives play a key role in recognizing violence against women. Training and new methods are essential to support them in this work.
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PB238

The role of poverty-related social determinants in maternal and perinatal health inequities in a large UK urban cohort

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BACKGROUND
Despite longstanding recognition of health inequities in UK maternity care, evidence remains limited on how intersecting poverty-related determinants cumulatively impact adverse perinatal outcomes at the population level. Understanding these effects is critical to inform effective, equity-focused interventions.
OBJECTIVES
To examine structural and intermediary determinants of health and their association with adverse perinatal outcomes using linked health records in a large, diverse UK cohort.
METHODS
We analysed 67,308 pregnancies from the Early Life Cross Linkage in Research (eLIXIR) cohort in South London using linked NHS electronic health records. Structural and intermediary poverty-related factors were assessed within a social determinants framework. Binary logistic regression with random intercepts accounted for repeated pregnancies, estimating adjusted risk ratios (aRR) for a composite adverse perinatal outcome.
RESULTS
Women from Black (aRR 1.50), Asian (aRR 1.49), and other non-White ethnic backgrounds (aRR 1.50), those living in the most deprived areas (aRR 1.10), non-UK-born (aRR 1.20), and recent migrants (aRR 1.32) were at significantly higher risk of adverse outcomes. Intermediary factors-including lack of social support (aRR 1.21), unemployment (aRR 1.16), financial hardship (aRR 1.17), social housing (aRR 1.16), care transfers (aRR 1.27), missed appointments (aRR 1.19), and unscheduled maternity care use (aRR 1.21)-were independently associated with increased risk. Women with multiple overlapping risk factors had a significantly higher likelihood of adverse outcomes (aRR 1.23), illustrating the cumulative impact of social vulnerability.
CONCLUSIONS
Poverty-related determinants at structural and intermediary levels substantially shape perinatal outcomes and exacerbate health inequities. Addressing these requires integrated, cross-sector strategies that extend beyond maternity services, encompassing social, economic, and housing policies to improve maternal and infant health.
KEY MESSAGE
Addressing inequalities in perinatal outcomes requires maternity models of care addressing wider social determinants, such as continuity of care and integrated community-based services, with ongoing evaluation of interventions. Policymakers must also tackle upstream social inequalities through coordinated cross-sector efforts beyond maternity services.
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PB239

Towards inclusive midwifery care: Exploring the experiences and needs of rainbow family parents in Germany

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BACKGROUND
The diversity of family lifestyles in Germany is increasingly being recognised. Rainbow families, defined as those with at least one LGBTIQ* parent, represent a segment of this diversity. A plethora of studies have indicated that members of the LGBTIQ* community encounter distinctive obstacles in the healthcare sector, including instances of discrimination. Research into midwifery practices involving rainbow families in Germany is currently limited.
OBJECTIVES
The objective of this study is to analyse the experiences and requirements of rainbow family parents in the context of midwifery care.
METHODS
A total of 11 narrative interviews were conducted with parents from rainbow families. The empirical data was analysed using qualitative content analysis according to Kuckartz in order to identify central themes, needs and subjective experiences in regard to midwifery care. The study was approved by the

HAWK Ethics Committee (HAWK-2024-02).
RESULTS
The study indicates that LGBTIQ* parents have a mixed experience of midwifery care, reporting both positive and negative aspects. It is imperative that professionals demonstrate an open and respectful attitude, using inclusive language, and possess a comprehensive understanding of the diverse family structures that exist in society. Midwives who have a fundamental understanding of queer* realities have the potential to enhance the perceived quality of midwifery care for this specific group.
CONCLUSIONS
In order to improve the quality of care for rainbow family parents, it is imperative to implement further training for midwives that is sensitive to queer* issues and to embed queer*-sensitive family care in midwifery studies.
KEY MESSAGE
The sensitisation of midwives and other healthcare professionals is pivotal in cultivating a professionally embedded understanding of diversity, thereby ensuring inclusive and needs-based care.
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PB240

Reframing obstetric violence culture: The midwifery role in disrupting this gender-based violence

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BACKGROUND
Obstetric violence is a form of gender-based violence that affects women and individuals with the capacity for pregnancy in clinical settings worldwide. This study addresses a lack of conceptual clarity and systemic accountability for obstetric mistreatment.
OBJECTIVES
To examine the concept of obstetric violence culture and establish a working definition for application to practice, research, and policy in perinatal care.
METHODS
Rodgers' evolutionary method guided the analysis and data organization into antecedents, attributes, and consequences. A systematic search using the phrase "obstetric violence" was conducted in CINAHL and PubMed databases. Articles published in English between November 1, 2020, and December 31, 2024, were included.
RESULTS
Sixty-two articles were included. Antecedents reflected the historical medicalization of birth, professional hierarchies, and structural inequities. Attributes – disbelief of harm, victim blaming, revictimization, and disempowerment – mirror those identified in rape culture. Consequences spanned birthing people, clinicians, and systems, including mistrust, moral distress, and institutional silence. The resulting definition frames obstetric violence culture as an embedded and normalized set of practices and beliefs that sustain mistreatment in perinatal care.
CONCLUSIONS
Obstetric violence culture is not an outlier, but a pervasive and institutionalized framework to be systematically dismantled.
KEY MESSAGE
Obstetric violence culture shares mechanisms of rape culture and is upheld through denial, professional hierarchy, institutional silence, and clinical norms. Clinicians have an ethical obligation to recognize and disrupt obstetric violence culture. Structural change, clinical education, and institutional accountability are necessary to uphold patient autonomy and dignity. This is particularly relevant and necessary work in response to ICM's Congress 2026 theme of "One Million More Midwives." Midwifery expansion has the potential to demonstrably shift this current culture. Midwives must play an important role in disrupting the culture that supports acts of obstetric violence.
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PB241

Applying intersectional multi-level analysis in midwifery research: Understanding trans and non-binary individuals' experiences

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PURPOSE
This poster introduces the Intersectional Multi-level Analysis (IMA) by Winker and Degele (2011) as a valuable methodological framework for conducting intersectional research in midwifery. Drawing on an intended empirical study exploring perinatal healthcare experiences of trans and non-binary individuals in Germany, we aim to demonstrate the application and analytical potential of IMA in uncovering complex inequalities within perinatal healthcare. By emphasising the interrelatedness of social structures, symbolic representations, and identity constructions, we argue that IMA has the capacity to provide a more nuanced understanding of lived experiences.
DISCUSSION
So far perinatal health research often overlooks the simultaneous and interrelated effects of multiple social categories. IMA offers a systematic approach to address this limitation by employing an eight-step analytical process. It combines inductive reconstruction of subjective positionings with deductive analysis of societal conditions. The method is illustrated with an empirical example, which investigates how social norms shape the experiences of trans and non-binary individuals using perinatal healthcare. We demonstrate the proposed methodology's ability to facilitate a systematic, intersectional analysis of individuals' social practices and, consequently, their agency in the context of inequalities within the perinatal healthcare system. Methodological considerations, such as researchers' reflexivity regarding power dynamics and positionality, are crucial for rigorous application of IMA.
EVIDENCE WHERE RELEVANT

The introduced methodological framework is informed by intersectional theory. This approach is consistent with the growing call for more nuanced and context-aware methodologies to understand health inequalities, including the perinatal period.
KEY MESSAGE
Sharing experiences with the application of IMA may contribute to a more profound understanding of complex inequalities within perinatal healthcare. This may lead to the further development of more equitable and inclusive midwifery care practices, aligning with the ICM's goal of enhancing reproductive health for all.
Eur J Midwifery 2026;10(Supplement 1):A952

PB242

The use of a friendly technological advance, a transcutaneous nerve stimulation (TENS) machine to replace the use of Entonox for intrapartum pain relief

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PURPOSE
Background: Labor pain during childbirth can have devastating effects on the progress of labor, mother, and fetus. However, the approach and management of labour pain can contribute significantly to a woman's overall satisfaction with the birth experience. Purpose: to evaluate the effectiveness of TENS machine in reducing the childbirth pain as non-pharmacological pain relief.
RESULTS
Total of 100 mothers were involved in this study and showed that they have knowledge about TENS machine and the staff were explained well regarding the use of TENS machine,However, the mothers reported that they are satisfied with it in regards to the pain relief and in terms of frequency and location of the TENS. Moreover, all the mothers were happy and satisfy with this TENS after being used for labour pain therefore they are highly recommended to be used for relieving labour pain.
EVIDENCE WHERE RELEVANT
Transcutaneous electrical nerve stimulation (TENS) is a non -pharmacological analgesic technique has the same effect of the Entonox gas. This gas is one of the greenhouse gases and has direct effect on the climate changes. (Anne,2021) by Introducing TENS machine for childbirth pain will reduce greenhouse gas emissions in the Hospital & achieving zero neutrality in line with the priorities of the environment and natural resources in Oman.
CONCLUSIONS
TENS machine is an effective and acceptable method of pain relief in labour and may be used in place of or alternative to Entonox.
Eur J Midwifery 2026;10(Supplement 1):A953

PB243

The capture of midwives in breastfeeding advocacy to provide ecologically friendly health services, particularly in lowering carbon footprint

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BACKGROUND
Breastfeeding is a sustainable, zero-waste resource that markedly decreases carbon emissions. In contrast, formula feeding entails considerable environmental repercussions in terms of manufacturing, packing, transportation, and preparation activities.
OBJECTIVES
This study aimed to investigate midwives' participation in breastfeeding advocacy to deliver eco-friendly health services
METHODS
This study employed a mixed-methods approach with an explanatory sequential design. The quantitative phase employed a descriptive study methodology, encompassing 278 midwives across several healthcare settings in Indonesia. This phase evaluated midwives' understanding, perspectives, and behaviours regarding breastfeeding promotion and ecological sustainability. The qualitative phase included a phenomenological study involving in-depth interviews with 25 participants and three focus group discussions to identify obstacles to integrating environmental factors into breastfeeding practice.
RESULTS
The findings indicated a notable deficiency in midwives' engagement with breastfeeding advocacy from an environmental sustainability standpoint, as evidenced by the fact that only 28% of respondents regularly addressed its environmental advantages with prospective parents, while 92% of participants recognised the health benefits of breastfeeding. Qualitative studies revealed midwives' knowledge inadequacies regarding ecologically sustainable health, insufficient institutional support, constrained time for breastfeeding counselling, breaches of the International Code, and deficiencies in environmental awareness about climate change.
CONCLUSIONS
Although midwives play a crucial role in pregnancy and postnatal care, their ability to advocate for breastfeeding as an environmentally advantageous practice is hindered by information deficiencies, institutional limitations, and the pervasive marketing of infant formula. Robust measures are required to enhance midwives' ability to include an environmental sustainability viewpoint in their breastfeeding advocacy. This method will improve health outcomes and significantly support the health service's dedication to reducing its carbon footprint.
KEY MESSAGE
Midwives' advocacy for breastfeeding as an eco-friendly practice is limited by knowledge gaps, institutional barriers,

and formula marketing, highlighting the need for enhanced training and support to promote sustainable health services and reduce carbon emissions.

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PB244

Determining the knowledge and skill needs of midwives regarding the effects of climate change on maternal-fetal health

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BACKGROUND

Developing field-specific training programs to support midwives' readiness for the effects of climate change on maternal-fetal health and integrating them into health services are among the interventions that will increase resilience against the effects of climate change.

OBJECTIVES

This study was conducted to determine the training needs regarding knowledge, attitudes, and behaviors regarding climate change and its effects on maternal-fetal health for a clinical guide to be developed to increase midwives' field competencies in climate change.

METHODS

The study is the needs analysis section of a doctoral thesis developed with a design-based research method and prepared for a clinical guide specific to midwives. Data were collected through the Pregnancy-Specific Climate Change Awareness Scale. It was conducted with 300 midwife participants.

RESULTS

The average age of the participants was 33.65±8.58, average years of experience was 10.23±9.05. The average score on the Pregnancy-Specific Climate Change Awareness Scale was 86.95±15.86. It was reported that 56.7% of the midwives were informed about climate change. 84% stated that climate change had negative effects on women's reproductive health, 86% stated that climate change had negative effects on the health of pregnant women, 83.3% stated that climate change had negative effects on fetal health, and 88.3% stated that climate change had negative effects on the pregnancy process. However, it was determined that midwives didn't have sufficient information about their roles to protect themselves from these effects. They stated that they wanted to receive training on climate change and its effects on health, its effects on the health of women and pregnant women, measures to be taken to reduce health effects, and sustainability.

CONCLUSIONS

Midwives have high knowledge and awareness of global climate change. However, they don't have sufficient knowledge and skills regarding midwifery-specific roles in preventing its effects on maternal-fetal health.

KEY MESSAGE

Midwives are advocates for the next generation.

Eur J Midwifery 2026;10(Supplement 1):A955

PB245

Climate-resilient maternal care: A new chapter in the safe delivery app

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PURPOSE

Climate change is increasingly affecting maternal and newborn health, creating an urgent need to equip midwives with the knowledge and skills to respond effectively. Based on global research and field learnings, Maternity Foundation is committed to addressing gaps in clinical preparedness for climate-related health risks. Through the Safe Delivery+ Programme, we are developing a dedicated climate module to strengthen midwives' ability to provide quality care in climate-affected settings.

DISCUSSION

Maternity Foundation's Safe Delivery+ Programme enhances midwifery care in resource-constrained settings, providing evidence-based guidelines, competency-based training, and digital learning solutions. At its core is the Safe Delivery App, an offline, multilingual job aid supporting midwives in delivering maternal and newborn care. In 2026, the app will launch a climate module, leveraging over a decade of experience in self-paced learning and on-the-job support for healthcare professionals across 40+ countries. This module will equip midwives with essential tools to anticipate, mitigate, and respond to climate risks - such as extreme heat, floods, droughts, and wildfires - while ensuring emergency preparedness, adaptation strategies, and climate counselling. As trusted, community-based providers, midwives play a frontline role in maternal care, yet they often lack vital training in climate health and remain largely excluded from global climate action. To bridge this gap, pilot testing will be conducted in the Philippines, Bangladesh, and Tanzania, engaging midwives at different career stages. Their feedback will refine the module's clarity, engagement, and real-world applicability.

EVIDENCE WHERE RELEVANT

Extreme weather increases complications such as hypertension, preterm birth, and stillbirth. The WHO urges investment in climate-resilient health systems, and midwives are vital as frontline providers.

KEY MESSAGE

Midwives play a critical role in climate adaptation. By providing accessible, evidence-based learning tools, this module will empower them to deliver life-saving care - even in the face of climate change.

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PB246

Climate change and midwifery: Strengthening preparedness and response in maternal and newborn health

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PURPOSE

This presentation aims to share experiences and emerging evidence on the challenges posed by climate change in rural Pakistan and highlight the critical role of midwives in delivering maternal and newborn health (MNH) care in

climate-affected regions. It presents insights from a climate and health webinar and two pilot studies conducted in Pakistan regarding impact of extreme cold and hot weather on maternal and newborn care.
DISCUSSION
Communities in rural and remote areas of Pakistan are increasingly vulnerable to climate extremes such as heatwaves, floods, and severe cold, all of which directly impact maternal and newborn health outcomes. The webinar engaged frontline midwives, public health professionals, and educators in dialogue on climate-sensitive care, resilience building, and adaptive strategies. Participants highlighted the urgent need for practical training and guidelines to prepare midwives for emergencies such as displacement, road inaccessibility, and lack of clean water and energy.
EVIDENCE WHERE RELEVANT
Masters Thesis 1: Ullah, I. (2023). Experiences of indigenous women with maternal nutrition in climate change (cold weather) in rural Bajaur, Khyber Pakhtunkhwa, Pakistan: Implications for maternal-infant health (Unpublished master's dissertation). Aga Khan University. Masters Thesis 2: Sultan, S. (2023). Exploring midwives' challenges and strategies to provide care in maternity settings during the harsh winter weather in the northern areas of Pakistan: A qualitative study (Unpublished master's thesis). Aga Khan University.
KEY MESSAGE
Climate change is a global public health challenge, and its implications for MNH demand urgent attention. Midwives must be equipped—through both pre-service and in-service education—to deliver climate-sensitive care. Policy, research, and funding should be redirected toward developing midwifery competencies in climate resilience, especially for those serving rural and under-resourced communities. Strengthening midwifery capacity is essential to safeguarding maternal and newborn health in an era of environmental uncertainty.
Eur J Midwifery 2026;10(Supplement 1):A957

PB247

The effect of women's awareness levels on climate anxiety and the impact of climate change on maternal fetal health on their desire to avoid pregnancy

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OBJECTIVES
This study aims to determine the effect of women's climate anxiety and awareness levels regarding the effects of climate change on maternal and fetal health on their desire to avoid pregnancy.
METHODS
This study is descriptive and cross-sectional in nature. The study was conducted with 365 women who visited the family planning clinic affiliated with a maternity hospital between March and May 2025. Data were collected using face-to-face interviews. The Personal Information Form, Pregnancy Avoidance Scale, Climate Change Awareness Scale, and Climate Change Women's Anxiety Scale were used to collect data. The data obtained were analyzed using univariate and multivariate tests.
RESULTS
The average age of women is 28.17±4.30. It has been determined that 66.6% of women use family planning methods, 61.4% believe that climate change has negative consequences, and 36.4% have postponed pregnancy due to climate change. A positive correlation was found between avoiding pregnancy and climate change awareness ($r=0.133$, $p=0.011$) and anxiety level ($r=0.846$, $p<0.001$).
CONCLUSIONS
It has been concluded that increasing climate anxiety among women is a predictive factor for avoiding pregnancy. Although increased awareness of the effects of climate change on maternal and fetal health increases the desire to avoid pregnancy, it has been determined that this is not a determining factor.
KEY MESSAGE
avoiding pregnancy, climate anxiety, climate awareness, climate change.
Eur J Midwifery 2026;10(Supplement 1):A958

PB248

The relationship between women's climate change anxiety and healthy lifestyle behaviours

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BACKGROUND
Investigating the relationship between women's anxiety about climate change and their healthy lifestyle behaviours is essential for informing social interventions that promote environmental sustainability.
OBJECTIVES
This study aimed to examine the relationship between women's anxiety about climate change and their healthy lifestyle behaviours.
METHODS
This descriptive and correlational study was conducted with a sample of 500 women who applied to a public hospital in the Central Anatolia Region between November 1, 2023, and July 1, 2024. Data were collected using the Personal Information Form, the Climate Change Worry Scale, and the Healthy Lifestyle Behaviours Scale II. Descriptive statistics, independent samples t-test, one-way ANOVA, and multiple linear regression analysis were used to analyse the data.
RESULTS
The mean age of the participants was 30.81 ± 7.82 years. The mean score for climate change anxiety was calculated as 26.31 ± 9.55, while the mean score for healthy lifestyle behaviors was 129.59 ± 23.61. A positive and significant relationship was found between women's anxiety about climate change and their healthy lifestyle behaviours ($r=0.398$, $p=0.001$). Regression analysis revealed that the

Healthy Lifestyle Behaviors Scale II score was a significant positive predictor of the Climate Change Worry Scale score (B=0.097, SE=0.015, ß=0.240, t=6.502, p<.001).
CONCLUSIONS
These results suggest that healthy lifestyle behaviours are positively associated with anxiety about climate change. Women who engage in healthier lifestyle behaviours tend to report higher levels of climate change-related anxiety.
KEY MESSAGE
This study indicates a significant and positive association between women's climate change anxiety and their healthy lifestyle behaviours.
Eur J Midwifery 2026;10(Supplement 1):A959

PB249

Responsibility for life and the environment: Midwives for climate protection and sustainability - A photo-voice project

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BACKGROUND
In the master's programme Midwifery Led Care M.Sc. at KSH Munich students deal with the effects of climate change on reproductive health. Midwives as 'key players' have a central role in prevention and education. The aim is to develop fields of action for sustainable care and to reflect on the role of the midwife in the context of planetary health.
OBJECTIVES
The project examines the personal and professional environmental perceptions experienced by midwives and how they can contribute to climate adaptation and mitigation.
METHODS
The qualitative photo-voice method was used. Participants documented their perceptions of the environment photographically. They discussed their images in focus groups, the discussion was recorded, transcribed and analysed to visualise individual perspectives and identify shared meanings.
RESULTS
In their photographs, the participants show personal perceptions of the environment in urban areas and link these emotionally with memories and quality of life. In their reflections, they identify environmental problems, name threatened resources and recognise their professional responsibility for climate protection. Midwives see opportunities for action in environmental education, climate-sensitive counselling, resource-conserving action and social commitment. Practical examples illustrate creative approaches to combining sustainability and professional standards.
CONCLUSIONS
The discussions show a shift from concern to increased awareness and a positive attitude: many small steps together form an effective contribution to ecological sustainability and illustrate the transformative power of midwives.
KEY MESSAGE
Six central points of discussion crystallised: 1. The dual role of midwives as key players in the climate crisis. 2. Emotional attachment as an important driver for engagement in the professional context. 3. Creatively addressing the tension between medical standards and sustainability. 4. Transformation through small, achievable steps. 5. Photo-voice as a method of raising awareness. 6. Transferring research into practice in the complex fields of action of the midwifery profession.
Eur J Midwifery 2026;10(Supplement 1):A960

PB250

From waste to sustainable living: An innovation journey of "Pesona Daeng"

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PURPOSE
Waste is a major driver of global warming, which significantly influences climate change and the sustainability of human life. In 2021, Indonesia produced approximately 46.35 million tons of waste, predominantly composed of food waste and plastic. The "Pesona Daeng" initiative was introduced to encourage sustainable patterns of consumption and production, focusing on efficient resource use, proper waste handling, and the creation of eco-friendly products at Daya Regional Hospital in Makassar.
DISCUSSION
The "Pesona Daeng" innovation, which focuses on managing organic and inorganic waste and promoting energy efficiency, emerged due to the high volume of non-medical waste generated by hospitals, which has not been effectively managed. This is due to limited technical capacity, internal policy implementation, and individual involvement. Hospitals generate approximately 1,000 to 1,500 kilograms of waste daily. From an environmental and economic perspective, this represents an inefficient use of resources, significant financial losses, and a major source of greenhouse gas emissions. Waste sorting and recycling practices can reduce waste generation by up to 60% and waste management costs by up to 30%, while enhancing the hospital's image as an environmentally friendly institution that upholds green hospital principles.
EVIDENCE WHERE RELEVANT
7 innovative work programs of "Pesona Daeng" are online system policy to reduce paper waste, real food consumption in office meetings, reuse of items that are still f functional, recycling waste, green movement, increasing physical activity during working hours, and saving energy. This innovation in line with SDG's issue (Good Health and Well-being, Responsible Consumption and Production, and Climate Action)
KEY MESSAGE
With use simple systems and tools based on internal empowerment, "Pesona Daeng" can produce useful products from waste and encourage the transformation of individual behavior towards a healthy and sustainable lifestyle.
Eur J Midwifery 2026;10(Supplement 1):A961

PB251

Global warming and climate change: Midwifery readiness and disaster planning

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PURPOSE

Global warming, due to increasing levels of greenhouse gases, results in extremes of weather. Most women have healthy pregnancies; however, global warming and the impacts on the environment can threaten and add health risks to the individual and their newborns. Environmental consequences include increased temperature, more frequent extreme weather events, excess precipitation in some areas and drought in others, rising wildfires, air pollution, changes in ecology. Climate change represents one of the largest global health threats with both immediate and long-term consequences.

DISCUSSION

The effects of climate change can be direct and indirect with both immediate and long-term health consequences. Influences can range from food insecurity, impacts on water quality and availability, poor sanitation and water-related illnesses, heat illnesses, respiratory illnesses, wildfires and air quality with lack of shelter and population migration, changing disease patterns and morbidity, mental health, public health issues along with impacts to economic infrastructure. Midwives have a unique opportunity to lead with raising awareness, educating and advocating for mitigation strategies, preparation and care during disasters, and policy development geared at change and global cooperation.

EVIDENCE WHERE RELEVANT

Women, especially pregnant women have special physical and psychosocial needs. It is important to understand what climate change is, why it matters, evidence regarding health risks, and the role of the midwife in disaster preparation and response. Midwives need to build strategic advocacy skills so they can effectively lead.

KEY MESSAGE

Climate change is a public health issue but it is also a social justice and human rights issue with economic, gender and political ramifications. Climate change poses health risks to reproductive health, pregnant people and their fetuses and newborns. Midwives are in a prime position to lead and partner with broad coalitions of researchers and providers with addressing this current crisis, advocating for societal solutions, policy development, and global cooperation.

Eur J Midwifery 2026;10(Supplement 1):A962

PB252

The women and waste project: A participatory photography project in Northern Ghana

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PURPOSE

The purpose of this presentation is to present the work of participatory photography project called The Women and Wast Project that took place in Northern Ghana in May 2025.

DISCUSSION

Like many of the conditions exacerbated by the climate crisis, e-waste, and waste in general, is a problem known to disproportionately affect the health and wellbeing of women. The World Health Organisation, for example, links prematurity, stillbirth, and low-for-gestation age babies with e-waste contamination and we are only just beginning to consider the immediate and long-term effects on babies and children. The Women and Waste project was in direct response to these issues and the project leads participation in the AIMS- Imperial College Global Fellows Programme in Accra in November 2024. The subsequent Imperial College Seed fund awarded project provided the opportunity to use creative engagement practice to provoke conversation about waste with women and continue deep thinking around waste solutions and wider environment impact on women. Photovoice is a participatory photography method that seeks to empower marginalised groups by sharing their experiences of a phenomenon through an equitable method. In this case, the topic is waste and the use of photography provided the method through which women informed the topic at community level by their own lived experience and photography.

KEY MESSAGE

Climate change is a topic that arguably belongs as central to topics across midwifery and women's health. The Women and Waste Project presents an example of activating conversations with mothers and women at the community level and provides creative method examples.

Eur J Midwifery 2026;10(Supplement 1):A963

PB253

Developing a planetary health curriculum in midwifery education: Strengthening planetary health literacy through the HebPlanet project

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BACKGROUND

Midwives work in sensitive life phases and are well positioned to act as change agents for planetary health by promoting a just, healthy, and sustainable society among young families. To realise this potential, planetary health literacy (PHL) must be meaningfully integrated into midwifery education and training (WBGU, 2023).

OBJECTIVES

The 'HebPlanet'-project aims to integrate Planetary Health Education (PHE) and PHL into midwifery curricula through a co-creative, participatory approach involving PHE experts and midwifery students, educators, and practitioners.

METHODS

The curriculum development follows a design-based educational research approach (Lokmic-Tomkins et al., 2024), beginning with a comprehensive curricular needs assessment using a mixed-methods-approach: A Document

analysis of all available midwifery module handbooks in Germany to identify existing PHE content, an online survey among midwifery students to assess current PHE-teaching and interests, and expert interviews with midwifery educators and practitioners. Based on these findings, a co-design workshop was conducted.
RESULTS
The document analysis of PHE- and PHL-integration in midwifery curricula revealed that no programmes explicitly addressed PHL. The curriculum needs assessment demonstrated high interest and relevance of the stakeholders to design and implement a longitudinal PH-curriculum. Expert interviews addressed local barriers and possible adaptations. The co-creative workshop served as a real-laboratory space for creative and innovative PH curriculum design.
CONCLUSIONS
The ICM presentation will share best-practice-examples, reflect on methodological challenges in needs assessment, conceptualisation and curriculum development, and offer guidance for midwifery programmes seeking to develop their own PHE curriculum.
KEY MESSAGE
To unlock the full potential of midwives as planetary health change agents, foundational integration of PHE and PHL in midwifery education is essential. The authors declare no conflicts of interest. The project is funded by the DBU (German Federal Environmental Foundation). The Clinical Ethics Committee of the University Medical Center of Johannes Gutenberg-University Mainz had no reservations about the project.
ADDITIONAL READING
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Eur J Midwifery 2026;10(Supplement 1):A964

PB254

Green midwifery in action: Strengthening existing best practices for sustainability in Dutch primary midwifery care

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BACKGROUND
Midwives play a vital role in mitigating and adapting to climate change by protecting, preserving, and promoting health. Their holistic, preventive approach aligns naturally with the goals of planetary health. In the Netherlands, many midwives are already implementing sustainable practices—often independently—yet the healthcare sector remains one of the most environmentally harmful sectors, contributing 7% of national CO emissions. Within maternity care, no structured implementation plan exists to scale up and support these green efforts.
OBJECTIVES
This project aimed to (1) identify and highlight existing green best practices among Dutch midwives based on the five pillars of the Green Deal Sustainable Care 2022, and (2) co-create an evidence-informed implementation plan for sustainable practice with midwives and stakeholders.
METHODS
Twelve semi-structured interviews were conducted with nine primary care midwives between February 2023 and March 2024. Interviews explored sustainability at four levels: personal, professional, organisational, and societal. Data were thematically analysed using Atlas.TI. Extracted best practices were critically reviewed for scientific grounding and feasibility.
RESULTS
Dutch midwives are already contributing significantly to sustainable care across various domains. Two overarching themes emerged: (1) Navigating trade-offs (e.g., sustainability vs. hygiene or comfort) and (2) Building awareness and knowledge among midwives and women. A broad set of best practices was compiled, reflecting the leadership midwives are already taking and addressing additional actions at personal, clinical, organisational, and societal levels.
CONCLUSIONS
Midwives are frontrunners in sustainable healthcare. This project supports their efforts by providing a structured, evidence-informed implementation plan. The plan will be shared with the Royal Organisation of Dutch Midwives (KNOV) and integrated into educational programs.
KEY MESSAGE
Midwives are already acting as change agents for sustainable health. Strengthening and scaling these best practices supports both environmental and maternal health.
Eur J Midwifery 2026;10(Supplement 1):A965

PB255

Wildfire exposure in pregnancy: Risks, realities, and recommendations

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PURPOSE
As climate change accelerates the frequency and intensity of wildfires worldwide, pregnant people are being increasingly exposed to hazardous smoke and air pollution. This presentation explores the complex and growing body of evidence linking wildfire smoke exposure during pregnancy to adverse health outcomes for both pregnant patients and their fetuses. We will discuss the composition of wildfire smoke, its absorption by pregnant patients, and its ability to cross the placenta. Global epidemiological data demonstrate a consistent association between wildfire exposure and heightened risks of preterm birth, hypertensive disorders of pregnancy, placental abruption, congenital anomalies, and neonatal respiratory compromise. We will also highlight recent research connecting in-utero exposure to long-term neurodevelopmental effects and an increased incidence of postpartum depression. Inequities in exposure and protective resources, such as access to masks, air purifiers and the ability to evacuate, exacerbate vulnerability among

marginalized populations.
DISCUSSION
Midwives are uniquely positioned to educate patients, stakeholders, legislators and healthcare providers about the risks of wildfire exposure and ways to mitigate these risks. This presentation will offer actionable, low-tech interventions to mitigate risk, guidance for patient counseling, and a call to incorporate climate literacy into reproductive health education and practice.
KEY MESSAGE
Wildfire smoke, intensified by climate change, poses serious risks to pregnant individuals and their fetuses, including increased rates of preterm birth, hypertensive disorders, low birth weight, and postpartum depression. These risks are not equally distributed—socioeconomic and racial disparities amplify exposure and reduce access to protective measures. Midwives must recognize pregnancy as a key vulnerability in climate-related health and take actionable steps to reduce exposure, counsel patients, and advocate for systemic change.
Eur J Midwifery 2026;10(Supplement 1):A966

PB258

Midwifery-led care in displacement: Lessons from South Sudan's humanitarian crisis

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PURPOSE
This presentation shares lessons from research conducted in South Sudan on the roles, experiences, and contributions of midwives in humanitarian settings. It explores how this evidence informed the development and piloting of a midwifery-led model of care (MLMC) for internally displaced persons (IDPs), with the goal of strengthening midwifery's leadership and responsiveness in crisis-affected communities.
DISCUSSION
South Sudan gained independence in 2011 after years of internal conflict but continues to experience overlapping crises, including conflict, flooding, displacement, and health system fragility. Midwives, often the only skilled health professionals consistently present in humanitarian contexts, have been central to delivering lifesaving sexual and reproductive health services. Research conducted through interviews with frontline midwives, government, and humanitarian actors reveals that midwives often assume multiple roles, from clinical care to advocacy and coordination, despite systemic and environmental constraints. Building on these findings, UNFPA and partners have launched a pilot of midwifery-led care in IDP camps that centres respectful, person-focused, and continuous care throughout the maternity cycle.
EVIDENCE WHERE RELEVANT
Findings from the qualitative research (UNFPA, 2023) underscore midwives' resilience and leadership in humanitarian response. Midwives demonstrated adaptability, cultural competence, and an ability to integrate social and clinical roles. The emerging MLMC pilot (UNFPA, 2025) translates these insights into a structured care model aligned with ICM and WHO standards, prioritizing continuity, safety, and equity.
KEY MESSAGE
Midwives in humanitarian settings are more than frontline health workers; they are critical anchors of stability, trust, and continuity in collapsing systems. Their leadership and adaptability make them uniquely positioned to sustain essential maternal and newborn services amid crisis. Investing in midwifery-led models of care is not only cost-effective and scalable, but also a transformative, rights-based strategy that centres dignity, resilience, and local capacity. South Sudan's experience offers practical, context-driven insights that can inform global humanitarian response frameworks and strengthen midwifery leadership in protracted emergencies.
Eur J Midwifery 2026;10(Supplement 1):A967

PB259

Unseen, unsafe, undocumented: Addressing health inequities and safeguarding failures for pregnant women with an undocumented status, experiencing domestic abuse

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PURPOSE
To highlight the critical safeguarding gaps and health inequities faced by undocumented pregnant women, experiencing domestic abuse in the UK - who are routinely denied safety and dignity. The structural barriers they face are not incidental but embedded within policy, leading to exclusion from protection mechanisms afforded to other victims of abuse. This poster aims to raise awareness of the systemic health inequities they endure, examine the structural and legal barriers to safety, and outline the roles and responsibilities of midwives and the government in addressing this urgent issue.
DISCUSSION
Women with an undocumented immigration status face a heightened risk of remaining in abusive relationships due to systematic exclusion from mainstream support services, including access to refuges. Without appropriate support interventions, many are forced into an impossible choice: stay with the perpetrator or face homelessness. The fear of destitution, street homelessness, or immigration consequences leaves many unable to seek help, heightening their risk of harm. For pregnant women, the concerns are even higher. Domestic abuse in pregnancy is linked to adverse maternal and neonatal outcomes, yet safeguarding frameworks overlooks the compounded risks associated with undocumented status. These women are rendered largely invisible within systems designed to protect, as they rarely account for immigration-related barriers. While, midwives are uniquely positioned to identify and support victims of domestic abuse, many are unaware of the complex statutory thresholds that fail to accommodate the needs of this group. Without this understanding, opportunities to offer timely, trauma-informed interventions are missed.
KEY MESSAGE
This poster challenges the current safeguarding

infrastructure, advocating for systemic change that acknowledges immigration status as a key determinant of health. By centring the experiences of pregnant women, this poster calls for urgent policy review, training, and equitable, trauma-informed safeguarding pathways. Safety should never be conditional and pregnancy should not be a period of increased danger.

Eur J Midwifery 2026;10(Supplement 1):A968

PB260

"Una mujer embarazada necesita el sol": Pregnant migrant women's encounter with immigration enforcement at the U.S.-Mexico border

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BACKGROUND

Since the mid-2010s, increasing numbers of women and families have migrated overland across the US-Mexico border. While recent Democratic administrations have tended to publicize humanitarian exceptions to border enforcement policies for pregnant women, the first Trump administration took a "zero tolerance" stance, first increasing the detention of pregnant women and then excluding and expelling them under policies known as MPP and Title 42.

OBJECTIVES

The study's research questions were: 1. What is the experience of pregnancy in immigration detention (including being trapped in Northern Mexico under MPP/Title 42) in the United States? 2. What can the experience of pregnancy in immigration detention tell us about the intersecting systems that affect migrant women's lives and health? 3. What policy changes should midwives advocate for?

METHODS

This study used feminist and critical ethnographic methods to analyze data from 18 semi-structured interviews with women who had crossed the border while pregnant and service providers (detention visitors, shelter workers, lawyers, and healthcare workers) who had supported them. Latinx feminist research methods testimonio and plática inspired our humanistic semi-structured interview style.

RESULTS

Though U.S. immigration policy shifted dramatically from 2017-2022, pregnant women consistently experienced preventable harm due to U.S. immigration enforcement. During periods of increased detention, poor detention conditions and the threat of deportation negatively impacted pregnant women's health. Under policies of exclusion and expulsion, pregnant women endured dangerous conditions in Northern Mexico, increasing the likelihood of attempting hazardous unauthorized crossings into the US. During periods when pregnant women were likely to be released on humanitarian parole, parole rarely extended to family members, leading to family separation despite purported humanitarian intent.

CONCLUSIONS

U.S. immigration policy produces racialized reproductive oppression, as the immigration enforcement system, including the largely for-profit detention sector, evades humanitarian accountability.

KEY MESSAGE

Midwives should advocate for policy changes including whole-family humanitarian approaches, sanctuary hospital initiatives, and medico-legal partnerships.

Eur J Midwifery 2026;10(Supplement 1):A969

PB261

Interprofessional collaboration and burnout among sexual assault advocates at rape crisis centers in Japan: A cross-sectional study

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BACKGROUND

Rape crisis centers for sexual assault survivors have expanded across Japan. Midwives play key roles as advocates and administrators in these centers. Advocates often face psychological burdens like burnout, which may compromise care quality and workforce retention. According to the Job Demands–Resources model, interprofessional collaboration may act as a job resource to buffer these effects, but its impact remains underexplored in this context.

OBJECTIVES

To examine the association between ease of interagency collaboration and burnout among advocates at rape crisis centers in Japan.

METHODS

A cross-sectional, postal survey was conducted from March to June 2022 with 560 staff across 46 centers. Burnout was assessed using the 10-item Japanese version of the Professional Quality of Life scale. Ease of collaboration with key agencies was rated on a 7-point Likert scale. Additional data possible related factors included secondary traumatic stress, supervisory support, demographics, and work conditions based-on previous studies. Multiple regression analyses were performed.

RESULTS

Data from 249 respondents, including 35 midwives, were analyzed. The mean burnout score was 24.19 (SD = 4.7). Burnout was negatively correlated with ease of collaboration with psychological counseling services ($\rho = -0.27$, $p < .001$) and intimate partner violence agencies ($\rho = -0.14$, $p = .036$). Multiple regression analysis showed that collaboration with these agencies was significantly associated with lower burnout ($\beta = -0.22$, $p < .001$; $\beta = -0.12$, $p = .029$). Full-time employment was linked to higher burnout ($\beta = 0.14–0.16$, $p = .036–.015$), while supervisor support was negatively associated in some models ($\beta = -0.13$, $p = .026$).

CONCLUSIONS

Facilitating collaboration with psychological counseling services and intimate partner violence services may serve as a crucial job resource to reduce burnout among advocates. Strengthening interprofessional systems is vital to sustain quality care.

KEY MESSAGE

Promoting interagency collaboration could help protect

mental health and enhance retention among sexual assault support professionals.

Eur J Midwifery 2026;10(Supplement 1):A970

PB262

Standardisation of midwife-led care services on civil search and rescue ships

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PURPOSE

This poster advocates for the mandatory integration of midwife-led care (MLC) on all civil search and rescue missions in the Mediterranean Sea. Midwives are uniquely qualified to provide comprehensive physical, mental, and sexual and reproductive healthcare.

DISCUSSION

Women crossing the Central Mediterranean - one of the world's deadliest migration routes - face significant risks, including pregnancy, sexual violence, and lack of access to healthcare. These factors contribute to high rates of maternal and neonatal complications, such as stillbirth, maternal death, and morbidity. The brief time spent aboard rescue vessels presents a crucial opportunity to address these urgent needs. MLC, already implemented by some non-governmental organisations (NGOs), includes care for pregnancy-related complications, survivors of sexual violence, and other gender-specific health concerns. Midwives offer holistic, trauma-informed services tailored to the needs of women and girls, ensuring safe, dignified, and equitable care.

EVIDENCE WHERE RELEVANT

This approach aligns with international human rights frameworks such as the Universal Declaration of Human Rights and the Sustainable Development Goals, which call for universal access to maternal health services. The Lancet Series on Midwifery and The State of the World's Midwifery 2021 report highlight the essential role of midwives in reducing maternal and neonatal mortality globally. Investment in midwifery education and workforce development is key to improving health outcomes and ensuring access to quality care.

KEY MESSAGE

To meet international standards for maternal healthcare at sea, this poster proposes: 1. Mandatory inclusion of a trained midwife on every civil rescue ship. 2. Development of standardised training programs. 3. Provision of adequate materials, settings, and resources. 4. Strong collaboration between NGOs for implementation and support.

Eur J Midwifery 2026;10(Supplement 1):A971

PB263

A prism of inequity. Childbearing in humanitarian and fragile settings: Maternity care experiences of women and girls. A systematic review

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BACKGROUND

Worldwide, women and girls represent an estimated 75% of those living in humanitarian and fragile settings (HFS). The risks faced by crisis-affected populations are gendered, where this unique group face intersecting issues related to power, identity, gender and citizenship. Women living in HFS face a 1 in 54 lifetime risk of maternal death and respectful maternity care is a key determinant of health-seeking behaviour. Therefore, the mistreatment of women and girls when accessing maternity services presents a major obstacle to addressing maternal and neonatal morbidity and mortality. Yet, little is known about the experiences of those accessing maternity services in HFS.

OBJECTIVES

1. To describe how women and girls experience maternity care in HFS. 2. To explore how experiences influence interactions with maternity care in HFS. 3. To explore how experiences for women and girls may be used to shape maternity care in HFS.

METHODS

A structured systematic review was undertaken to identify literature published between1989 and 2025, which studied experiences of maternity care in HFS.

RESULTS

Six qualitative studies including 159 women from 7 countries were included for review. Findings from papers were coded and thematically analysed to form a thematic synthesis. Four themes emerged: power and autonomy; non-dignified and disrespectful care; discrimination and corruption; mistrust in healthcare system.

CONCLUSIONS

The perspectives of women and girls are intrinsic to shaping maternity care services and so it is essential to understand the experiences of women and girls when accessing these services. Further research must be prioritised to understand the lived experiences of maternity care in HFS.

KEY MESSAGE

For decision-making power to be shifted to women and girls, it is first essential to listen to their experiences and amplify their voices. This shift of power has the potential to cultivate more progressive gender roles in the future as societies in humanitarian and fragile settings are rebuilt.

Eur J Midwifery 2026;10(Supplement 1):A972

PB264

Midwives as frontline actors in humanitarian response: Lessons from country office experiences in preparedness and response

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PURPOSE

Global humanitarian crises increasingly threaten women and girls, exacerbating maternal mortality and limiting access to essential Sexual and Reproductive Health (SRH) services. Midwives are consistently on the frontline in challenging contexts to deliver life-saving care, particularly the Minimum

Initial Service Package for Sexual and Reproductive Health (MISP). UNFPA's guidance for midwives in humanitarian response aims to support countries to strengthen midwifery's role in humanitarian settings. This presentation highlights concrete, replicable country-level experiences in strengthening midwife capacity and deployment in humanitarian contexts. By showcasing successful models, we aim to provide actionable insights for other countries to enhance their SRH preparedness and response through midwives.

DISCUSSION

1) Expanded Scope of Practice (DRC, Syria, Bangladesh): Countries have successfully expanded midwives' scope of practice through policies, enabling them to provide the full MISP interventions. This includes emergency obstetric and newborn care, family planning, HIV/STI prevention/treatment, and clinical management of rape. 2) Effective Deployment Modalities (Sudan, Mali): Successful experiences feature deployment modalities including roaster systems, managed by governments, midwifery associations or private sectors. These systems facilitate rapid, efficient deployment to affected areas, ensuring immediate access to care. 3) Capacity Building and Maintenance (DRC, Bangladesh): Countries have demonstrated effective strategies for equipping and maintaining midwife capacity to provide MISP. This involves integrating MISP skills into curricula and providing continuous professional development.

EVIDENCE WHERE RELEVANT

The presented insights are drawn from successful country initiatives, serving as the recommendations in the guidance which other countries consider to apply to their context. The shared experiences also demonstrate the full potential of empowering midwives in humanitarian responses.

KEY MESSAGE

Through policy alignment, strategic deployment, and sustained capacity building of midwives, countries can significantly improve SRH outcomes during emergencies and build more resilient health systems.

Eur J Midwifery 2026;10(Supplement 1):A973

PB265

Midwifery on the frontlines: Compassionate care in humanitarian and conflict settings

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PURPOSE

This poster shares the lived reality of midwives who serve in humanitarian crises, conflict zones, refugee camps, and disaster-struck communities, where the birth of a child can be both a miracle and a risk. It highlights how trauma-informed, culturally safe, and respectful midwifery care becomes a lifeline for women navigating the most vulnerable moments of their lives amid chaos.

DISCUSSION

Each day, women give birth in tents, abandoned buildings, and conflict zones, without electricity, clean water, or privacy. In these fragile settings, midwives are often the only healthcare workers present. Drawing on global guidance and stories from displaced communities, particularly Somali and Yemeni women, this poster explores how midwives preserve dignity, calm fear, and deliver life-saving care with little more than their hands, their knowledge, and their compassion. It explores strategies for trauma-sensitive and culturally respectful practice, even in makeshift or overcrowded facilities, and reflects on the emotional demands placed on midwives working in such environments. The poster also addresses the need for stronger global support, training, and recognition of midwives in humanitarian health systems.

EVIDENCE WHERE RELEVANT

The UNFPA (2015) reports that over 500 women die daily from preventable causes in humanitarian settings. Research by Turkmani et al. (2019) shows midwives improve outcomes even in low-resource environments. ICM (2024) calls for strengthened midwifery leadership and education in crisis response.

KEY MESSAGE

Midwives are vital in crisis zones, offering skilled and compassionate care where it's needed most. To protect both mothers and midwives, global systems must invest in humanitarian midwifery as a core pillar of emergency health care.

Eur J Midwifery 2026;10(Supplement 1):A974

PB266

"I'm not the mum; I'm just the stork": Surrogate mothers' experiences of commercial surrogacy

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BACKGROUND

Commercial surrogacy arrangements are growing worldwide, but there are no international laws or guidelines regulating this. As their prevalence increases, ethical, medical, psychosocial, and legal issues emerge that must be addressed. However, studies on the experiences of surrogate mothers in commercial surrogacy are limited.

OBJECTIVES

This study aims to explore surrogate mothers' experiences of commercial surrogacy.

METHODS

The chosen design was a meta-synthesis. A PRISMA diagram illustrates the selection of articles. Seventeen articles from six different countries were ultimately analysed using latent content analysis.

RESULTS

Three categories emerged: Alliances and Autonomy, Work and Worth, and Pressure and Resilience. Alliances and Autonomy highlighted the complexity of decision-making involved in participating in the surrogacy process, as well as the impact surrogacy had on the surrogates' relationships with others. Work and Worth revealed the reasons for surrogacy, with money being the primary motivation for participation. It also illustrated the different aspects of surrogacy as a profession, ranging from viewing themselves solely as carriers to being micromanaged by intended parents. Pressure and Resilience depicted the stigma and emotional responses associated with a surrogacy pregnancy. Stigma was common among all surrogates, leading to coping mechanisms; therefore, access

to support systems was essential.
CONCLUSIONS
Our findings indicate that in countries lacking legal and social protections, surrogates in financial hardship face a higher risk of exploitation and marginalisation by those in positions of authority power.
KEY MESSAGE
Since reproductive autonomy is a human right, midwives and healthcare workers have a duty to safeguard and support surrogate mothers' sexual and reproductive health.
Eur J Midwifery 2026;10(Supplement 1):A975

PB267

Factors associated with registered midwives' intention to report child abuse and neglect in Greece; Findings from a quantitative study

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BACKGROUND
Child maltreatment affects around 400 million children globally, with severe physical and mental health consequences. Midwives, often in frontline positions, have a key role in child protection but may hesitate to report suspected cases of child abuse and neglect (CAN).
OBJECTIVES
This study explored factors influencing registered midwives' intention to report suspected CAN in Greece.
METHODS
Between October 2023 and June 2024, 493 registered midwives participated in our study completing a survey including sociodemographic questions and the Child Abuse Report Intention Scale (CARIS), a validated tool that we adapted for Greece.
RESULTS
Most respondents (n=462,93.7%) reported receiving no formal CAN education during their pre or post-graduation studies, while only (n=25, 5.1%) had completed related in-service training. While 8.9% (n=44) had previously reported suspected abuse, 17.1% (n=84) admitted to not reporting cases they found suspicious. Common barriers included uncertainty about evidence and fear of legal consequences. Participants showed strong negative attitudes toward harsh discipline, low tolerance toward perpetrators, and generally positive attitudes toward the duty to report. Participants demonstrated moderate knowledge, high perceived social pressure to report, but moderate control over their ability to report. Reporting intention was significantly associated with knowledge, attitude, perceived norms, and control ($p < 0.001$).
CONCLUSIONS
Although midwives play a crucial role in safeguarding children, they often lack adequate training and clear legal mandates to effectively handle cases of child abuse and neglect. Bridging these gaps through targeted educational reforms and comprehensive policy changes—including legal obligations and protections for those who report- could significantly strengthen midwives' capacity and confidence to intervene.
KEY MESSAGE
Midwives' limited pre and post- graduation training and lack of legal obligation to report suspected child abuse in Greece, undermine their ability to protect vulnerable children. This underscores the urgent need for educational and legislative reforms to support their safeguarding role.
Eur J Midwifery 2026;10(Supplement 1):A976

PB268

Child-bearing aged women's knowledge, beliefs and behaviours related to pre-eclampsia in Saudi Arabia: A cross-sectional study

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BACKGROUND
Pre-eclampsia affects 5–8% of pregnancies and remains a leading cause of maternal and neonatal morbidity. Despite the importance of prevention and early detection, little is known about women's understanding of pre-eclampsia in Saudi Arabia.
OBJECTIVES
To examine the knowledge, beliefs, and behaviours of women of childbearing age in Saudi Arabia regarding pre-eclampsia.
METHODS
A nationwide cross-sectional online survey of women in Saudi Arabia aged 18–49 conducted between August and December 2024 after ethics approval. The Arabic or English survey assessed pre-eclampsia knowledge, beliefs, and behaviours. Forty-eight knowledge questions were scored +1 for correct, -1 for incorrect, and 0 for 'I don't know'. Data was analysed using descriptive statistics.
RESULTS
The majority of the 440 women participated were Saudi nationals (n=416; 94.5%), married (n=358; 81.4%), and had a bachelor's degree (n=219; 49.8%). Most had pregnancy (n=362; 82.3%), and 36 (8.2%) experienced pre-eclampsia. Knowledge was limited, mean 2.5 (SD = 6.9; score range -14 to +35). One-third (n=136; 30.9%) did not know pre-eclampsia symptoms. Of those diagnosed, 16 (47.1%) were dissatisfied with healthcare providers' information. Knowledge scores differed by age ($F=3.81$, $p =0.023$), employment ($F=4.52$, $p =0.004$), education ($F=5.28$, $p <0.001$), and income ($F=4.39$, $p =0.005$), but not by nationality, marital status, or residential location. Culture and religion influenced how women handled preeclampsia (n=117; 26.8%).
CONCLUSIONS
Significant gaps exist in knowledge of preeclampsia among women of childbearing age in Saudi Arabia, particularly among women with lower education and income.
KEY MESSAGE
Culturally appropriate, midwife-led education and broader public health initiatives are needed to raise awareness and

support preventive health behaviours.
Eur J Midwifery 2026;10(Supplement 1):A977

PB269

Determination of the relationship between the perception of self-efficacy towards normal birth and their spiritual well-being levels of primary pregnant women

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BACKGROUND
Women go through stages of adaptation to physiological, psychological and social changes during pregnancy. High birth self-efficacy enables pregnant women to cope with labor pain and fear of birth more easily and to decide on the method of birth.From past to present, it has been emphasized that birth and pregnancy have spiritual aspects and that a woman's state of readiness for birth and, accordingly, her self-sufficiency for birth require a state of spiritual well-being.
OBJECTIVES
The study was conducted to determine the relationship between primigravida women's spiritual well-being levels and their perceptions of self-efficacy towards normal delivery. The sample of the descriptive and correlational study consisted of 280 primiparous pregnant women who applied to Sivas province Numune Hospital between August 24, 2023 and July 16, 2024, met the research criteria and volunteered.
METHODS
The data were collected using the "Personal Information Form", "Spiritual Well-Being Scale (SWBS)" and "Self-Efficacy Scale for Normal Birth (SEVB)". One-Way Analysis of Variance (One-Way ANOVA), Mann-Whitney U test, Kruskal Wallis test were used to analyze the data. The relationship between variables was evaluated with Pearson correlation test.
RESULTS
The mean SEVB score of the pregnant women was found to be 55.74±20.55 and the mean total score of the SWBS was found to be 124.21±13.72. A significant relationship was found between the level of education, employment status, planned pregnancy, preferred mode of delivery and the mean spiritual well-being scores of the pregnant women. The preferred mode of delivery and the mean score of self-efficacy for normal delivery were found to be significantly higher.
CONCLUSIONS
A significant correlation was found between the SEVB scores of the pregnant women and the total scores of the SVBS ($r=0.341$, $p<.01$). As a result, the higher the SEVB scores, the higher the total scores of the SVBS.
KEY MESSAGE
Pregnancy, natural childbirth, self-efficacy, spirituality
Eur J Midwifery 2026;10(Supplement 1):A978

PB270

The strength of hope: A qualitative exploration of pregnant women's experiences after prenatal diagnosis of congenital anomalies

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BACKGROUND
Pregnancy often embodies expectations, dreams and emotional investment. A prenatal diagnosis of a congenital anomaly disrupts this trajectory, triggering complex emotional responses. Hope plays a critical role in adapting to this new reality, yet the specific processes through which it is sustained remain underexplored.
OBJECTIVES
To explore how women experience and sustain hope after a prenatal diagnosis of congenital anomalies; to identify facilitating and hindering factors; and to analyse coping strategies throughout the pregnancy.
METHODS
This ongoing qualitative study applies a Grounded Theory approach. Participants are pregnant women with a confirmed diagnosis of fetal anomaly, recruited from hospitals in Portugal. Semi-structured interviews are being conducted and analysed using MAXQDA, guided by Charmaz's coding method. Ethical approval was obtained and informed consent secured.
RESULTS
Preliminary findings reveal that hope coexists with profound emotional ambivalence. Women often describe a period of emotional shock followed by mourning the loss of the "idealised baby". This grieving process is not always acknowledged by healthcare professionals, intensifying feelings of isolation. However, hope gradually re-emerges through moments of connection, empathetic communication, and emotional validation. Participants highlight the importance of being treated as mothers and not only as patients facing a diagnosis. Focusing on the present, maintaining daily routines, and visualising positive outcomes help sustain hope. The presence and attitude of midwives are described as decisive in helping women navigate between grief and resilience.
CONCLUSIONS
Hope is a dynamic and relational process, profoundly shaped by how women are supported emotionally and how grief is acknowledged. Recognising the mourning for the idealised baby is essential in midwifery care. Promoting hope can enhance emotional well-being and foster meaningful adaptation during high-risk pregnancies.
KEY MESSAGE
Midwives can play a key role in balancing hope and grief by validating emotions and providing humanised, relational care.
Eur J Midwifery 2026;10(Supplement 1):A979

PB271

Mental health and mother-to-infant bonding: A longitudinal study

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BACKGROUND
Child guidance centers in Japan are experiencing annual increases in child abuse consultations. Strengthening mother-to-infant bonding plays a key role in preventing child abuse.
OBJECTIVES
This study is intended to clarify the relationship between maternal mental health during the perinatal period and attachment to the baby.
METHODS
Mental health was assessed using the State-Trait Anxiety Inventory (STAI) and Edinburgh Postnatal Depression Scale (EPDS). Pregnancy attachment was evaluated using the Prenatal Attachment Inventory (PAI), and postpartum attachment was measured using the Mother-to-Infant Bonding Scale (MIBS). Questionnaires were distributed to 137 pregnant women at over 19 weeks' gestation between December 2019 and October 2020. Only first-time mothers and singleton pregnancies were included in the study. Surveys were conducted longitudinally at three time points: the second and third trimesters and early postpartum period. Only 59 women responded at all time points. The study protocol was approved by the Ethics Committee of the Kobe University Graduate School of Health Sciences (approval number: 871).
RESULTS
No association was found between the EPDS scores during pregnancy and postpartum MIBS scores; however, the postpartum EPDS and MIBS scores were associated (p=0.015). Multiple Regression Analyses showed that the MIBS scores were was significantly related to "trait anxiety in the third trimester" (p=0.046), "attachment to the baby in the third trimester" (p=0.001), "postnatal state anxiety" (p<0.001), "postnatal trait anxiety" (p<0.001), and "postnatal EPDS" p 0.010). No significant relationship was found between marital status and satisfaction with childbirth and mental health.
CONCLUSIONS
To strengthen mothers' attachment to their babies, caregivers should reduce the anxiety that women experience after giving birth. The authors declare no conflicts of interest directly relevant to the content of this article.
KEY MESSAGE
Caregivers should reduce the anxiety that women experience after giving birth.

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PB272

Prediction of overweight and obesity in offspring at age 24 months from a representative cohort in Belgium

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BACKGROUND
Early childhood overweight and obesity remain pressing public health concerns, with increasing global prevalence and established links to adverse health trajectories. The early identification of at-risk-children through predictive modelling offers opportunities for targeted intervention. However, models specifically calibrated for children under three years are scarce and have not been developed in a Belgian context.
OBJECTIVES
To develop and validate a prediction model for overweight and obesity at 24 months using routinely collected population-level data from perinatal and early childhood registries in Flanders, Belgium.
METHODS
Data from 340,502 mother-child dyads (2009–2018) were derived from two routinely collected datasets: the Study Centre for Perinatal Epidemiology and Opgroeien (formerly Kind&Gezin). A prediction model using logistic regression was trained on 70% of 2009–2016 data (n≈195,000) and tested on the remaining 30%, with additional validation using 2017–2018 birth cohorts. Predictors included maternal, perinatal, sociodemographic, and early growth characteristics. Model performance was evaluated using AUC, sensitivity, specificity, PPV, NPV, diagnostic odds ratio, and F1-score.
RESULTS
The base model, incorporating only predictors available at birth and infancy, achieved moderate discriminatory capacity (AUC:0.670–0.675). Key predictors included infant birth weight, language spoken at home, and household urbanicity. Inclusion of infant BMI at 12 months substantially improved model performance (AUC:0.861–0.883). At an optimal cutoff (0.08), the final model achieved a sensitivity of 78.0%, specificity of 81.9%, PPV of 24.1%, NPV of 98.1%, and an F1-score of 18.4%.
CONCLUSIONS
A predictive model for overweight/obesity at age 24 months was successfully developed using linked Belgian registry data. While the model demonstrated strong discriminatory performance, predictive accuracy was limited, particularly regarding PPV. These findings underscore the importance of incorporating broader behavioural and environmental data in future modelling efforts to enhance clinical relevance and utility.
KEY MESSAGE
Predictive models based on early-life registry data show promise but must evolve to incorporate contextual psychosocial, behavioural, and environmental factors.

Eur J Midwifery 2026;10(Supplement 1):A981

PB273

The Midwifery Sustainability Project: Identifying enablers, barriers and system-level solutions to midwifery sustainability in

Ontario, Canada

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PURPOSE
Midwives across Canada and throughout the world are experiencing unprecedented burnout, attrition, and health challenges, which can threaten the profession's sustainability. In Ontario, one in three midwives is considering leaving within the next five years—a crisis that demands urgent action. The Association of Ontario Midwives (AOM) launched the Midwifery Sustainability Project (MSP), a province-wide research and engagement initiative aimed at identifying the key enablers and barriers to midwifery sustainability, the actions needed for change and the pathways to fully integrate and value midwives within the health system.
DISCUSSION
The presenters will take participants on the AOM's sustainability journey, from identifying the need for the MSP to conducting the research and engagement process, identifying themes, drawing conclusions and making recommendations for system-level change. We will share the findings and impact of the AOM's Midwifery Sustainability Project's Roadmap to health system integration: A critical direction for midwifery sustainability in Ontario, highlighting key themes that resonate across health systems, including: • The structural barriers driving burnout and workforce shortages • Systemic enablers that support midwifery retention • Five evidence-informed urgent priority areas and advocacy strategies to ensure midwives are valued, supported, and fully integrated into health systems.
EVIDENCE WHERE RELEVANT
AOM Comprehensive synthesis report: Understanding the systemic factors impacting the sustainability of midwifery in Ontario. May 2024. Association of Ontario Midwives, Toronto, ON. AOM Roadmap to health system integration: A critical direction for midwifery sustainability in Ontario. May 2025. Association of Ontario Midwives, Toronto, ON.
KEY MESSAGE
This presentation will resonate with any midwife and midwifery association working to combat the forces of medical dominance, threats to professional autonomy, gender discrimination and systemic undervaluation and inspire them to take action for a better future.

Eur J Midwifery 2026;10(Supplement 1):A982

PB274

How much is too much? The impact of fluid intake during and after labour

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PURPOSE
This systematic review explored the causes and impacts of hyponatraemia in pregnancy, particularly during labour. It examines fluid management practices, current guidance gaps, and inconsistent hydration advice. The review highlights the need for clearer education, updated recommendations, and further research to support safe, evidence-based fluid intake guidance for midwives and pregnant women.
DISCUSSION
Hyponatraemia remains an under-recognised complication of labour with potential maternal and neonatal risks. Incidence is estimated at 5.79 per 100,000 deliveries. Evolving practices now encourage oral hydration in labour, highlighting the need for clearer fluid management guidance, monitoring, and education for women and healthcare professionals.
EVIDENCE WHERE RELEVANT
As described in other sections
KEY MESSAGE
This review aimed to identify and critically appraise literature on hyponatraemia in pregnancy, focusing on causes, impacts, and implications for clinical practice. Common risk factors include labour-related nausea, pain, starvation, prolonged labour, augmentation, excessive fluid intake, and a positive fluid balance over 1500mls—many of which are physiological or iatrogenic. Historical guidance, from Mendelson (1940) to GAIN (2017) and NICE (2023), reflects evolving views on fluid intake during labour. However, no randomised controlled trials compare the effects of 5% glucose versus 0.9% sodium chloride as Syntocinon diluents—highlighting a key research gap. Studies report hyponatraemia incidence ranging from 1% to 26%, with recent cases often occurring after hospital transfer, suggesting a shift in maternal behaviour and a lack of antenatal education. Despite differing views on oral fluid intake, no consensus exists on optimal fluid volumes or standardised monitoring. There is a clear need for further evidence-based guidance to support informed decision making and consent around safe fluid management. Recommendations include researching optimal Syntocinon diluents, defining safe fluid intake, initiating fluid monitoring earlier in labour, and improving antenatal education. A robust evidence base is essential to reduce hyponatraemia risk and improve maternal and neonatal outcomes.

Eur J Midwifery 2026;10(Supplement 1):A983

PB275

Improving access to interpretation services in maternity care: A regional co-produced approach

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PURPOSE
This project aimed to reduce variation and improve access to high-quality interpretation services across maternity care in London. Recognising language barriers as a significant vulnerability contributing to health inequalities, the initiative sought to ensure equitable, personalised care by co-producing guidance, resources, and training with diverse stakeholders, including non-English-speaking service users.
DISCUSSION
A 2019 London Maternity Clinical Network report and subsequent surveys identified barriers such as limited interpreter availability, inadequate training, and resource constraints. The COVID-19 pandemic exacerbated these issues, with a 2021 HSIB report highlighting interpretation access failures as a key safety risk during intrapartum care. In response, a Task and Finish Group developed a

multifaceted strategy including a digital toolkit for maternity clinicians, multilingual communication cards for urgent care, staff training sessions, and piloting of a digital translation app ('Cardmedic'). Co-production with service users and community groups ensured resources met real needs.
EVIDENCE WHERE RELEVANT
Since May 2023, the guidance and communication cards have been widely disseminated across London, with positive initial feedback from maternity staff on improved communication and confidence. The Cardmedic pilot demonstrated effective support in urgent settings when human interpreters were unavailable. This aligns with evidence linking improved interpretation access to better maternal outcomes and safety. With over 300 languages spoken in London, training workshops were were well received. The session discussed the impact of language barriers, the role of the professional interpreter and how to get the best outcomes from using an interpreter. Following the session there was a noticeable increase in knowledge and confidence of working with interpreters prior to the training.
KEY MESSAGE
Addressing language barriers through co-produced, comprehensive strategies is essential to reduce inequalities and improve safety in maternity care. Embedding high-quality interpretation services supports personalised, equitable care and enhances both patient and staff experience. This model offers a replicable framework for regional and national implementation.
Eur J Midwifery 2026;10(Supplement 1):A984

PB276

Regional differences in supportive intrapartum care in Italy: Findings from the IMAgiNE global survey

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BACKGROUND
Supportive Intrapartum Care, as defined by the World Health Organisation Labour Care Guide, encompasses the freedom to eat and drink, maternal mobility, access to pain relief, and effective communication with informed consent for women in labour without clinical contraindications. In Italy, its implementation remains poorly documented and inconsistent, with limited national data revealing regional disparities.
OBJECTIVES
To examine women's experiences concerning six key aspects of supportive labour care across Italian macro-regions.
METHODS
As part of the multicountry IMAgiNE Global survey, this cross-sectional study included women aged 18 and older who experienced a spontaneous vaginal birth in Italian healthcare facilities between March 2020 and April 2025. We assessed six key indicators of supportive intrapartum care—freedom of movement, choice of position during labour and birth, pain management, presence of companionship, clear communication, and shared decision-making—and stratified the results by geographic region. Bivariate analysis using the chi-squared test was employed to examine group differences.
RESULTS
Among 24,235 respondents, 93.3% reported having freedom of movement during labour (range: 87.9–95.7%), and 74.9% during birth (range: 55.0–83.3%). 53.4% received some form of pain relief (range: 38.4–58.6%), and 58.0% had continuous companionship (range: 30.3–73.2%). 83.4% felt involved in clinical decisions, and 91.8% experienced effective communication with providers (range: 70.1–90.7% and 85.4–94.8%, respectively). Significant disparities remain between regions ($p<0.001$), particularly for pain relief and continuous companionship. The highest percentages across the six indicators were recorded in the North-East, whereas the lowest were observed in Southern Italy.
CONCLUSIONS
Although freedom of movement and clear communication exceed 90% nationally, fewer than 60% of women in some regions benefit from pain relief or continuous companionship.
KEY MESSAGE
National and regional strategies must address disparities and apply all indicators of supportive care during labour to ensure equitable and respectful labour care in Italy.
Eur J Midwifery 2026;10(Supplement 1):A985

PB277

A prospective case-control study of risk factors and perinatal outcomes associated with reduced fetal movements

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BACKGROUND
Maternal perception of reduced fetal movements (RFM) in pregnancy is a common reason for referral to maternity services. RFM is considered a potential sign of a fetus at risk of adverse perinatal outcomes, particularly stillbirth. Pregnancy characteristics of women with RFM vary across studies.
OBJECTIVES
To present a contemporary investigation of risk factors for, pregnancy, birth, and neonatal outcomes associated with RFM in pregnancy.
METHODS
A prospective case-control study of all women with a singleton pregnancy, presenting to the emergency department, of a large urban maternity hospital in Ireland, with a primary complaint of RFM after 24 weeks' gestation (cases) between 1 January - 30 September 2020 were compared with women who did not have RFM during pregnancy (controls). Univariate logistic regression analyses were used to measure and quantify the size and strength of associations. Multivariable regression analyses were performed to identify independent associations of potential risk factors and perinatal outcomes.
RESULTS
Women who presented with RFM (n=850) were compared with 1743 women who did not present with RFM during the study period. Women with RFM, were nulliparous (68%

versus 43.8%; p<0.001; aOR 2.96 95% CI 2.41-3.64), obese (17% versus 15.9%; p=0.03; aOR 1.3 95% CI 1.03-1.73) or severely obese (4.1% versus 1.8%; p<0.001; aOR 3.30 95% CI 1.89-5.77). Women with a pregnancy after loss, specifically recurrent miscarriages or neonatal death were also more likely to attend with RFM during pregnancy. RFM was not found to be associated with stillbirth, however, was associated with babies born small for gestational age.
CONCLUSIONS
Contemporary evidence signifies the women that may require additional information and education on fetal movements.
KEY MESSAGE
Knowledge of maternal characteristics associated with RFM could assist in identifying pregnancies at higher risk of adverse perinatal outcomes and aid decision making regarding need for further investigation when a woman presents with RFM during pregnancy.
Eur J Midwifery 2026;10(Supplement 1):A986

PB278

Sustained Group Clinical Supervision for midwives reduces burnout

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BACKGROUND
There are high levels of burnout in midwifery. Support is essential for their welfare to be able to cope with the demands of their jobs. Supportive strategies, such as Clinical Supervision (CS), enable reflection in a facilitated, structured way, and can enhance professional standards and career development.
OBJECTIVES
To ascertain whether access to Group Clinical Supervision sessions reduced midwifery burnout rates, improved perceptions of workplace culture and reduced sick leave/ rates of leaving the profession.
METHODS
A cluster Randomised Controlled Trial was conducted comprising 12 maternity sites, with the intervention of monthly CS sessions from June 2022 to November 2024. Participants completed 6-monthly surveys including validated measurement tools. A multilevel mixed effects linear regression model was used to determine the effect of CS on the levels of burnout while controlling the effect of other variables.
RESULTS
After adjusting for variables the intervention had significant effects on overall burnout (-2.30 (-4.50,-0.10), p-value =0.041) and work-related burnout (-2.70 (-5.23, -0.17) p=value= 0.036), while there were no significant changes to personal and client-related burnout. The maternity site level variance of the overall burnout was 2.88 (95% CI: 0.85, 3.11), and the intraclass correlation coefficient (ICC) was 8.7%, indicating substantial variability between facilities. Midwives over 60, working in the community and having a positive perception of work culture were significantly associated with reduced levels of burnout.
CONCLUSIONS
Having access to monthly Group Clinical Supervision reduced participants' overall and work-related burnout. The notable facility-level variance suggests that other contextual factors may influence burnout, warranting further investigation. Final results regarding the ability of the intervention to affect sick leave/midwives leaving their profession will be presented.
KEY MESSAGE
Regular access to Group Clinical Supervision can reduce burnout in midwives.
Eur J Midwifery 2026;10(Supplement 1):A987

PB279

Road map to impactful research: Strategies for promoting epistemic justice in global midwifery and physiologic birth research (QMNC Research Alliance)

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PURPOSE
This presentation outlines a comprehensive roadmap for reducing epistemic injustice in global midwifery and physiologic birth research by addressing systemic barriers that prevent equitable knowledge production and dissemination across diverse geographical and cultural contexts.
DISCUSSION
The research process encompasses six critical stages: conceptualization, accessing data sets, analysis, submission, manuscript access, and dissemination. Each stage presents unique roadblocks that perpetuate epistemic injustice, including financial paywalls, language barriers requiring English write-ups, limited access to datasets, reviewer bias, pressure for open access publication, and inadequate knowledge translation mechanisms. The global knowledge production map reveals significant disparities, with research concentration heavily skewed toward high-income countries like the USA, UK, and Switzerland, while underrepresenting voices from low- and middle-income nations despite their substantial contributions to global maternal and newborn health outcomes.
EVIDENCE WHERE RELEVANT
Digital knowledge translation strategies demonstrate measurable impact in disrupting closed citation circles, with social media campaigns achieving significant engagement including 1.8K shares and extensive peer-to-peer knowledge exchange. The QMNC platform provides concrete examples of collaborative research networks that successfully bridge geographical and institutional divides through working groups, conferences, and multilingual accessibility initiatives.
KEY MESSAGE
Reducing epistemic injustice requires systematic intervention across all research stages through strategic networking with organizations like QMNC (Quality Maternal & Newborn Care), engaging in mentorship programs, utilizing peer writing groups, seeking multi-center datasets, and implementing diverse knowledge translation strategies including social media campaigns and virtual journal issues. The Uplift Research and Reproductive Equity Laboratory

exemplifies how digital platforms can democratize research dissemination and promote global collaboration in maternal and newborn health research, ultimately advancing epistemic justice in this critical field.

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The impact of a 6-week lifestyle programme on maternal mental health

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BACKGROUND

Mental health (MH) problems affect 1 in 5 UK women, exacerbated by a lack of funding and reduced support services. Despite research showing that physical activity(PA) during pregnancy may have a positive impact on mental wellbeing, UK guidelines fail to utilise this advice and healthcare professionals lack knowledge in the area. Consequently, opportunities to improve maternal MH are potentially overlooked.

OBJECTIVES

To assess if attending a 6-week exercise and lifestyle programme for pregnant women impacted maternal MH. Ethics was approved by the NHS Health Research Authority committee.

METHODS

Women (n=27) between 14-28 weeks gestation were recruited, from Merseyside hospitals to attend the programme. Participants completed the Generalised Anxiety Disorder Scale (GAD-7) and the Edinburgh Depression Scale (EDS) at baseline, 6 weeks and 12 weeks post intervention. Participants were categorised as highly anxious and at risk of depression with scores of >7 and >11, respectively.

RESULTS

The EDS showed a slight decrease in depression risk from baseline to 6 weeks but a further increase by 12 weeks yet not statistically significant. However, the GAD-7 demonstrated a significant reduction in anxiety (p=0.019) declining from 4.54 ± 3.82 at baseline to 3.47 ± 4.35 at 12 weeks. While the mean scores were below the outlined thresholds, the reduction in feelings of anxiety suggests potential positive benefits of taking part in a lifestyle programme for maternal MH.

CONCLUSIONS

Whilst further research on the true impact of PA on maternal MH is required, there was no indication that being physically active had a detrimental impact on health. This highlights the potential benefits of PA on mental wellbeing, emphasising the importance of integrating PA support into routine maternity care.

KEY MESSAGE

Physical activity during pregnancy is a determinant of maternal health and potentially, mental wellbeing. Midwives should receive specific training and support to educate and advise women safely during pregnancy.

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Midwifery collaboration to safeguard daughters: A multidisciplinary approach to prevent female circumcision amongst migrant families from the Horn of Africa

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PURPOSE

The Best Beginnings for Babies (BeBB) initiative was designed to engage new migrant parents in reflective, supportive conversations around parenting practices, gender roles, and the protection of daughters from harmful traditional practices, including female circumcision. Midwives played a central role in initiating and leading this collaboration, drawing on their expertise in sexual and reproductive health, and their trusted position within migrant communities. Through consultations with bicultural workers, community leaders, health educators, and social workers, the program was co-designed to foster safe dialogue about the cultural, health, legal, and human rights implications of female circumcision within the Australian context.

DISCUSSION

This presentation showcases the midwife's role in identifying risk, providing trauma-informed care, and creating culturally respectful prevention strategies toward female circumcision. This initiative demonstrates the powerful impact of midwifery leadership in community engagement and cross-sector collaboration to protect the rights and health of girls. It reinforces the significance of midwives as advocates for reproductive justice and as key agents in ending female circumcision through education, empowerment, and culturally grounded care.

EVIDENCE WHERE RELEVANT

The development process was informed by community consultation and international best practices in female circumcision prevention and health promotion (WHO, ICM & UNFPA). Session content included the emotional and physical impact of female circumcision and the legal consequences for parents if practiced once migrating to Australia. Participant feedback indicated increased awareness, enhanced trust in healthcare providers, and strong parental commitment to protecting their daughters from female circumcision.

KEY MESSAGE

*Midwives are pivotal advocates in sexual and reproductive health and play a critical role in the prevention of female circumcision. *Collaborative, culturally sensitive parenting programs can shift harmful norms while respecting community identity. *Community trust in midwives allows for open, respectful conversations on sensitive topics like female circumcision. *Empowering parents with knowledge and support protects migrating daughters and promotes reproductive justice.

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Capability sets for rural midwives in South Australia

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PURPOSE

The South Australia (SA) Health Capability Set for Rural

Midwives is a tool developed to identify the learning needs of midwives transitioning from metropolitan to regional, rural or remote areas, and aims to support a smooth transition to the new work and practice environment.
DISCUSSION
The regional health networks in South Australia collectively span 983,482 square kilometres, and provide services to approximately thirty percent of the state's population. Like many other rural/remote areas in Australia, maternity services throughout regional South Australia are experiencing significant workforce challenges, resulting in reduced services. Midwives working in rural or remote settings may be required to use different skills to their metropolitan counterparts, and for those transitioning to rural/remote settings the breadth of required knowledge can be confronting. The SA Health Capability Sets for Rural Midwives were developed to ensure midwives understand the unique skills required to work in a rural/remote setting prior to commencing. In 2020, the South Australian Government's Nursing and Midwifery Office developed a document identifying midwifery skills specific to rural/remote settings which include confidence ratings to enable midwives to self-determine their level of proficiency with each skill. Using the Capability Sets as a tool to assess learning needs, midwives and their managers can identify areas where additional support may be required to develop individual skills and confidence levels. The Capability Sets were reviewed in 2024 and aligned to current practice and best evidence, and to ensure skills listed remained relevant.
KEY MESSAGE
This tool will continue to be used to support midwives working in rural/remote areas into the future, with plans for regular reviews to ensure it remains contemporary. This approach aims to provide a nurturing and supportive pathway for midwives to undertake the challenging yet rewarding practice of providing midwifery care to women, babies and families of regional, rural and remote South Australia.
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Developing a psychological service following baby loss: The onnen service

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PURPOSE
There is growing investment in perinatal mental health however, significant gaps remain in specialist psychological care for families experiencing baby loss. In Wales, access to timely and trauma-informed support is limited. Cardiff and Vale University Health Board launched the Onnen Service in October 2024 - its first dedicated psychological support pathway for bereaved parents and maternity staff.
DISCUSSION
The service was co-produced through a six-month Plan-Do-Study-Act (PDSA) quality improvement cycle involving bereaved families, maternity staff, and stakeholders. The model prioritised inclusivity, flexibility, and trauma-informed care. A 30-member advisory group comprising parents and health care staff co-created core aspects of the service, including its name, logo, and guidance and values. Collaboration with national services and maternity teams established robust referral pathways and intervention options.
EVIDENCE WHERE RELEVANT
In the first seven months, 40 individuals (including 7 couples) were referred, with a third receiving ongoing psychological interventions. A ten-week Acceptance and Commitment Therapy (ACT)-based group for pregnancy after loss demonstrated measurable improvements in anxiety, depression, grief, and psychological flexibility. Feedback from families emphasised the importance of compassionate, specialist care. In parallel, maternity staff received training, clinical supervision, and debriefing support, recognising the emotional impact of caring for families suffering the loss of a baby.
KEY MESSAGE
The Onnen Service offers a replicable and scalable model of bereavement care, integrating family and staff support to promote sustainable, trauma-informed practice. Key learning points include the power of co-production, the need to balance accessibility with capacity, and the critical role of providing psychological support for midwives. As Wales' first maternity psychology service for baby loss, Onnen contributes to national strategy through ongoing research, policy engagement, and service development demonstrating that compassionate care must extend to both families and the professionals who support them.
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The Influence of Cultural and Social Forces on Rarámuri (Tarahumara) Maternal Health Knowledge and Practices

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BACKGROUND
Maternal mortality remains a pressing issue worldwide, despite global improvements. Indigenous people have disproportionately worse health outcomes compared to their non-Indigenous country peers. The Rarámuri, or Tarahumara, are an Indigenous group living in the Sierra Madre mountains of northern Mexico. They are one of only a few groups in the world that have no system of native midwives to help women during childbirth. Women have traditionally gone into the woods alone to give birth. Similar to other Indigenous groups in Mexico, the Rarámuri are more likely to live in poverty and have very limited access to Western healthcare. Consequently, the region's maternal mortality rates are extremely high.
OBJECTIVES
This study explores the reciprocal relationship between

cultural and social forces and how they affect Rarámuri maternal health knowledge and practices.
METHODS
Research was conducted in five communities spanning 240 km/150 miles with varying degrees of cultural assimilation and distance to healthcare centers. Data was collected through semi-structured interviews and analyzed through an interpretive, inductive phenomenological approach.
RESULTS
The results validated that both cultural and social factors impact pregnancy, birth, and postpartum knowledge and practices. The following themes emerged: (a) cultural traditions, (b) fatalism, (c) time orientation, (d) health literacy and orality, and (e) being caught in the middle. The results also highlight how structural violence and persistent discrimination perpetuate adverse health outcomes.
CONCLUSIONS
In order to improve health outcomes for the Rarámuri, both interpersonal and systemic changes need to be made. On the interpersonal level, healthcare providers working with Indigenous populations should practice cultural humility, value diverse worldviews, adapt interventions to local culture, and acknowledge the consequences of historical trauma on the acceptance of Western medicine. At the systemic level, investments in education, road infrastructure, and healthcare services in rural areas are imperative to improving Indigenous health outcomes.
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Movement as perinatal care: Opening conversations surrounding the current state of perinatal physical activity in diverse settings and the potential benefits of dance

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PURPOSE
Physical inactivity has been identified as the fourth-leading risk factor for premature death globally (ACOG 2015). As pregnancy and childbirth have become increasingly medicalized, it is imperative to recognize not all care occurs within a hospital, clinic, or via medication. Seeking non-medicalized preventative and interventive care is paramount to improving maternal-child health and well-being. Physical activity (PA) represents an essential form of perinatal care and there exists an urgent need to improve perinatal PA integration and access worldwide.
DISCUSSION
Research and guidelines clearly indicate the importance of PA during and after pregnancy, yet numerous myths, facilitators, and inhibitors complicate perinatal PA engagement. The current state of perinatal PA demands a search for forms of accessible PA that foster opportunities for education and community. Like walking, the act of dancing to a rhythm in community not only reflects an innate aspect of human nature, but also a therapeutic form of PA. Exploring dance as a form of perinatal PA holds the potential to address questions of accessibility, adaptability, community-building, and education.
EVIDENCE WHERE RELEVANT
Evidence pulled from conducting provider interviews and analyzing research and literature reviews clearly demonstrates that perinatal PA can reduce risk for many complications including gestational diabetes, hypertensive disorders in pregnancy, preterm labor, and post-partum depression. The efficacy of Centering Pregnancy (group prenatal care) and group perinatal yoga underscore the many benefits of community-building to maternal-child health and well-being. Lastly, the prevalence of dance in other areas of healthcare exemplifies its potential as an adaptable and therapeutic form of PA.
KEY MESSAGE
Finding ways to educate and empower women to engage in perinatal PA is a crucial and relevant conversation amongst providers. Addressing dance's potential, serves to further inform and guide conversations and research surrounding the identification, promotion, and creation of healthy, accessible, engaging, and adaptable forms of PA during and following pregnancy.
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In the hands of midwives: Tools of care and sustainability from the past to the present

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PURPOSE
To classify the elements contained in the professional bag donated to the Museum of History of Medicine of the University of Pavia, belonging to an Italian midwife, Maria Baldratti, graduated in 1911 at the University of Milan, living and working during the 1920's; her tools and techniques exemplify accessible maternal care, highlighting midwives as vital agents of resilient health systems, past and present.
DISCUSSION
Each item contained in the bag has been cataloged according to the fields representing the core of the Ministerial card for the description of the historical Scientific Heritage (description, functionality, mode of use, material, technique and the measures). Not disposable tools included: 1 surgical pliers, 3 Kocher clamps, 1 pointed scissors and 1 blunt-tipped scissors, 2 metal urinary catheters and 2 rubber urinary catheters, 1 Pean pliers, 1 little glass bottle for antiseptic liquid, 2 amber-colored little bottles for iodine, 1 stitch remover, 1 nail file, 1 little box with a rubber patch, 2 enema cannulas and for vaginal irrigations, 1 container for enema, 1 metal speculum, 1 Pinard obstetric stethoscope, 1 razor, 1 arcella, 1 densimeter, 2 ampoules, 2 glass cannulas.
EVIDENCE WHERE RELEVANT

The history of midwifery offers a unique and insightful perspective on the evolution of medical care, rooted in skilled hands, simple tools and community-based practices. Long before the rise of high-tech interventions, midwives provided essential maternal care with minimal yet effective equipment. In an era of climate crisis and increasing global emergencies, these practices offer a model of sustainable, low-cost healthcare.
KEY MESSAGE
This study, conducted by historians and a practicing midwife, reconnects us with the roots of midwifery and offers a powerful reminder: in times of ecological instability, midwives remain a crucial, sustainable force in maternal healthcare. Their history is not just of the past, but a pathway forward.
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Healthy adaptation to pregnancy, postpartum and parenthood - HAP 3

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BACKGROUND
Large gaps remain between knowledge and practice regarding the two most common complications, obesity and mental health problems, during the prenatal and postnatal periods. Effective care is hampered by (1) fragmented services across providers; (2) limited multicomponent screening and interventions; and (3) poor reach of vulnerable groups due to access barriers and homogeneous research samples.
OBJECTIVES
The aim of this Doctoral Network project: to understand predictors and mechanisms of these intertwined complications in women, partners and offspring during pregnancy, postpartum and early parenthood; and to develop, test and implement the online HAP3 intervention for families and care providers to prevent transmission of complications across generations and inform future policy.
METHODS
systematic reviews, national register studies, longitudinal cohort study analysis, prediction modelling, a multi-country randomized controlled feasibility trial and qualitative studies (co-creation methodology, stakeholder panels, interviews, nominal group studies).
RESULTS
In more detail, 11 PhD students will each focus on one of the following research topics: 1: predictors and mechanisms of childhood obesity. 2: biological and psychosocial mechanisms related to family health & parenting 3: interplay between obesity & mental health during transition to parenthood 4–5: family app/dashboard for preventing obesity and mental health problems during transition to parenthood 6–8: feasibility and outcomes of the Family app/dashboard for obesity and mental health in 3 European countries 9–11: facilitators, barriers and implementation strategies for the Family app, Dashboard, and policy level.
CONCLUSIONS
The overarching goal is to provide transdisciplinary training for PhD students, enabling them to become "Perinatal Care Innovators", who can tackle complex challenges in obesity, mental health and early parenting.
KEY MESSAGE
This Marie Skłodowska-Curie Joint Doctoral Network project aims to bridge critical knowledge-practice gaps by training a new generation of "Perinatal Care Innovators" to prevent obesity and mental health problems across generations through multidisciplinary research and the co-development and implementation of the HAP3 family intervention.
ADDITIONAL READING
HAP3 Project. Healthy Adaptation to Pregnancy, Postpartum and Parenthood. Accessed June 9, 2026. https://hap3.eu/
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A midwife's journey from Rho(D) immunoglobulin (anti-D) consumer to donor: Humanising a lifesaving therapy

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PURPOSE
This presentation offers a reflective account of my journey as both a consumer and donor of Anti-D immunoglobulin, aiming to humanise the therapy and provide midwives with a deeper understanding of its historical, ethical, and personal dimensions. By sharing my unique perspective, I hope to foster empathy and enhance communication between midwives and the they care for, improving informed decision-making around Anti-D administration.
DISCUSSION
I recount my experience as a Rhesus negative mother receiving Anti-D, initially without fully understanding the therapy, and my later pursuit of more informed choices during subsequent pregnancies. This reflection extends to my participation in the Anti-D donor program, including the challenging process of intentional isoimmunisation. The journey from passive recipient to active donor underscores the emotional and ethical complexities inherent in the Anti-D program, providing a rare perspective that combines clinical practice with lived experience.
EVIDENCE WHERE RELEVANT
Approximately 16% of Australians are Rhesus negative, and Anti-D therapy plays a critical role in preventing haemolytic disease of the foetus and newborn. Despite its widespread use, many consumers struggle to access clear, balanced information about the therapy. The development of Anti-D immunoglobulin was made possible by groundbreaking research, including early studies involving human trials,

which paved the way for today's life-saving treatments. This historical context is essential for understanding how scientific research continues to shape and improve maternity care.
KEY MESSAGE
Research has laid the foundation for today's Anti-D therapy, and understanding its history enriches the practice of midwifery. This presentation aims to deepen midwives' empathy, enhance their communication with clients, and highlight the ongoing need for research, innovation, and blood donation to ensure the continued success of this essential medical intervention.
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Stress of mothers and partners related to traumatic childbirth in Switzerland: A nationwide prospective cohort assessing postpartum health and care quality

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BACKGROUND
Improving maternal and child health is a global priority, with growing attention on long-term postpartum well-being. In Switzerland, antenatal and intrapartum care are strong, and early follow-up by midwives is well established - but legally limited to 56 days. Yet recovery often extends well beyond, with many women reporting mental distress, physical pain, and sexual health concerns. The experiences of partners remain underexplored. Understanding how birth experiences and care quality affect both mothers and partners is essential to inform future care.
OBJECTIVES
To estimate the prevalence of childbirth-related post-traumatic stress disorder (CB-PTSD) in mothers and partners at 2 months postpartum. Secondary objectives include assessing quality of life, mental, physical, and sexual health up to 12 months, and investigates the impact of perinatal care quality - measured through maternal self-reported satisfaction – on health and recovery.
METHODS
SOCRATES is a nationwide, multicentre prospective cohort including maternity units from all Swiss linguistic regions and nearly all cantons. A total of 2'846 mothers and 919 partners were enrolled between March-June 2025. Participants complete questionnaires at birth, 2, 6, and 12 months. The study assesses mental health, physical recovery, quality of life, and sexual health through validated self-reported measures. Medical records and hospital data will be linked.
RESULTS
Data collection is ongoing. Preliminary data indicate a CB-PTSD prevalence below 1% in mothers at 2 months, with similar trends in partners. Final analyses will explore care quality predictors and gender disparities.
CONCLUSIONS
This first national study in Switzerland assessing both maternal and partners well-being over 12-months will inform strategies to improve postnatal care.
KEY MESSAGE
Postnatal care must address the mental health of both mothers and co-parents. High-quality perinatal care is key to preventing long-term distress.
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Sexual health in the first year after childbirth: Mapping the current evidence

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BACKGROUND
Sexual health is an important part of overall well-being, and includes physical, emotional, and social aspects. The first year after childbirth brings major changes that influence sexuality in various ways. With growing interest in the field, there is a need to systematically map current knowledge and examine how postpartum sexual health is approached in research.
OBJECTIVES
To identify and characterise peer-reviewed literature on the impact of childbirth on sexual health during the first year postpartum, and to map existing knowledge gaps.
METHODS
A systematic scoping review was conducted using Arksey and O'Malley's framework and PRISMA-ScR guidelines. The protocol is registered with Open Science Framework. A structured search in PubMed, Scopus, and PsycINFO was carried out in 2024 and updated in 2025. Studies published from 2004 to 2025 were eligible if they explored sexual health in individuals who had given birth within 12 months.
RESULTS
Of the 3,071 unique records screened, 147 studies have been included to date. Most studies were cross-sectional, conducted in middle- or high-income countries, and focused primarily on cisgender, heterosexual women. Postpartum sexual health was seldom clearly defined; instead, it was typically examined through sexual function, timing of resumption of intercourse, and dyspareunia. The Female Sexual Function Index (FSFI) was the most commonly used instrument to assess sexual health in the postpartum period. Psychological and sociocultural dimensions, as well as salutogenic perspectives, were rarely explored.
CONCLUSIONS
Research on postpartum sexual health has increased in recent

years, yet remains uneven in terms of geographic coverage, methodological approaches, and conceptual frameworks. More inclusive and integrated research is needed to better inform person-centred postpartum care.
KEY MESSAGE
Postpartum sexual health deserves greater attention in research and practice, with a focus on health, inclusion, and lived experiences. It should be studied as a multidimensional aspect of well-being, in line with the established definition by the Guttmacher-Lancet Commission.
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Perinatal assessment of paternal mental disorders during the prenatal period

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BACKGROUND
Perinatal mental disorders are found in the parental dyad and these disorders can have family, social and professional consequences. However, the literature on partners is very heterogeneous and we found poor data in France.
OBJECTIVES
Our principal objective was to assess fathers' psychological disorders during prenatal period.
METHODS
This is a cross-sectional study including women and their male partner (father-to-be), who understanding, speaking and reading French, aged over 18, seen in consultation during the 3rd trimester of pregnancy. Couples were not included if a serious complication occurred (medical termination of pregnancy or fetal death). The principal outcome measures for the fathers-to-be were scores of the Hospital Anxiety and Depression Scale (HADS) with anxiety and depression subscales rated from 0 to 21; Perceived Stress Scale (PSS-10), score from 0 to 40 and General Health Questionnaire (GHQ-12), score from 0 to 12. The study was approved by the institutional review board (IRB00013412, IRB number: 24.02172.000284). This study, which began in October 2024, is still in progress.
RESULTS
These are preliminary results from 103 fathers-to-be, with an average age of 32.9±5.7 years, and 64.4% of them are expecting their first child. During the last six months, 19.4% have experienced stressful life events (death, pregnancy-related, work-related). Also, 2.9% have currently psychological or psychiatric care. The anxiety score of fathers-to-be was 4.3±3.0, and 3.9% had a score≥11, suggesting proven anxiety disorders. The depression score appeared at 2.3±2.0, and the stress score on the PSS-10 at 9.8±6.3. About the assessment of psychopathological disorders (GHQ-12), there was a score at 1.3±2.0 but 18.4% of fathers-to-be at risk of psychological distress with a score≥3.
CONCLUSIONS
Fathers-to-be are affected by perinatal mental disorders such as anxiety, which may require support.
KEY MESSAGE
This study provides French data on fathers' mental health and shows the need to improve screening with validated screening tools for fathers.
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Targeted point-of-care GBS testing in Tromsø, Norway led to a 40% reduction in antibiotic use for women with PPROM and PROM

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BACKGROUND
Group B Streptococcus (GBS) is a leading cause of neonatal infections. In Norway, women with pre-labour rupture of membranes (PROM) or preterm PROM (PPROM) are routinely treated with antibiotics due to delayed laboratory diagnostics. This practice results in widespread, often unnecessary antibiotic exposure to both mothers and neonates. Reducing such exposure is a key goal of Norway's Action Plan to Combat Antimicrobial Resistance.
OBJECTIVES
To evaluate the effect of implementing point-of-care (POC) PCR testing for GBS in women with PROM and PPROM, with the aim of reducing unnecessary antibiotic use while maintaining patient safety.
METHODS
A multidisciplinary team at the University Hospital of North Norway (UNN) Tromsø introduced rapid POC PCR testing for GBS in pregnant women with PROM after 18 hours at term and immediately in cases of PPROM (35–37 weeks). Midwives performed bedside testing and treatment decisions were based on the result. Data were collected over a 12-month period and compared to previous standard care.
RESULTS
Of 129 women tested, only 35 (27%) were GBS-positive. As a result, 94 women and their infants avoided unnecessary antibiotic exposure. This led to a 39.8% reduction in antibiotic use at the maternity unit. Additional benefits included reduced inpatient stays (23.5 days saved) and elimination of 129 unnecessary lab analyses. No cases of neonatal GBS disease occurred during the study period.
CONCLUSIONS
Introducing POC GBS testing in women with PROM and PPROM reduced antibiotic use by nearly 40% without compromising safety. The project aligns with national goals for antimicrobial resistance reduction and demonstrates the value of patient-near diagnostics in obstetric care. The approach is scalable and transferable to other maternity wards.
KEY MESSAGE
Implementing point-of-care PCR testing for GBS in women with PROM and PPROM led to a 40% reduction in antibiotic use, aligning with national AMR goals and improving targeted care without compromising neonatal safety.
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Midwifery without borders: VIDM's global reach through a virtual window

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PURPOSE
The Virtual International Day of the Midwife (VIDM) is a 24-hour free, online conference held annually on May 5th to celebrate midwifery worldwide. Founded in 2009, VIDM is designed to ensure global access to knowledge-sharing, regardless of geography, income, or language. As digital events become more common, VIDM stands out for its grassroots, multilingual, and inclusive approach.
DISCUSSION
Over the past 15 years and beyond, VIDM has established a truly global community of midwives, students, and advocates. With presenters and attendees from over 50 countries, the conference embodies equity in practice by eliminating financial and travel barriers, providing sessions in multiple languages, and utilizing open-source platforms and low-bandwidth solutions. This presentation will describe VIDM's evolution and the innovations that make it successful: an international committee of midwives, multilingual volunteer interpreters, asynchronous recordings, and broad outreach. Examples will be shared from past conferences to illustrate how VIDM promotes professional development, celebrates diverse midwifery voices, and fosters interprofessional collaboration across borders and cultures.
EVIDENCE WHERE RELEVANT
The committee has collected and analyzed data indicating that our reach is broader than ever in 2025 with 57 countries, over 1200 attendees and at least 3 presentation languages represented. The cultural and spiritual aspects of birth are strongly to the fore. Our theme in 2025 was "Midwives- Making Connections" which fits into the ICMs drive for "One Million More Midwives". Participant feedback and attendance data highlight high satisfaction and a sense of global belonging. Many midwives, especially those from underserved or remote areas, report that VIDM is their only opportunity for international engagement and continuing education each year.
KEY MESSAGE
VIDM is more than a conference-it is a transformative model of global connection, inclusion, and empowerment. By using accessible technology and a commitment to equity, VIDM invites everyone to the table-virtually, but powerfully.
Eur J Midwifery 2026;10(Supplement 1):A1002

PB295

Barriers to safe abortion and post-abortion care access in three provinces of Eastern Indonesia

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BACKGROUND
Maternal mortality remains a pressing issue in Indonesia, with an estimated maternal mortality ratio (MMR) of 189 per 100,000 live births. Unsafe abortion contributes significantly to maternal deaths globally, including in Indonesia where access is legally restricted. Provinces in Eastern Indonesia - East Nusa Tenggara, South Sulawesi, and Papua - are underdeveloped regions with limited access to health services, contributing to persistent high MMRs.
OBJECTIVES
To explore the factors that hinder women's access to safe abortion and post-abortion care in selected provinces of Eastern Indonesia, particularly among those who meet legal indications such as medical conditions, fetal impairment, or pregnancy due to sexual violence.
METHODS
This exploratory qualitative study was conducted in three provinces using focus group discussions with women aged 18–45 from diverse districts and geographical contexts. Data triangulation was applied to enhance validity and contextual understanding of sociocultural factors.
RESULTS
The study revealed multiple intersecting barriers: legal restrictions, stigma, misinformation, limited access to comprehensive abortion and post abortion care, and lack of community awareness. Even women who qualify for legal abortion struggle to access care due to fear of criminalization, social stigma (e.g. "bringing bad luck"), shame, myths (e.g. tribal taboos), and spousal consent requirements. Barriers to post-abortion care include geographic isolation, low trust in healthcare providers, financial constraints, and reliance on traditional healers (paraji/TBA).
CONCLUSIONS
Women in Eastern Indonesia face substantial sociocultural, legal, and systemic barriers to comprehensive abortion and post-abortion care. These barriers contribute to avoidable morbidity and mortality. Addressing them requires health system strengthening by expand access to primary health care with task sharing to midwives, and culturally sensitive interventions.
KEY MESSAGE
Empowering women in marginalized regions through legal clarity, community education, and health system reform which optimizing midwives' involvement is vital to reducing maternal mortality and ensuring access to safe abortion and post-abortion care.
Eur J Midwifery 2026;10(Supplement 1):A1003

PB296

Women's experiences of breastfeeding after breast cancer treatment: A qualitative systematic review

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BACKGROUND

In 2020, breast cancer (BC) affected approximately 2.3 million women worldwide. Women who undergo BC treatment often face challenges in breastfeeding thereafter. Many midwives lack adequate training to provide individualized care beyond standard breastfeeding protocols for these women.

OBJECTIVES

To analyze experiences of women who attempted breastfeeding following BC treatment and identify optimal support strategies for healthcare providers.

METHODS

We employed a qualitative systematic review design to answer: "What are the experiences of women who breastfeed after BC treatment?" We included studies on women's experiences with any form of breastfeeding following BC treatment. We searched PubMed, CINAHL, Web of Science, and PsycINFO using keywords such as "breast," "cancer," "feeding," "lactation," and "milk" in English and Japanese. The inclusion criteria focused on women who considered breastfeeding after BC treatment. Women's experiences encompassed all forms of breastfeeding. Ethical approval was waived.

RESULTS

Of 6,213 articles identified, eight (published between 2019 and 2023) met the inclusion criteria. We excluded articles based on irrelevant outcomes, population, or study design. Breastfeeding after BC treatment was uncommon; however, women who succeeded described it as a privilege, source of joy, and even a miracle. Many women reported that breastfeeding, even briefly, gave them a renewed sense of purpose and strengthened their motivation to raise children. Despite this, many women reported insufficient support from medical professionals. They also frequently felt different from other mothers and from their pre-cancer selves, struggling with their identities as breastfeeding mothers in the minority.

CONCLUSIONS

Current breastfeeding support for BC survivors remains inadequate. Although existing recommendations are well-intentioned, midwives must recognize that such guidance may be distressing for women who are uncertain about their breastfeeding ability following BC treatment.

KEY MESSAGE

Healthcare professionals' attitudes and comments significantly influence women's breastfeeding decisions, highlighting the need to redesign breastfeeding support systems for BC survivors.

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PB297

Te Kura Whanau Te Kura Whakapapa - Integrating indigenous practices to improve the maternity journey

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PURPOSE

Turanga Kaupapa is a set of principles and practices that guide midwives in providing care that is respectful of and responsive to Māori culture. Māori in NZ are experiencing health inequalities with poorer health outcomes compared to non-Māori. These inequities are rooted in socioeconomic deprivation, geographical isolation and barriers to accessing health care services such as affordability, transportation and colonisation. Wairoa Maternity is a Midwifery led Primary birthing unit based within the Wairoa Hospital on the east coast of New Zealand. Our service provides antenatal, labour and birth and homebirth care, any obstetric emergency care and postnatal home visits for 6 weeks after birth. The Wairoa district has the highest proportion of Māori population per head in New Zealand. The median age for Māori ethnic group is 28.3 years old. People who can speak Te Reo is 22%. In this oral presentation Tungane will present how Turanga Kaupapa is implemented.This innovative approach enables connection, meeting people where they are and indigenising our practice, our workplace and our language. Glossary Kaupapa Our philosophy or approach Māori The indigenous people of New Zealand Te Ao Māori, The Māori world view Te Reo, The Māori language.

DISCUSSION

We see these inequalities and it has shaped our philosophy of care. Our Kaupapa is; "Te Ao Māori is the key to wellness providing a safe place, to feel at home, to feel empowered to have a voice, to feel connected and where the sacredness of becoming a whanau grows."

EVIDENCE WHERE RELEVANT

Hau Te Kura – Cultural Responsiveness Review of Maternity Services

KEY MESSAGE

Using Turanga Kaupapa we improve maternity outcomes including engagement trust and meaningful communication. This includes decreased stillbirths, premature labour and increased normal vaginal births.

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PB298

Effectiveness of visuospatial cognitive tasks in preventing or reducing ASD/PTSD symptoms: A systematic review and meta-analysis

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BACKGROUND

Exposure to traumatic events, including traumatic childbirth,

may substantially develop acute stress disorder (ASD) and post-traumatic stress disorder (PTSD). Visuospatial cognitive tasks (e.g. Tetris) can target the underlying mechanisms of traumatic memory consolidation and reconsolidation.
OBJECTIVES
This systematic review and meta-analysis aimed to evaluate the effectiveness of visuospatial cognitive tasks in preventing or reducing ASD/PTSD symptoms following exposure to traumatic events, including traumatic childbirth.
METHODS
Multiple electronic databases were systematically searched for randomised controlled trials (RCTs) published before October 2024. The risk of bias was assessed using the Cochrane tool. Effect sizes were calculated with 95% confidence intervals using STATA software. Clinical, methodological, and statistical heterogeneities were explored using forest plots and Q-square, Tau-square, and I-square statistics. The Grading of Recommendations Assessment, Development, and Evaluation framework was applied to determine the certainty of evidence.
RESULTS
A total of 35 studies (34 RCTs and one quasi-RCT) were identified, all of which presented a high risk of bias. Two of these RCTs specifically focused on traumatic childbirth. Visuospatial cognitive tasks demonstrated small-to-moderate effects in reducing ASD/PTSD symptoms. Interestingly, interventions applied later (after one month post-trauma) appeared more effective in symptom reduction compared to those applied earlier (within one month post-trauma). Effects of these tasks on individual symptom clusters (e.g. intrusions, avoidance, arousal, and negative mood/cognition) varied considerably upon the trauma type, intervention timing, and assessment methods. The impact of heterogeneity on effect estimates remained unclear, resulting in the certainty of evidence rated as 'low' or 'very low'.
CONCLUSIONS
Although preliminary findings suggest that visuospatial cognitive tasks may help reduce ASD/PTSD symptoms, methodological limitations in the included studies prevent definitive conclusions.
KEY MESSAGE
While visuospatial cognitive tasks show reducing ASD/PTSD symptoms, including those from traumatic childbirth, high-quality RCTs are needed to confirm their effectiveness and determine optimal intervention strategies.
Eur J Midwifery 2026;10(Supplement 1):A1006

PB299

Informing global health policy: An umbrella review on the prevalence of induced abortion, repeated induced abortion, and determinants among women of reproductive age

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BACKGROUND
The WHO reports that over 700 women die daily from preventable maternal causes, with 75% linked to treatable complications such as unsafe abortion. Unsafe abortion alone accounts for 7.9% of global maternal deaths, and 45% of all abortions are considered unsafe.
OBJECTIVES
A global umbrella review seeks to consolidate evidence on the prevalence of induced abortion, repeated induced abortion, and determinants among women of reproductive age to inform global health policy.
METHODS
An umbrella review of systematic reviews and meta-analyses conducted, assessing methodological quality via AMSTAR. Heterogeneity and publication bias were evaluated using Cochran's Q, I^2, Egger's test, and funnel plots. Random-effects meta-analysis estimated pooled effects, with subgroup analyses by region. The protocol was registered in PROSPERO (CRD420251067243).
RESULTS
This umbrella review analyzed eight systematic reviews comprising 202 studies across 83 countries, involving over 12 billion women. The global prevalence of induced abortion was 13.18%, with Africa showing a higher rate (17.91%). Five reviews on repeated abortion included 145 studies and over 613,000 women, revealing a global prevalence of 32.21%. Determinants of repeated abortion spanned five domains: demographic, socioeconomic, marital/reproductive history, sexual/reproductive health, and behavioral/educational. Key factors included young age, low income, unintended pregnancy, and alcohol use, while contraceptive use was protective.
CONCLUSIONS
This umbrella review highlights a global induced abortion prevalence of 13.18%, with Africa showing higher prevalence (17.91%) and repeated abortion reaching 32.21% worldwide. Key determinants include socioeconomic, sexual/reproductive health, and behavioral factors. This revealed that induced abortion remains a significant global public health issue, with notable regional disparities and high prevalence of repetition.
KEY MESSAGE
Policymakers should prioritize targeted interventions addressing identified determinants, especially in Africa. Strengthening access to contraceptives and reproductive education is essential to reduce unintended pregnancies and repeated abortions among women of reproductive age. Findings highlight the need for targeted interventions and improved reproductive health education, especially in high-prevalence regions.
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PB300

Level of knowledge regarding 'how mothers' medication usage affects breastfeeding' among nursing students at Asahikawa Medical University

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BACKGROUND
Most oral medications can be taken while breastfeeding. However, reports suggest that nurses who are currently working have insufficient knowledge regarding oral medications that can be taken by breastfeeding mothers. Thus, issues involving basic nursing educationhave emerged.
OBJECTIVES
To clarify the level of nursing students' knowledge regarding 'how mothers' medication usage affects breastfeeding' by means of a questionnaire survey.
METHODS
This study targeted 238 first- through fourth-year nursing students at University A in the 2024-2025 academic year. The survey parameters were subjects in which knowledge about medication related to breastfeeding was acquired (26 subjects), knowledge about breastfeeding (hereafter, 'breastfeeding knowledge'; 31 items, maximum 31 points), and knowledge about medication and breastfeeding (hereafter, 'medication knowledge'; 24 items, maximum 24 points). This study was approved by the Institutional Review Board of Asahikawa Medical University (approval no. 23159).
RESULTS
The mean number of subjects addressing medication and breastfeedingwas 0.7. Mean scores for breastfeeding knowledge and medication knowledge were 10.4 points and 1.8 points, respectively. The correlation between these scores was positive, though weak ($r=.39, p<0.01$).
CONCLUSIONS
Survey results indicated that students did not learn how mothers' medication usage affected breastfeeding in the subjects studied.Therefore, educational content covering 'how mothers' medication usage affects breastfeeding' needs to be purposefully incorporated from the basic nursing education stage to cultivate nurses who can give sound advice on taking medications to breastfeeding mothers. The authors have no conflicts of interest to disclose regarding this study. This study was conducted as part of graduation thesis work in the Department of Nursing at Asahikawa Medical University in the 2024-2025 academic year.
KEY MESSAGE
To cultivate nurses who can give sound advice on taking medications to breastfeeding mothers, such education needs to be incorporated from the stage of basic nursing education.
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PB301

Survey of recent Japanese research trends in midwifery and maternal health using text mining

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BACKGROUND
In Japan, the number of graduate programs in midwifery and maternal nursing, as well as students obtaining midwifery licenses through graduate education, is increasing. As a result, midwifery-related research is expected to expand. Perinatal topics include: publicly funded childbirth, high-risk deliveries, midwifery education, advancements in clinical skills, postpartum care, and labor analgesia. This study provides an overview of recent research trends in these areas.
OBJECTIVES
To clarify current research trends in midwifery and maternal health in Japan using text mining of article titles.
METHODS
Eight Japanese journals in midwifery and nursing, with titles available online, were selected. Titles published between 2020 and 2025 were analyzed using KH Coder. Frequently used words were extracted, followed by co-occurrence network and hierarchical cluster analyses. Clusters were interpreted and thematized based on representative terms. Reliability and validity were ensured through researcher discussions.
RESULTS
A total of 892 articles were analyzed, including 712 co-authored and 80 single-authored papers. Among them, 429 were original articles and 239 were research reports. The number of publications was lowest in 2020 (98 papers). The co-occurrence network was based on the top 50 relationships (minimum Jaccard coefficient = 0.095), resulting in seven subgraphs.
CONCLUSIONS
Research trends over five years were categorized into seven main themes, such as studies on childbirth experiences, program development and evaluation, and care provided by midwives during labor. Studies on postpartum care and labor analgesia remain limited, indicating areas for future research.
KEY MESSAGE
While midwifery research is growing in Japan, the accumulation of high-level, evidence-based studies is essential.
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PB302

The underrepresentation of muslims in midwifery: A critical analysis of systemic barriers and pathways to inclusive care

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PURPOSE
Muslim individuals remain significantly underrepresented in Canadian midwifery, impacting the workforce, education and clinical care. In light of the increasing diversity in global populations, this underrepresentation raises concerns about equitable access to culturally and religiously concordant care within midwifery. The analysis, framed through Critical Race Theory (CRT), investigates how the lack of Muslim representation affects midwifery education and practice, as well as client-provider relationships. Further, we examined the intersection of race, religion, and gender within midwifery to emphasize the need for cultural safety and inclusion in healthcare settings.
DISCUSSION
The work examines how systemic barriers such as institutional racism, structural violence, and implicit bias marginalize Muslim students, midwives, and clients. Our

findings illustrate that the underrepresentation of Muslim midwives exacerbates barriers for Muslim clients, particularly when accessing gender and religiously concordant care, which results in decreased trust in providers, poorer health outcomes, and limited professional opportunities for Muslim students and midwives.
EVIDENCE WHERE RELEVANT
Key findings show that the insufficiency of Muslim midwives limits access to religiously and gender-concordant care, especially for Muslims clients who are seeking providers who share or understand their values, contributing to decreased engagement with the healthcare system. Muslim midwives and students have also reported a lack of cultural and religious safety within the workforce and education, hindering representation and retention. These issues infringe Canada's commitments to equity and social justice in healthcare and the United Nations Sustainable Development Goals (SDGs).
KEY MESSAGE
To ensure equitable care for Muslim clients and to address the broader issues of diversity and inclusion within the profession, systemic reforms within both healthcare and educational frameworks are critically needed. We emphasize the importance of incorporating religious safety along with cultural safety into midwifery curricula, followed by policy reforms to increase the retention and recruitment of Muslim midwives.
Eur J Midwifery 2026;10(Supplement 1):A1010

PB303

Challenges faced by community midwives in the provision of maternal services to rural communities of Pakistan

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BACKGROUND
The Government of Pakistan introduced community midwives to provide maternal care services to rural communities. Despite government's huge efforts, evidence from rural regions of Pakistan demonstrates that the utilization of midwifery services is very low and the maternal health indicators have not shown significant improvements.
OBJECTIVES
The aim of this qualitative study was to explore factors that influence utilization of midwifery services in a large rural district (Thatta) of Pakistan.
METHODS
Interviews were conducted with officials from the health department, three categories of midwives including i) midwifery students; ii) trained and working community midwives; and iii) trained and non-working community midwives. We also carried out interviews with community-married women. A total of 25 interviews were conducted. The data was collected using the four domains of the community midwifery model. A qualitative thematic analysis approach was used for analysis.
RESULTS
Based on the data collection, two overarching themes were identified: (I) Social and cultural challenges faced by CMWs including the young age of midwives, and community women's varied preferences for their delivery and childbirth processes were major challenges for community midwives (II) Support and acceptance including nonacceptance of community midwives' services by doctors, other healthcare providers, and community women were identified as significant barriers to midwifery services.
CONCLUSIONS
The study provides key insights to policy makers and program implementers to empower community midwives and work on their capacity building to help achieve the aim of increasing skilled birth attendants in rural regions of Pakistan.
KEY MESSAGE
Policy makers and government health officials in Pakistan must work on interventions to address challenges faced by community midwives in their communities.
Eur J Midwifery 2026;10(Supplement 1):A1011

PB304

Investigated biomarkers in the development of Gestational Diabetes Mellitus: A scoping review of their predictive and potential diagnostic value

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BACKGROUND
Gestational Diabetes Mellitus (GDM) is the most prevalent metabolic disorder during pregnancy, affecting approximately 15% of pregnancies and contributing to adverse maternal and neonatal outcomes. Diagnosis typically occurs between the 24th and 28th week of gestation via the Oral Glucose Tolerance Test (OGTT), which presents limitations such as procedural inconvenience and variability in diagnostic criteria. In recent years, attention has shifted toward biomarkers as promising tools for early GDM detection.
OBJECTIVES
This scoping review aims to map and synthesize current evidence on serum and plasma biomarkers linked to the onset or progression of GDM, with the goal of identifying candidates that may serve as alternatives to the OGTT.
METHODS
Following Arksey and O'Malley's methodological framework and the PRISMA-ScR guidelines, a systematic search of PubMed, Embase, and CINAHL was conducted to identify studies published from 2012 to 2024. Of 904 records screened, 35 met inclusion criteria and were analyzed.
RESULTS
Several biomarkers were evaluated, including Ferritin, Follistatin-like 3 (FSTL3), Osteocalcin, microRNAs, and Irisin, with Sex Hormone-Binding Globulin (SHBG) and ß-trophin showing the strongest associations with GDM. SHBG demonstrated a sensitivity of 74.07% and a specificity of 75.62%. Additionally, two studies reported significantly elevated ß-trophin levels in GDM cases ($p < 0.001$), suggesting a link to ß-cell dysfunction. High-mobility group box 1

(HMGB1) was investigated in two studies, but the findings were conflicting.
CONCLUSIONS
Multiple biomarkers with predictive potential for GDM have been investigated in the blood of pregnant women. Among them, SHBG and ß-trophin appear most promising. Nonetheless, further validation through large-scale prospective studies is essential.
KEY MESSAGE
Despite growing evidence on the role of biomarkers in early GDM detection, no single biomarker has yet shown adequate accuracy, consistency, and utility to replace current protocols. This underscores the need for further research to validate promising biomarkers and enable earlier, simpler, and more reliable identification of at-risk women.
Eur J Midwifery 2026;10(Supplement 1):A1012

PB305

Comparative analysis of key childbirth practices and maternal care quality in Italy, Latvia, Lithuania, and Poland from the IMAgiNE GLOBAL study

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BACKGROUND
Improving maternal care requires alignment with WHO standards, including optimal use of cesarean section (CS), appropriate episiotomy practices, informed consent, pain relief, and the avoidance of outdated or harmful procedures such as the fundal pressure.
OBJECTIVES
This study aimed to compare key indicators of childbirth care and maternal experiences in Italy, Latvia, Lithuania, and Poland, to inform improvements in quality of care.
METHODS
Women aged 18 and older who gave birth in healthcare facilities between January 2022 and December 2024 filled in a validated, multilingual questionnaire as part of the IMAgiNE GLOBAL study. Comparative analysis was conducted across countries, focusing on mode of delivery, consent practices, use of interventions, and pain management.
RESULTS
Data from 21,221 women were analysed (Italy: 18,190; Latvia: 889; Lithuania: 850; Poland: 1,292). Vaginal birth rates ranged from 57.7% (Polland) to 79.3% (Lithuania). Freedom to choose birthing position was highest in Italy (63.1%) and lowest in Lithuania (24.2%). Episiotomy rates varied from 16.6% in Latvia to 48.0% in Lithuania. The fundal pressure was reported by 14.0% to 25.6% of women having vaginal births. Informed consent for instrumental delivery lacked in most women, ranging from 30.0% in Lithuania to 48.7% in Poland. Pain relief during emergency CS was reported by 78.7% in Italy and 94.7% in Lithuania. For planned CS, the figures were 81.2% and 95.2% respectively. After Ss, 74.9% of mothers in Poland reported receiving information about their newborn, compared to only 36.8% in Lithuania.
CONCLUSIONS
Wide variations in childbirth practices across countries highlight the need to strengthen respectful, evidence-based, and patient-centered care in maternity services.
KEY MESSAGE
Promoting informed consent, reducing unnecessary interventions such as fundal pressure, and ensuring access to pain relief are critical to advancing maternal care quality across Europe.
Eur J Midwifery 2026;10(Supplement 1):A1013

PB306

Evaluating a midwife-led breast awareness program for university students within preconception care in Japan: A quasi-experimental study

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BACKGROUND
Breast cancer is the most common cancer among women. Its incidence during pregnancy is likely to increase with the trends of delaying pregnancy to advanced maternal ages. We developed a breast cancer awareness program for incorporation into preconception care.
OBJECTIVES
To clarify the effectiveness of a breast cancer awareness program incorporated into preconception care targeting university students.
METHODS
The participants in this quasi-experimental study completed a pre-survey and attended a 90-minute lecture including practical sessions with a breast model to demonstrate breast changes. They also completed post-surveys immediately and one month after the program. Subsequently, their breast awareness and behavior, interest in health, and e-health literacy before and after the program were compared. The Ethics Committee for Epidemiological Research, Sakuragaoka Campus, Kagoshima University, approved this study (Approval No. 240272).
RESULTS
Of 102 enrolled students, 46 consented to participating, and 31 completed all surveys. Of the 31, 81% were female, 19% were male, and 3% had a family history of breast cancer. The proportions of participants who reported performing breast self-examination and visual inspection of their breasts increased from 32.5% to 45.0% and from 35.0% to 74.0%, respectively, from pre- to one month post-intervention. However, the proportion of those who noticed changes in their breasts decreased from 27.5% to 23.0%. The average the Interest in Health Scale and the eHealth Literacy Scale (eHEALS) scores increased from 34.1 to 36.1 and from 22.5 to

30.5, respectively.
CONCLUSIONS
The decreased number of participants who noticed breast changes at one month post-intervention may be related to the menstrual cycle. The program positively influenced breast awareness and behavior, interest in health, and e-health literacy.
KEY MESSAGE
The breast cancer awareness program incorporated into preconception care increased the breast awareness, interest in health, and eHealth literacy of the participants.
Eur J Midwifery 2026;10(Supplement 1):A1014

PB307

Avatar-based online health consultations by midwives to enhance the well-being of working women: A randomised pilot trial

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BACKGROUND
The COVID-19 pandemic shifted the format of health consultations from face-to-face to online. Furthermore, Research has also begun in the field of mental health counselling using avatars in online health consultations. However, avatar-based health consultations including those related to sexuality, remain underutilised due to limited evidence of their impact.
OBJECTIVES
This pilot study aimed to assess the feasibility of avatar-based consultations by midwives for working women. Outcome measures and dropout rates were also examined to evaluate the feasibility of a larger randomized controlled trial (RCT).
METHODS
Working women aged 20–50 years, who were employed and literate in Japanese, were recruited via Social Networking Service from companies that support women's health. The participants were randomly assigned to either the avatar group (AG; n=51), receiving online health guidance via avatars, or the face-to-face online group (FG; n=51). Surveys were conducted before allocation and 28 days post-intervention to measure well-being and health literacy. Descriptive statistics were used to analyse the data. This study was conducted with the approval of the ethics committee of the affiliated institution.
RESULTS
Most participants were in their 20s (AG, 27.5%; FG, 29.4%). Post-intervention scores for well-being were 68.7±8.9 (AG) and 69.6±9.8 (FG) and health literacy scores were 9.5±1.7 (AG) and 9.3±1.3 (FG). The valid response rates were 33% and 57% in the AG and FG, respectively.
CONCLUSIONS
Avatar-based consultations showed outcomes comparable to those of face-to-face online guidance, indicating the feasibility of future trials. However, the lower response rates in the avatar group suggested challenges in terms of engagement and usability. Further refinement is needed before scaling up to a full RCT.
KEY MESSAGE
Avatar-mediated health consultations by midwives may be a viable alternative for working women; however, strategies to enhance engagement are essential for broader implementation.
Eur J Midwifery 2026;10(Supplement 1):A1015

PB308

Key factors to retain midwives in Victoria, Australia: Five-year longitudinal cohort study shows preventing burnout and providing adequate support, acknowledgement and job satisfaction are critical

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BACKGROUND
Australia is experiencing chronic midwifery workforce shortages primarily due to high attrition and retirement. Retaining midwives is critical to sustaining a skilled workforce, yet longitudinal evidence on workforce trends and specific work factors which predict and/or prevent midwives exiting the profession is sparse.
OBJECTIVES
To investigate midwives' retention and attrition in a midwifery cohort over a five-year period; and the factors linked to exiting from or remaining in the profession.
METHODS
An online longitudinal cohort study has been conducted with 259 midwives in Victoria since 2021 (baseline) with the fifth and final annual survey in October 2025. All midwives were followed up including those who may have left the profession during the study. We explored employment factors, intentions to leave, and work-related wellbeing (including validated scales for satisfaction and burnout).
RESULTS
Forty-four midwives (17%, 44/259) left the profession between baseline and 2024, nearly half (43%) in their first 5 years of practice. Data were compared between the 'remaining-in cohort' (n=215 who stayed employed throughout), and 'left the profession cohort' (n=44 who exited between 2021-2024). At baseline, burnout levels were higher in those that eventually left midwifery (personal: 84% vs. 67%, work: 77% vs. 64%, client: 32% vs. 13%), and they felt less supported (26% vs. 38%), acknowledged (19% vs. 37%), and satisfied with their job (29% vs. 67%) compared to those that remained in midwifery throughout.
CONCLUSIONS
Early-career midwives made up almost half of those who had left the profession, with burnout, poor support, lack of acknowledgement, and low job satisfaction emerging as key drivers of attrition.
KEY MESSAGE
Prevention of burnout and providing adequate support, acknowledgement and job satisfaction may be critical to

retaining midwives in the profession.
Eur J Midwifery 2026;10(Supplement 1):A1016

PB309

One birth, many voices. Bring every voice to the table

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PURPOSE
The stories from women and their families travelling through the maternity services in Ireland offers a unique perspective that may otherwise be missed. Listening and learning from their experiences can positively impact clinical safety and identify how services may be improved. Our Lady of Lourdes Maternity Unit facilitated an opportunity both for the women and families using our service and midwives, to come together in an informal manner and talk about their experiences. The workshop brought together midwives with women and families to share their perspective through the use of a board game called "Whose Shoes?"
DISCUSSION
This game highlighted specific scenarios to prompt discussions. Themes were identified from the comments. Each person made a personal pledge as to how they were going to address a particular theme. Examples of a personal pledge include themes of empathy and compassion "Being mindful of individual perspectives and personal choices" Using inclusive and compassionate language" and person-centred care "Customising and individualising information for women and parents and centring the women's voice in service development"Quality improvement projects were also developed from the pledges including "A Quiet Time at Night" where mobile phones are switched off for a few hours with environmental noise and lighting at a minimal level to actively allow women sleep. There was also a quiet room for women to utilise when in early labour for privacy with their husbands, allowing them to mobilise and utilise pain relief strategies as they wished. In addition, the women who attended this event have said they would like to be involved in further quality improvements.
KEY MESSAGE
There is a commitment within the maternity unit for future engagement with women, and a desire for continued improvement and inclusion of diverse perspectives in our maternity services.
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PB310

When midwives return to work in a maternity setting following a personal pregnancy loss or neonatal death

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BACKGROUND
One in four pregnant women will experience a miscarriage, and there are at least six stillbirths a day in Australia. Approximately 98% of midwives in Australia are female and can therefore experience pregnancy loss during their careers.
OBJECTIVES
This study aims to explore the experiences of midwives in Australia when they return to work in a maternity setting following a personal pregnancy loss or neonatal death.
METHODS
A hermeneutic phenomenology research methodology is being used, as operationalized by Max van Manen. Between October and December 2019, fifteen participants who had experienced a personal pregnancy loss or neonatal death whilst they were midwives, and had returned to work following their loss, were interviewed via video call, phone call, face-to-face and email. Analysis and interpretation of data is following the hermeneutic cycle of reading↔reflective-writing↔interpreting.
RESULTS
The results reveal the following three overarching themes: "Preparing to return to work: anticipating the known and the unknown", where participants talked about the challenges that they anticipated they would face upon returning to midwifery work; "Returning to work following a personal pregnancy loss: two worlds collide", where participants described the experiences of being surrounded by constant reminders of their loss, and the support they received when experiencing challenges at work; and "Being changed as a midwife", where participants described the impact of the loss on their midwifery practise.
CONCLUSIONS
Returning to work in a maternity environment can be emotionally challenging for midwives grieving personal pregnancy loss. A midwife's personal experience of pregnancy loss can impact on the care they give to women in the maternity setting.
KEY MESSAGE
This research can inform the development of practical pregnancy loss workplace support guidelines and return -to- work plans specifically tailored for midwives and indeed other health professionals providing care to mothers and babies whilst grieving the loss of their own baby.
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PB311

Japanese fathers' perspectives on breastfeeding

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OBJECTIVES
This study aimed to clarify how fathers perceive breastfeeding and their thoughts regarding their roles and dilemmas in supporting it.
METHODS
Semi-structured interviews were conducted with nine fathers whose partners had breastfed (or were breastfeeding)

following the 2010 legislative revision. The data were analyzed using Mayring's (2000) qualitative content analysis method.
RESULTS
From 223 coded statements, seven categories and 22 subcategories were identified: "Breastfeeding is important," "Developing a relationship of trust," "Interest in breast milk components," "Decision-making is up to mothers," "Breastfeeding is challenging," "The role of fathers," and "Lack of accurate knowledge." Fathers recognized the value of breastfeeding and felt responsible for supporting mothers. However, vague knowledge and perceived difficulties posed barriers to their active support.
CONCLUSIONS
Providing fathers with accurate breastfeeding information during pregnancy and creating opportunities for couples to discuss infant feeding as a means of optimal nutrition are essential for strengthening paternal support for breastfeeding continuation.
Eur J Midwifery 2026;10(Supplement 1):A1019

PB312

Secondary analysis of birth experiences and their influencing factors in an Indigenous population in Brazil: The Ikolen of Rondônia

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BACKGROUND
Indigenous populations worldwide have less access to healthcare and tend to experience poorer health outcomes than non-Indigenous populations. This is not only due to barriers to access to care but also due to a lack of culturally safe care, poor quality of care and the prevalence of structural violence perpetrated against Indigenous individuals
OBJECTIVES
This study aims to understand and raise Indigenous women's voices regarding their birthing and prenatal care experiences, with a specific focus on an Indigenous group, the Ikolen-Gavião, in the Amazon Rainforest of Rondônia State, Brazil.
METHODS
This qualitative research project consists of a secondary analysis of interviews conducted in Brazil led by a research team at the University of Rio Grande do Sul, as part of a broader study coordinated by the Peruvian Indigenous Association – Centro de Culturas Indígenas del Perú/ CHIRAPAQ. The resulting data were suitable for secondary analysis to understand the participants' birth experiences and what influenced them.
RESULTS
The analysis found that Indigenous women in this region experience stigma, obstetric violence and harmful healthcare practices with maternity professionals in hospital. Their childbirth experiences are often traumatic, leading to avoidance of biomedical healthcare.
CONCLUSIONS
In Brazil, Indigenous health workers have been instituted to address inequity of access, but the impact may be limited without reform in the maternity system. The study highlights a need to promote culturally and physiologically safe care through integrating traditional midwives with formal maternity care and professional midwifery to prevent harmful practices. Further research should assess the experience of Indigenous health agents to understand how support them in promoting access to more culturally respectful care.
KEY MESSAGE
To increase awareness that quality can be achieved only through culturally safe and humanised care, health professionals need to reflect on their practice, culture, and the impacts of these aspects of care.
Eur J Midwifery 2026;10(Supplement 1):A1020

PB313

Watching and learning: The role of video analysis in understanding vaginal breech births

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BACKGROUND
Gaining skill and experience in vaginal breech birth (VBB) is essential in midwifery. However, because training opportunities are few and vaginal breech birth (VBB) occurs relatively infrequently, many attendants struggle to gain expertise. Additionally, there is debate about intervention timing in VBB. Combining video analysis with simulation training helps bridge knowledge gaps.
OBJECTIVES
We explored the use of video recordings in analysing breech births, highlighting critical insights that real-time observation often misses. By reviewing expulsive stages through detailed video analysis, we provide birth attendants with valuable opportunities for learning and skill enhancement.
METHODS
We analysed 207 singleton non-supine VBB birth videos, from rumping to birth. A minimum of two researchers reviewed each video to agree on timing of physiological fetal manoeuvres, maternal positions, interventions and manoeuvres uses and observations of fetal condition. Any disagreement on the analysis were resolved via team consensus.
RESULTS
Our study showed that expulsion in a physiologic breech birth is dynamic. Despite averaging a few minutes, about 25% of women make position changes during the expulsive phase to facilitate birth. Our study does not prescribe specific manoeuvres or set time frames for births. Our research indicated that continual assessment of fetal condition for signs of vigour and expedition of birth if fetal compromise is suspected rather than allowing specific time frames is more appropriate. We observed that assistance for legs/trunk is

rare, while arm/head assistance is more common. Extensive assistance for arms/head occurs in about 8-10% of upright breech births, highlighting the need for ongoing training.
CONCLUSIONS
Our study emphasises the educational value of birth videos in conjunction with simulation training, for developing knowledge in breech birth mechanism. We address evolving debates surrounding time-based intervention algorithms, re-evaluating traditional teachings about VBB mechanics in upright maternal positions.
KEY MESSAGE
Reviewing VBB videos improves individual recognition of deviations and supports ongoing professional development.
Eur J Midwifery 2026;10(Supplement 1):A1021

PB314

Improving maternal health outcomes in the United States: Midwives' essential roles in maternal mortality review

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PURPOSE
A death during or within a year of pregnancy is a tragedy for the family, community, and society, especially since most of these deaths are preventable. In the U.S., most states have implemented Maternal Mortality Review Committees (MMRCs) to identify underlying causes of death and inform prevention strategies. Midwives play an integral role in the multidisciplinary MMR process at the national and state levels. Working with the CDC, midwives provide technical assistance to state MMRCs. As committee members, midwives bring valuable insights to understanding contributors to deaths and opportunities for prevention. MMRCs provide data and make recommendations to drive action to reduce pregnancy-related deaths and improve outcomes.
DISCUSSION
MMRCs review various data sources to identify pregnancy-associated deaths, determine pregnancy-relatedness, identify contributing factors, and develop recommendations to prevent future deaths. Additionally, MMRCs provide information for and collaborate with communities to identify opportunities to mitigate social drivers of health. State data from MMRC reviews are the sole source of data on injury- and mental health-related deaths as committees have access to unique information.
EVIDENCE WHERE RELEVANT
Diverse, multidisciplinary MMRCs strengthening a committee's ability to understand the circumstances of a pregnant or recently pregnant person's life and death, broadening the identification of prevention opportunities beyond hospital walls. MMRCs identify the drivers of maternal mortality and work with partners to translate MMRC data to action. In 2024, 25 states published reports of their findings. Midwives are increasingly involved in this work.
KEY MESSAGE
Midwives are integral to finding and implementing solutions for decreasing and preventing pregnancy-related deaths in the U.S. through the MMR process. Currently, midwives throughout the U.S. serve as members, abstractors, and leaders on MMRCs. Midwives can access the findings and recommendations of their state's MMRC to inform their teaching, research, and clinical practice, including regarding efforts to address leading causes of deaths in disproportionately affected communities.
Eur J Midwifery 2026;10(Supplement 1):A1022

PB315

Transfer from home and birth center birth to hospital: U.S. Labor and delivery nurses' experiences and perspectives

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BACKGROUND
Planned home and birth center (community) births are increasing in the United States, and some require transfer to hospital settings for higher-level care. Safe, respectful, and seamless transfers depend on effective communication and interprofessional collaboration. However, little is known about hospital labor and delivery nurses' perspectives on transfers. Globally, safe and respectful transfer from community to hospital birth settings are recognized as essential to integrated maternity care systems. Understanding the perspectives of hospital-based providers is essential to improving care continuity and outcomes across all settings.
OBJECTIVES
To explore hospital labor and delivery nurses' experiences with, and perceptions of, transfers from community to hospital care, focusing on communication, teamwork, unit culture, and attitudes toward home and birth center birth.
METHODS
A cross-sectional survey study was conducted with labor and delivery nurses (n = 517) from 49 U.S. states, recruited through the Association for Women's Health, Obstetric, and Neonatal Nurses (AWHONN) listserv. Participants completed a 76-item survey. Quantitative data were analyzed descriptively; qualitative responses underwent thematic analysis.
RESULTS
Five key factors emerged: decision-making and autonomy, relationships and collaboration, policies and processes, support for physiologic birth, and risk perception and safety. Responses revealed variation in communication practices, attitudes toward community birth, and the degree to which hospital environments support collaborative care during transfers.
CONCLUSIONS
Findings identify barriers and facilitators to effective transfer care and offer insights into strategies for improving collaboration between hospital teams and community providers. This work aligns with global efforts, including those of the World Health Organization, to promote respectful maternity care and strengthen integration of midwifery services across birth settings. Emphasizing respectful, person-centered approaches may enhance experiences and outcomes for birthing people.
KEY MESSAGE
Hospital nurses play a critical role in shaping safe, respectful,

and collaborative care during transfers from home and birth center to hospital birth settings.

Eur J Midwifery 2026;10(Supplement 1):A1023

PB316

Coparenting practices among dual-Income nuclear families with two children: Focusing on gender norms in Japanese households

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BACKGROUND
In Japan, the rise of dual-income nuclear families has shifted childcare to couples. Research is needed on multi-child parenting and spousal cooperation in such households.In Japan, the rise of dual-income nuclear families has shifted childcare to couples. Research is needed on multi-child parenting and spousal cooperation in such households.
OBJECTIVES
This study aims to clarify how dual-earner couples in nuclear families with two children engage in discussions and collaborate in their coparenting practices.
METHODS
Semi-structured interviews were transcribed verbatim, coded, subcategorized, and categorized, followed by qualitative inductive analysis. Participants were dual-earner couples in nuclear families, aged 18 or older, with two preschool children related by blood. Each spouse was interviewed individually for approximately 60 minutes. Inclusion criteria required both spouses to work full-time and to entrust their children to non-family caregivers during the day.
RESULTS
In dual-income nuclear families with two children, coparenting involves non-traditional gender roles, deeper family bonds, personal flexibility in parenting, and use of support systems. This study analyzed narratives from both husbands and wives, revealing notable gender-based differences in perspectives.In dual-income nuclear families with two children, coparenting involves non-traditional gender roles, deeper family bonds, personal flexibility in parenting, and use of support systems. This study analyzed narratives from both husbands and wives, revealing notable gender-based differences in perspectives.
CONCLUSIONS
During the parenting period, couples were freed from traditional gender roles and engaged in childcare and housework collaboratively, based on a shared sense of equality. Support was primarily received from extended family and workplaces, with additional reliance on accessible social resources. Couples demonstrated creativity in managing parenting tasks to maintain emotional balance, emphasizing the importance of the family unit over the marital unit.
KEY MESSAGE
Coparenting, dual-earner families, nuclear families, childcare, family relationships.

Eur J Midwifery 2026;10(Supplement 1):A1024

PB317

A socio-ecological framework to explore barriers to implementing adolescent pregnancy prevention interventions in low- and middle-income countries: Perspectives from international experts

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BACKGROUND
Adolescent pregnancy remains a significant public health concern, particularly in low- and middle-income countries (LMICs). Although various interventions have been implemented to address this issue, many have failed to achieve positive outcomes due to numerous barriers.
OBJECTIVES
To explore the barriers to implementing adolescent pregnancy prevention interventions in LMICs using a social-ecological framework.
METHODS
This qualitative exploratory study involved 19 participants who had implemented adolescent pregnancy prevention programs across 24 LMICs. Data were collected through virtual in-depth individual interviews, organized using Dedoose software, and analyzed thematically.
RESULTS
The findings revealed barriers at multiple levels. Intrapersonal (adolescents) barriers included low perceived relevance and motivation to engage, generational expectations and social modeling leading to disengagement, limited autonomy, stigma, and reliance on unverified online information over professional guidance. Interpersonal barriers involved family endorsement of child marriage, normalization of early pregnancy and intergenerational patterns, male-dominated decision-making, and restrictive family influences. At the community level, barriers included the influence of cultural norms and traditions, religious constraints, acceptance of gender-based violence, social stigma against adolescent pregnancy prevention programs, and language barriers. Institutional and organizational barriers encompassed bureaucratic and corrupt processes to obtain project implementation permissions, lack of institutional support for sexual and reproductive health (SRH) programs, and resistance from schools. Policy-level barriers included vague or conflicting policies related to cultural practices, lack of coordination among government ministries, parental consent requirements for SRH services, absence of disaggregated national data, and limited scale-up and integration of effective interventions at the national level.
CONCLUSIONS
Future efforts must account for these complex challenges to enhance the impact and sustainability of such interventions.

KEY MESSAGE
Adolescent pregnancy prevention interventions in LMICs face complex, multi-level barriers that hinder their effectiveness and sustainability. Addressing these challenges requires a comprehensive, context-sensitive approach informed by the socio-ecological framework.
Eur J Midwifery 2026;10(Supplement 1):A1025

PB318

Sámi women's experiences of pregnancy, birth, and maternity care in Norway

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BACKGROUND
Limited knowledge exists about how Sámi women in Norway experience pregnancy, childbirth, and maternity care within the national healthcare system. Despite increased focus on cultural safety, Indigenous perspectives remain underrepresented in maternal health research in Norway. Addressing this gap is essential to ensure that maternity care services are culturally responsive, accessible, and safe for Sámi women and families.
OBJECTIVES
This study explores Sámi women's experiences of pregnancy, birth, and maternity care in Norway, focusing on cultural safety and how care meets their cultural, emotional, and linguistic needs. The aim is to contribute new knowledge that can inform culturally responsive maternity care for Sámi women and strengthen Indigenous perspectives in Norwegian maternal health policies.
METHODS
This qualitative, interview-based study involves Sámi women from different parts of Norway who have experienced pregnancy and birth. Indigenous research methodologies guide the study by emphasising cultural sensitivity, participant agency, and ethical collaboration. The analysis is ongoing and is conducted using thematic analysis, with particular attention to experiences of cultural recognition, safety, and potential barriers in accessing maternity care.
RESULTS
The study is expected to provide valuable insights into Sámi women's perspectives on maternity care, including potential challenges related to cultural understanding, communication, and continuity of care. The findings will highlight areas where the healthcare system can be strengthened to ensure cultural safety and improve the quality of care for Sámi families.
CONCLUSIONS
By amplifying Sámi women's voices, this research seeks to promote culturally safe, equitable, and inclusive maternity care in Norway. The study will contribute to increased awareness among midwives and policymakers about the importance of Indigenous knowledge and cultural competence in maternal health services.
KEY MESSAGE
Listening to Indigenous Sámi women's experiences is key to developing culturally safe, equitable, and respectful maternity care in Norway.
Eur J Midwifery 2026;10(Supplement 1):A1026

PB319

Factors influencing utilization of ministry of health guideline among nurses in management of preeclampsia and eclampsia in public health facilities Migori County Kenya

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BACKGROUND
The Ministry of health guideline for management of preeclampsia and eclampsia has been in use in Kenya since 2012. Though previous studies in Kenya have shown poor utilization of the guideline among the health providers.
OBJECTIVES
The main objective of this study was to assess the factors influencing utilization of ministry of health guideline among nurses in the management of preeclampsia and eclampsia in public health facilities Migori County, Kenya. The specific objective was to determine the level of adherence of Ministry of health guideline in the management preeclampsia and eclampsia among the nurses working in public health facilities Migori County.
METHODS
The study was carried out public health facilities in Migori County of Kenya. A descriptive cross -sectional research design was used. 71 Nurses were selected through random sampling to participate in the study. Purposive sampling technique was used in the selection of the public facilities and in the patients' records audit. Data collection was done through a self-administered questionnaire, also check lists were used to conduct both facility assessment and in the audit of the patients' records, a focus group discussion was done. Ethical approval was sort from Mount Kenya University, the National Council for Science Technology and Innovation and the Migori County Health Council.
RESULTS
Male respondents were 16.9%, female 83.1% the age ranged between 25-58 years. The length of time one worked in a unit had a significant value of p (0.001). Adherence level to the guideline was at 30%, though about of 97.1% of the respondents had self-reported using the guideline. The comprehensive knowledge of the nurse on the guideline was poor and had a significant value of p (0.000).
CONCLUSIONS
Majority of the respondents 'adherence to the guideline was poor. Most of the health facilities did not have the guideline.
KEY MESSAGE
Preeclampsia, eclampsia, guideline, maternal mortality.
Eur J Midwifery 2026;10(Supplement 1):A1027

PB320

Conceptual analysis of the well-being of mothers raising multiples

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PURPOSE

The purpose of this theme is to clarify how the well-being of mothers of multiples (twins, triplets,etc.) is conceptualized in previous studies. It also aims to examine the extent to which existing psychological and health-related scales appropriately reflect the unique physical, psychological, and social experiences of these mothers. By identifying the components and context-specific characteristics of well-being in multiple birth parenting, this theme seeks to provide a foundation for future scale development and support measures.
DISCUSSION
Well-being is increasingly recognized as an important public health issue worldwide, as demonstrated by the SDGs and WHO policies. Interest in maternal well-being is also growing, and in Japan, the importance of supporting psychological health during the child-rearing period is evident in conjunction with measures to address the declining birthrate. However, the unique needs of mothers raising multiples have not yet been fully understood. These mothers face complex and persistent psychological difficulties, such as feelings of isolation, excessive childcare burdens, and conflicts regarding fairness, while also experiencing positive emotions such as joy, a sense of accomplishment, and family unity that are unique to raising multiples. Their well-being is difficult to fully capture using conventional indicators alone.
EVIDENCE WHERE RELEVANT
While there have been conceptual analyses of maternal well-being in previous studies, there are no studies that systematically analyze the well-being of mothers of multiple births. The WHO's Geneva Charter (2021) and well-being promotion framework indicate the need for context-appropriate, equity-focused tool development. This theme addresses this issue based on Rodgers' evolutionary method of concept analysis.
KEY MESSAGE
Clarifying this concept is expected to contribute to improving the quality of care and support systems in real life. Mothers raising multiples walk a path where joy and burden overlap in multiple layers. Midwives can walk beside them, not with answers, but with understanding.
Eur J Midwifery 2026;10(Supplement 1):A1028

PB321

The effect of TeamBirth-Swe on childbirth experience and support

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BACKGROUND
For women to perceive childbirth as positive, they need to feel supported, in control, safe, and respected. However, women often interact with multiple caregivers during childbirth, making it essential for the entire care team to deliver excellent care. The TeamBirth care process was developed in the US to improve communication and teamwork between caregivers and women, and to address harmful variation in the quality of intrapartum care. TeamBirth is composed of brief team meetings, "huddles", between caregivers, women, and their partners, navigated by a shared planning board placed in the birthing room, visible to everyone. The TeamBirth care process has been adapted to the Swedish context and is now being evaluated.
OBJECTIVES
To investigate the effect of TeamBirth-Swe on childbirth experience.
METHODS
A cross-sectional design, with inclusion criteria being women proficient in Swedish or English, with spontaneous onset or induction of labor after gestational week 22+0 at one of eight labor wards. The suvey is distributed one month after birth. Background and childbirth characteristics, including validated scales; Childbirth Experience Questionnaire and Support and Control in Birth questionnaire.
RESULTS
Data collection is ongoing, with 2334 women having completed the survey. Preliminary results indicate that the care process was used for most women. Only 4.9% received no huddles. The most important thing documented on the planning board was "preferences for birth", which 79.9% of women agreed was important. 87.2% would recommend a friend to give birth at a labor ward using TeamBirth-Swe. Full results will be presented at the conference.
CONCLUSIONS
The TeamBirth-Swe care process is appreciated by women. Whether the care process affects the childbirth experience will be investigated.
KEY MESSAGE
A positive childbirth experience is crucial for women's health and well-being. Yet, few interventions exist to reduce variations in quality of care. Early findings from TeamBirth-Swe are promising and suggest it may improve intrapartum care.
Eur J Midwifery 2026;10(Supplement 1):A1029

PB322

Tools for advancing midwife-led abortion care

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PURPOSE
To address persistent gaps in abortion access and underutilization of midwives within Canadian health systems, the Canadian Association of Midwives developed a suite of open-access, bilingual policy and practice tools. These resources aim to equip midwives, associations, educators, and health leaders to advance midwife-led abortion care. These resources can be adapted and applied across international contexts.
DISCUSSION
Drawing on evidence from stakeholder consultations, national research, and jurisdictional scans, the Canadian Association of Midwives co-created practical and scalable

tools to support policy implementation, practice integration, and advocacy. These include a National Strategy for Midwife-Led Abortion Care, an Advocacy Roadmap, a Stakeholder Mapping Tool, an Implementation Checklist for Medication Abortion Care, policy briefs, briefing notes, and infographics tailored to diverse audiences, as well as a microlearning module on the CAM Learns platform. Available in both French and English, these tools are freely accessible online and designed for flexibility across various contexts. The tools reflect reproductive justice principles, honour midwifery values, and promote scalable solutions grounded in informed choice, cultural safety, and community integration.
EVIDENCE WHERE RELEVANT
Each tool was informed by a rigorous, multi-method process involving qualitative research, national midwifery consultations, and was guided by a steering committee. The resulting work offers an evidence-informed framework for a midwifery model of abortion care, including an enabling environment, aligned with World Health Organization and International Confederation of Midwives guidance.
KEY MESSAGE
Advancing reproductive justice through midwifery-led abortion care requires tailored, actionable knowledge tools. The Canadian Association of Midwives' resources offer a replicable model to support midwives globally in expanding equitable abortion access within their health systems.
Eur J Midwifery 2026;10(Supplement 1):A1030

PB323

Outcomes of low-risk births care during COVID-19 pandemic: A cohort study from a tertiary care center in Lithuania

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BACKGROUND
According to WHO, midwife-led care is the most appropriate and cost-effective type of perinatal care. As COVID-19 pandemic with it drastic changes and challenges for health systems and medical staff made large adjustments to the health care delivery system, midwife-led care became even more important supportive tool in maintaining unnecessary interventions.
OBJECTIVES
The aim of this study was to investigate the effects of the first wave of the COVID-19 pandemic on maternal and neonatal outcomes in the low-risk deliveries.
METHODS
Retrospective cohort study comparing outcomes of midwife-led care and team-led care in low-risk births between the COVID-19 pandemic and non-COVID-19 pandemic period. Total studied population was 1.185 singleton births, it consisted of 727 birth during non-COVID-19 period and 458 birth from COVID-19 period. Data on labor and neonatal outcome and the rate of successful spontaneous vaginal birth were compared between the groups.
RESULTS
The rate of labor induction did not differ in low-risk parturients of COVID-19 and non-COVID-19 groups (p=0.956). Analysis of analgesia in labor showed that women in COVID-19 group used any analgesia more often compared to non-COVID-19 group (p<0.001). The mean length of postpartum hospitalization was significantly shorter during the COVID-19 period than during non-COVID-19 period in midwifery-led (p<0.001). The rates of newborns with an Apgar score below ⩽ 7 after 1 and 5 min, as well as their mean Apgar scores, had no significant difference, compared COVID-19 period with non-COVID-19 period in midwife-led groups.
CONCLUSIONS
The maternal and perinatal outcomes remained stable without any increase of the rate of unsuccessful vaginal birth and newborn asphyxia. Although maternal length of stay in the hospital was significantly shorter, birth care of low-risk women provided by midwifes preserved autonomy, integrity and resistance to respond to disaster.
KEY MESSAGE
Our study revealed the safety of low-risk birth care during the first wave of the COVID-19 pandemic.
Eur J Midwifery 2026;10(Supplement 1):A1031

PB324

Needs and challenges of pregnant and breastfeeding women with overweight and obesity: Perspectives of experts and affected indi-viduals

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BACKGROUND
Overweight and obesity have reached pandemic levels worldwide, increasingly affecting women of reproductive age (WHO 2024). These conditions carry significant public health consequences (Roser et al. 2022). While breastfeeding is known to benefit both mother and child, it presents unique challenges for women with overweight and obesity (Sen 2022). Although guidelines recommend special support for "obese postpartum women" (AWMF 2019), their specific needs and effective support measures remain underexplored. This study is part of the BMBF-funded Junior Research Centre for Reproduction: Sexual and Reproductive Health in Overweight and Obesity (SRHOO) at UKE Hamburg, Germany.
OBJECTIVES
Aims are to identify barriers and needs regarding breastfeeding with overweight and obesity, and to develop a care concept that promotes empowerment and self-determination. Special emphasis is placed on the role of

midwives in improving maternal health literacy and outcomes for mothers, children, and families.
METHODS
Semi-structured expert interviews (N=22) were conducted with health professionals as well as affected women. Topics included physical and psychosocial challenges, counselling and support services, and factors influencing breastfeeding. Data were analysed using qualitative content analysis according to Kuckartz.
RESULTS
Women with overweight and obesity face unique breastfeeding challenges that are often insufficiently addressed, negatively affecting breastfeeding success. Barriers include low self-confidence, negative healthcare experiences, physical discomfort, and a lack of sensitive, non-stigmatising counselling. Experts emphasized the need for continuous, personalised, and interprofessional support, starting early in pregnancy and continuing through breastfeeding. Recommended measures include tailored breastfeeding positions, adapted nutritional counselling, and psychosocial support.
CONCLUSIONS
Overweight and obesity present distinct challenges for breastfeeding, requiring holistic, continuous, and interdisciplinary care. Enhanced professional training and expanded counselling services can help reduce barriers and to improve breastfeeding outcomes.
KEY MESSAGE
Comprehensive, non-stigmatising, and interprofessional support is essential for improving breasfeeding success and health outcomes for mothers with overweight and obesity and their families.
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PB326

Women's and birthing person's experiences of a having a late term (≥41 weeks) induction of labour

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BACKGROUND
Induction of labour (IOL) when clinically indicated is a lifesaving intervention that can improve maternal and neonatal outcomes (Jenkins and Hook 2023). IOL also exposes women to interventions and outcomes not commonly associated with the physiology of spontaneous labour (Espada-Trespalacios et al, 2021). This makes rising IOL rates a global concern. In 2021, the National Institute for Health and Care Excellence (NICE) updated their guideline [NG207] recommending healthy women with uncomplicated pregnancies should be offered IOL ≥ 41 weeks gestation; thereby exposing more women to IOL. The evidence guiding this decision was sparse and did not explore how the update would impact women's birth experiences, despite NICE acknowledging it as an important outcome (NICE, 2021). Furthermore, in 2024 Professor Renfrew highlighted the importance of using women's experiences to enable safe and quality midwifery services and care in Northern Ireland especially in the context of rising IOL rates.
OBJECTIVES
To explore the lived experiences of women and birthing persons with uncomplicated pregnancies who have had an IOL for late term (≥41 weeks) gestation under NICE guideline NG207.
METHODS
Hermeneutic interpretive phenomenology was used to explore the in-depth experiences of women who had undergone late term IOL. Women from across Northern Ireland were invited to participate in one-to-one, face to face phenomenological interviews 8 to 52 weeks following birth. Interviews were transcribed verbatim and Crist and Tanner's (2003) approach to interpretation and analyses in hermeneutic interpretive phenomenology was followed.
RESULTS
Initial findings for the study will be presented at conference.
CONCLUSIONS
Midwifery services need to consider women's experiences when developing and updating policies and implementing change to improve the quality of maternity care provided.
KEY MESSAGE
Understanding and informing midwifery practice by incorporating women's experiences of IOL is vital for improved outcomes and positive change.
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PB327

Evaluating the starting well partnership programme: Community-led child and maternal health interventions in Luton - A multi-ethnic, deprived UK context

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BACKGROUND
Community-led maternal and child health interventions are increasingly vital in addressing health inequalities in deprived, multi-ethnic communities. The Starting Well Partnership Programme (SWPP), implemented in Luton, UK, aimed to improve maternal and child outcomes through integrated interventions including perinatal mental health, breastfeeding, low birth weight, childhood obesity, immunisation, and speech and language development.
OBJECTIVES
This study evaluated the implementation, delivery, and outcomes of the SWPP by: (1) synthesising UK-based evidence for community-led maternal-child programmes; (2) assessing SWPP intervention outcomes; (3) understanding experiences of service users; and (4) exploring perspectives of service providers.
METHODS
A mixed-methods design included a systematic review (n=24 studies) of UK community-led maternal-child programmes (Objective 1); secondary data analysis (n=42–778, April 2020–March 2023) of SWPP outcomes (Objective 2); and qualitative focus groups and interviews (n=29) with mothers, volunteers, and practitioners (Objectives 3 and 4). Methodologies were underpinned by critical realism and pragmatism and included content and thematic analysis, with a dual moderator focus group approach to enhance trust and inclusivity

RESULTS
Findings demonstrated statistically significant improvements in emotional well-being (Adjusted R^2 = 0.38; p < 0.001), breastfeeding rates, and immunisation intentions. Qualitative data revealed the SWPP created psychologically safe, culturally sensitive spaces, especially valued in post-COVID contexts. Volunteer-led peer support and social prescribing enhanced engagement and retention, particularly for minoritised and deprived service users. Chapter 8 _ Secondary D...Chapter 10_Qualitative ...
CONCLUSIONS
The SWPP's integrative, community-embedded design effectively addressed structural and psychosocial barriers to maternal and child health. It represents a scalable model for holistic early years interventions in ethnically diverse settings.
KEY MESSAGE
Community-led maternal and child health interventions like the SWPP can reduce health inequalities through integrated, culturally responsive care embedded in local systems.
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PB328

The lived experience of CMV infection in pregnancy – Perspectives from Switzerland

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BACKGROUND
Cytomegalovirus (CMV) is the most common congenital infection in Switzerland, affecting over 400 newborns annually. While early pregnancy screening for primary maternal CMV infection is supported by advances in diagnosis and in utero treatment, its psychological impact and acceptability among pregnant women remain underexplored.
OBJECTIVES
Assess emotional outcomes and screening acceptability among CMV-infected pregnant women following diagnosis.
METHODS
A cross-sectional study was conducted in a prospective cohort of CMV-infected pregnant women in Switzerland, beginning June 2024. Women completed validated questionnaires at one week post-diagnosis and maternal-fetal consultation (T1), and 8 weeks before term (T2). Measures included anxiety (HADS), well-being (WHO-5), post-traumatic stress (PCL-5), depression (EPDS), and regret (DRS). Univariate analyses identified clinical predictors of emotional response.
RESULTS
At T1 (n=105), 28.3% had PCL-5 scores >33, indicating likely post-traumatic stress. Median WHO-5 well-being score was 52; 47.5% scored <50, and 23.8% <28, suggesting reduced well-being and depressive symptoms. Median HADS anxiety score was 8; 36.5% scored ≥11, indicating clinically significant anxiety. At T2, WHO-5 improved to 80, though 19.7% remained <50 and 8.5% <28. HADS anxiety dropped to median 4; 13% scored ≥11. EPDS median was 3.5, with 18.6% ≥13, suggesting probable depression. Screening was well accepted: 89% at T1, 98.9% at T2; regret declined from 18% to 4%. Anxiety was significantly higher with positive amniotic PCR (p=0.002) and abnormal imaging (p=0.009). In contrast, negative CMV-PCR results (↓ anxiety, p=0.006; ↑ well-being, p=0.003) and fewer medical interventions, such as absence of fetal MRI (↓ anxiety, p=0.006; ↑ well-being, p=0.041), were protective.
CONCLUSIONS
Prenatal CMV screening may cause emotional distress, especially after adverse findings, yet its high acceptability reflects that maternal concern for fetal health and informed decision-making outweighs the emotional burden.
KEY MESSAGE
Clear communication, counseling, and minimizing unnecessary interventions may help safeguard maternal emotional well-being throughout pregnancy.
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PB329

Mobilising Midwifery: The impact of mobile technology on midwifery care delivery

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PURPOSE
The importance of mobile and wireless technologies in the provision of high quality, safe and cost effective healthcare has been recognised by WHO with 70% of the population in low- or middle- income countries subscribing to mobile phones. Our Lady of Lourdes Maternity Unit, Ireland does not have an on-line presence. Midwives developed a novel approach, through the utilisation of a QR code in facilitating access to education and information to all women on a digital platform.
DISCUSSION
A QR code is a machine- readable barcode that contains specific information. These codes offer easy access to current information sources, both in written format and video format. The videos may be recorded on mobile phones and allow for midwives to provide accurate antenatal, labour and postnatal information. Health information given via video formation may also facilitate low-literacy users, offering an alternative to written information. This information may be accessed at home, lowering the carbon footprint of travelling to the maternity unit and supporting the environment. Using QR codes also demonstrated a reduction in cost of printing and waste as updated information did not require re-printing.To ensure quality of information provided, each midwife owner of a QR code, takes responsibility to ensure an up-to date record of links, videos and written information contained within the QR code is forwarded to Midwifery Practice Development, to ensure centralised storage of all educational information. Midwives also ensure that the information contained within the QR codes is evidence based. In addition to an on-line

presence, a QR code allows for information to be downloaded onto a smartphone allowing for use offline, increasing accessibility.
KEY MESSAGE
QR code allows women to quickly and easily access important information, reducing errors and improving convenience. Information may be downloaded onto one phone, and may be shared among many women using a single device.
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PB330

Experiences of existential meaning in the transition to motherhood — A qualitative systematic review protocol

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BACKGROUND
The birth of a child signals a new phase in the lives of parents, often prompting reflection on the bio-psycho-social-existential aspects of life. The transition to motherhood can be seen as a pivotal and yet paradoxical event reorganising values and what makes life worth living. Despite growing awareness of the importance of these dimensions, there remains limited synthesis of qualitative evidence exploring how women experience and make sense of existential changes during the transition to motherhood.
OBJECTIVES
This qualitative systematic review aims to synthesise experiences of existential meaning-making related to the transition to motherhood.
METHODS
The review will use the Joanna Briggs Institute (JBI) methodology for qualitative evidence synthesis and follow ENTREQ (Enhancing Transparency in Reporting the Synthesis of Qualitative Research) reporting guidelines. Four databases (Embase (via OVID), MEDLINE (via OVID), PsycINFO (via OVID) and CINAHL (via EBSCO) will be searched. The Web of Science database will be used for forward and backwards citation searching of included studies to identify any additional studies. Grey literature will be systematically searched using ProQuest Dissertations & Theses and Google Scholar. Framework synthesis will guide the prioritisation and categorisation of the outcomes, providing a structured approach to organising and interpreting the qualitative findings.
RESULTS
Findings from this synthesis may contribute valuable insights for developing evidence-informed clinical guidelines that promote person-centred and holistic maternal care
CONCLUSIONS
A frequently cited scoping review from 2014 exemplifies the growing scholarly and clinical interest in this area. However, as this scoping review did not meet current methodological standards for a review, a qualitative systematic review is warranted.
KEY MESSAGE
The qualitative systematic review builds on a widely cited scoping review from 2014, which first established that existential aspects in motherhood transitions warranted further investigation.
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PB331

Lead from where you are: Social capital and the office of the midwife

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PURPOSE
Midwives role in effective midwifery care is critical. Focusing on identification and proper use of social capital, midwives should lead from where they are, to positively impact people they serve and their countries' economies.
DISCUSSION
Social capital, defined as the resources available through social ties and networks, has the potential to significantly impact midwifery services provision. Social capital includes components such as social networks, community support, and social norms, all of which can help or impede quality midwifery service delivery. Through prioritizing clients' needs midwives can influence the world by strategically using social capital and engaging in open discussions.
EVIDENCE WHERE RELEVANT
By using social capital, the women's and newborn hospital enhanced service delivery from 2017 to 2023. The work completed over the course of six years is reflected in the Chief Nursing and Midwifery Office(CNMO). Among the innovations made during the period include adequate and timely provision of consumables and medicines, establishment of the obstetrics emergency unit, and the neonatal triage. Additionally, the Journal on the Zambian Algorithm of Neonatal Resuscitation was produced as a consequence of extensive efforts of stakeholders to support the training of healthcare practitioners in advanced neonatal resuscitation and obstetric emergency management. Although CNMO's office is often overlooked, the advocacy and voice on important aspects of healthcare administration allowed for the visibility.
KEY MESSAGE
Midwives should recognize impactful social capital to advocate for staff midwives, women, and newborns. Utilise intellect, expertise, in social capital management to engage and also to address harmful social constructs, norms and beliefs, fostering trust and confidence, to mobilize resources. Lead from where you are; we are responsible for our own efforts and influence.
Eur J Midwifery 2026;10(Supplement 1):A1038

PB332

UBaP Study (Understanding Blood pressure changes after Pregnancy): The recovery of maternal hypertension in the postnatal period after a hypertensive pregnancy

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BACKGROUND
Two out of three women who had a hypertensive disorder of pregnancy (HDP) will die from cardiovascular disease (CVD). The strongest risk factor for CVD is postpartum chronic hypertension, which can be prevented by targeted blood pressure (BP) therapy, health education and lifestyle changes. The postnatal period is the optimal time to influence such change, and midwives are provided with a unique opportunity to educate women about their future health.
OBJECTIVES
To assess rate of and recovery from maternal hypertension following HDP and to identify factors which influence recovery.
METHODS
Participants (n=128) underwent home as well as ambulatory blood pressure monitoring in the immediate 12 weeks postpartum and completed a questionnaire on their postpartum experience as a mother with hypertension.
RESULTS
50% (n=64) of participants were hypertensive at 12 weeks postpartum. 48% (n=61) were considered to have elevated BP. Only 2% of women (n=3) recovered from their hypertension. 73% of those found to be hypertensive had discontinued their anti-hypertensive medication either self-directed or directed by their GP. Maternal age (OR 1.10, p=0.02), White ethnicity (OR 0.20, p=0.005), and a family history of hypertension (OR 3.22, p=0.01) were independent predictors of persistent postpartum hypertension.
CONCLUSIONS
The cardiovascular consequences of HDP are not isolated to pregnancy. HDP should be considered a chronic medical condition that requires lifelong surveillance.
KEY MESSAGE
Make every encounter count. Educate women on their future risk of CVD and associated co-morbidities.
Eur J Midwifery 2026;10(Supplement 1):A1039

PB333

A practice report on creating supportive spaces and promoting self-acceptance among mothers in Japan

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PURPOSE
Japan's declining birth rate is a serious concern. In 2024, the total fertility rate fell to 1.15. While women's participation in the workforce continues to increase, they still bear the primary burden of parenting responsibilities. Furthermore, the shift toward nuclear families and the weakening of community ties have increasingly left women struggling with motherhood. This has become a widespread concern in East Asia. This presentation considers the most essential forms of support for women in nations affected by declining birth rates.
DISCUSSION
Our previous study found that simply offering advice or knowledge was inadequate for Japanese mothers to recover from parenting challenges. Support must also nurture self-acceptance and help women find ways of affirming their own parenting style. In response, Minoh Mama no Gakko in Osaka Prefecture, Japan, created a community space within a local commercial facility where midwives were available on-site to provide a supportive environment for mothers raising their children. They also developed 'Mother's Heart Counseling,' an initiative aimed at fostering self-acceptance among mothers. In parallel, they trained mental health professionals –mostly midwives and other healthcare and childcare professionals– and operated online communities and other services accessible to women raising children.
EVIDENCE WHERE RELEVANT
The community space welcomed approximately 17,000 visitors in one year. Parenting-related anxieties were alleviated, and mothers were provided with a sense of reassurance in an environment in which they felt accepted. The results revealed a significant increase in self-acceptance among participants in the Mother's Heart Counseling.
KEY MESSAGE
In countries facing declining birth rates, providing support that fosters self-acceptance among mothers and midwives is essential to enable women to affirm themselves and live authentically with a sense of well-being.
Eur J Midwifery 2026;10(Supplement 1):A1040

PB335

Evaluation of a co-designed digital animation in service improvement (DAISI) sharing messages around modifiable behaviours to reduce the risk of stillbirth

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BACKGROUND
In the United Kingdom, women from minoritised ethnic backgrounds experience increased rates of stillbirth compared to White women. To address this disparity, a digital animation, the Stillbirth DAISI (Digital Animation in Service Improvement), was co-produced to communicate messages

in Arabic, English and Urdu about health behaviours that can reduce the risk of stillbirth.
OBJECTIVES
To evaluate the acceptability and accessibility of the Stillbirth DAISI and its impact on knowledge of stillbirth and health behaviours that can reduce the risk of stillbirth.
METHODS
Data were collected using two structured telephone interviews with 29 Arabic, English and Urdu-speaking women from minoritised ethnic backgrounds. Between 16-20 weeks of pregnancy, participants were asked about their demographic characteristics, knowledge of stillbirth and behaviours to reduce the risk of stillbirth, before being provided with the Stillbirth DAISI. Between 24-28 weeks of pregnancy participants were asked the same questions, as well as their thoughts and experience of using DAISI.
RESULTS
All participants accessed the Stillbirth DAISI and demonstrated an increase in knowledge of stillbirth and behaviors to reduce the risk of stillbirth. The median knowledge score increased from 5/14 [IQR 4-6.25] in the first interview to 11/14 [IQR 9.75-12] in the second interview ($p<0.001$). Participants thought the DAISI was an acceptable and accessible resource that provided important health messages. Content analysis of qualitative data identified three higher-order categories: i) Ease of access and use, ii) Importance of the messaging, and iii) Health literacy benefits.
CONCLUSIONS
The Stillbirth DAISI is an effective means to communicate messages about stillbirth prevention in different languages to minoritised ethnic women. Further studies are needed to determine whether improvement in knowledge translates to more equitable pregnancy outcomes.
KEY MESSAGE
Digital animation is an acceptable, accessible and effective means of communicating health messages about stillbirth during pregnancy to women from minoritised ethnic groups.
Eur J Midwifery 2026;10(Supplement 1):A1041

PB336

Exercising with the Function Re-Adaptive Exercise Device (FRED) to improve stress incontinence in women following childbirth: A feasibility study

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AIM
To reduce symptoms of USI, as a sequelae of childbirth, by using the Functional Re-Adaptive Exercise Device (FRED).
OBJECTIVES
To promote automatic, non-invasive activation of pelvic floor muscles and determine the effectiveness of FRED on exercise-induced stress incontinence.
METHODS
Ethical approval was obtained and a small grant from (PPEF). Proof of Concept Study Design: 12 (one hour) exercise intervention sessions, using (FRED), either x3 times a week for 4 weeks or x2 a week for 6 weeks. Outcomes measures: Stress test pad weight, FRED movement variability and patient reported outcome measures. Data Collection: Semi- structured questionnaires completed pre-and post exercising that included (1) Female Urinary Incontinence Diagnosis (QUID), 2) International Consultation on Incontinence Questionnaire - Lower Urinary Tract Symptoms, Quality of Life Module (ICIQ-LUTSqol),(3) Treatment Self-Regulation Questionnaire (TSRQ), (4) Perceived Competence (Exercising Regularly) PCS ER Questionnaire, Health care, (5) Communication Questionnaire and FRED specific questions. A follow-up email questionnaire was sent at 12 weeks post-exercise.
RESULTS
N=20 women who had given birth in the last 12 years attended an exercise clinic. They had a choice of exercising x3 times, 4 weeks, or x2 times, 6 weeks (Latter seemed more acceptable). Twelve sessions of low intensity continuation activation exercise improved USI urinary loss by 44%. Ten (50%) of participants had a pad weight change greater than 2g after 12 sessions of exercise. Average change was 10.65g ±22.03. Pre-test average was 24g ±32.12g, and post-test was 13.54g±17.70g. Maximum loss reduced from 117.35g to 49.2g.
CONCLUSIONS
Women found this approach to exercise for pelvic floor acceptable and reported less USI symptoms.
Eur J Midwifery 2026;10(Supplement 1):A1042

PB337

PBQ-15: A brief and reliable tool for early detection of postpartum bonding disorders in midwifery practice

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BACKGROUND
Early identification of postpartum bonding disorders is crucial for the health and well-being of mothers and infants. The Postpartum Bonding Questionnaire (PBQ) is widely used for this purpose, but its original 25-item length can be a barrier in busy clinical and midwifery settings. A brief, valid screening tool is needed to support efficient routine care.
OBJECTIVES
This study aimed to develop a shortened German version of the Postpartum Bonding Questionnaire (PBQ), making screening for mother-infant bonding difficulties more feasible for midwives and healthcare professionals.
METHODS
The PBQ was linguistically and culturally adapted into German using a rigorous, multi-step process including forward and backward translation, harmonization, cognitive interviews with mothers, and expert review. Psychometric validation was conducted with 363 mothers of infants aged 12 to 24 weeks. Internal consistency (Cronbach's alpha) and

factor structure were assessed.
RESULTS
The PBQ-15 was derived based on item analysis and factor structure. The PBQ-15 demonstrated high internal consistency (Cronbach's alpha = 0.86), comparable to the original version. Factor analysis supported a one-factor model, indicating that the short form effectively captures the core construct of postpartum bonding difficulties. The reduced number of items significantly decreased completion time and respondent burden, enhancing its suitability for routine use in midwifery and clinical practice.
CONCLUSIONS
The PBQ-15 is a reliable, valid, and time-efficient tool for the early detection of postpartum bonding disorders in German-speaking populations. Its brevity and ease of use facilitate integration into everyday postnatal care, enabling midwives to identify bonding issues early and initiate timely support.
KEY MESSAGE
The German PBQ-15 empowers midwives and healthcare professionals with a validated, practical instrument for early detection of mother-infant bonding problems, supporting improved outcomes for mothers and their babies.
Eur J Midwifery 2026;10(Supplement 1):A1043

PB338

A research project on trauma-informed childbirth care for sexual survivors in Japan

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PURPOSE
Recently, trauma-informed care has been introduced in healthcare settings for patients suffering from trauma; however, this approach has rarely been applied to survivors of childhood sexual abuse in Japan. The survivors need to receive continuous and respectful care from supporters who were trained and skilled in trauma-informed care since they may experience negative psychological and social influences, such as re-experiencing trauma and bonding disorders during pregnancy, childbirth, and postpartum. The purpose of this presentation is to introduce our innovative research project that aims to explore effective trauma-informed childbirth care for sexual survivors in Japan.
DISCUSSION
The research project was developed by diverse research members including doulas, a sociologist, psychotherapist, and midwife. As a preparatory step to initiating the study, we have provided several trauma-informed childbirth care seminars that care providers could learn together on trauma-informed survivor-specific childbirth care. Then, we prepared a research protocol to interview not only survivors who were provided with trauma-informed childbirth care by doulas but also the doulas who completed the seminar and midwives who worked with them to provide childbirth care to survivors during pregnancy, childbirth, and postpartum. Although the interview survey has just begun, a care network has steadily been established with doulas who care for survivors, midwives who care for survivors with their doulas, and psychotherapists who provided them with the trauma care they need. In the future, as the number of these surveys accumulate, the effects of trauma-informed childbirth care for survivors can be clarified from multiple perspectives. Learning about trauma-informed birth care together among all care providers, both medical and non-medical professionals, can be effective in building a support network of human resources for survivors.
EVIDENCE WHERE RELEVANT
Simkin P, Klaus P. When Survivors Give Birth: Understanding and Healing the Effects of Early Sexual Abuse on Childbearing Women. Classic Day Publishing; 2004.
Klaus and Simkin (2021)
Hansard (2020)
KEY MESSAGE
All caregivers who support sexual survivors should learn trauma-informed childbirth care together.
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PB339

Supporting maternal well-being from pregnancy to postpartum: A Japanese cohort perspective

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BACKGROUND
A pressing social issue in Japan is the rising incidence of maternal suicide and child abuse. In response, the government is actively promoting the development of seamless support systems within local communities.
OBJECTIVES
This study compared the physical and mental health of primiparous and multiparous women from gestation through one month postpartum and explored strategies to support women during the child-rearing period.
METHODS
This retrospective cohort study analyzed five years of health examination records (2019–2023) from a delivery center in the Tohoku region of Japan. Participants were 1,667 women (679 primiparous [40.7%] and 988 multiparous [59.3%]). Data were compared based on delivery history. The Edinburgh Postnatal Depression Scale (EPDS) and the Mother-to-Infant Bonding Scale of Japan (MIBS-J) were administered at 4 days, 2 weeks, and 1 month postpartum. This study was approved by the Sendai Seiyo Gakuin University Research Ethics Review Committee. There are no conflict of interest.
RESULTS
Among the participants, 98 primiparous (14.4%) and 118 multiparous (11.9%) were underweight, while 66 primiparous (9.7%) and 151 multiparous (45.3%) were classified as obese ($p = 0.007$). Average weight gain was 10.5 ± 3.8 kg for primiparous and 9.7 ± 3.5 kg for multiparous women ($p < 0.001$), with approximately 30% of each group falling within the recommended range. In the second trimester, anemia was present in 210 primiparous (30.9%) and 402

multiparous (40.7%) (p < 0.001). Cesarean delivery occurred in 234 primiparous (34.5%) and 174 multiparous (17.6%) (p < 0.001). The EPDS and MIBS-J scores were higher among primiparous participants compared to multiparous, with both groups showing elevated scores on items related to parenting anxiety.
CONCLUSIONS
This study revealed that many women return to their communities with ongoing physical and psychological challenges.
KEY MESSAGE
Applying these findings in support initiatives may contribute to improved long-term health outcomes for both mothers and children.
Eur J Midwifery 2026;10(Supplement 1):A1045

PB340

Actual conditions of subjective health perception and preventive health behaviors among women of reproductive age

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BACKGROUND
Preconception care has garnered growing attention. Adopting healthier lifestyle habits during this period not only supports pregnancy preparation but also promotes long-term health consciousness. Postpartum, irregular routines due to breastfeeding and childcare may hinder health management and increase the risk of postpartum depression-a key contributor to maternal suicide. Therefore, promoting health management before pregnancy and childbirth is critical.
OBJECTIVES
This study aimed to investigate subjective health perceptions and preventive health behaviors among women of reproductive age.
METHODS
A web-based survey was conducted among 1,200 women aged 25-44. The questionnaire collected demographic information, history of health checkups, and cancer screening. It incorporated a Preventive Health Behavior Scale and a Subjective Well-being Inventory. Descriptive statistics and t-tests were used to compare scores by health checkup status, with significance set at p < 0.05. Free-text responses regarding checkups were analyzed using qualitative descriptive analysis. This study was approved by the ethics committee of the affiliated institution (No. 23045-2). The authors declare no competing interest.
RESULTS
The mean age of the participants was 34.6 years (range:25-44); 725 women (60.4%) had received regular health checkups, while 475 (39.6%) had not. Preventive behavior scores were significantly higher in the checkup group than in the non-checkup group (10.3 vs. 8.5, p < 0.001). However, subjective health scores were significantly higher in the non-checkup group than in the checkup group (82.0 vs. 76.6, p < 0.001). In the free-text responses, many respondents commented on financial burden and balancing childcare responsibilities.
CONCLUSIONS
Regular health checkups were associated with greater engagement in preventive behaviors. However, a discrepancy was observed between perceived health and actual behavior. Support systems must address financial and caregiving challenges to promote preventive care during the preconception period.
KEY MESSAGE
Encouraging preventive health behaviors through medical contacts such as health checkups, is effective for women in the preconception period.
Eur J Midwifery 2026;10(Supplement 1):A1046

PB341

Women's experiences, needs and expectations in the early postnatal period: A descriptive qualitative study

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BACKGROUND
Postnatal period is a critical transition period for both the woman and her newborn. Health challenges that are unresolved could potentially impact the long-term well-being of the family. There is limited understanding on women's lived experiences and specific needs of postnatal care in Singapore.
OBJECTIVES
This study aimed to explore the experiences, needs, and expectations of care provided to postnatal women in Singapore.
METHODS
The qualitative descriptive design was adopted. Women aged 21 and above, had delivered in KK Women's and Children's Hospital and are able to communicate in English language were recruited. Individual interviews were conducted between November to December 2024 using a semi-structured interview guide. Data was collected at 4 to 8 weeks after childbirth, audio-recorded, transcribed verbatim and analysed using thematic analysis.
RESULTS
Fifteen women completed the interview. The average duration of interviews was 15.4 minutes. A total of three themes and twelve subthemes emerged: (i) Embracing motherhood – The joy (ii) Navigating the complexities – The hidden struggles, and (iii) Growing in resilience – The support. Findings indicated that while most women had support from family during the first month of childbirth, there were still several challenges encountered. Although there is currently a variety of information on postnatal care available on different platforms, women have expressed a need for greater access to professional support that is tailored to their individual needs and easily accessible or could be provided on-demand, particularly in areas such as breastfeeding, infant care and mental health.
CONCLUSIONS
This study highlighted the range of physical, emotional and informational needs of women in the early postnatal

period. Findings from this study may inform enhancements to community-based postnatal care models in Singapore, ensuring that women's needs are comprehensively addressed.
KEY MESSAGE
There is a need for more women-centred and holistic postnatal support that addresses both practical and emotional aspects of motherhood.
Eur J Midwifery 2026;10(Supplement 1):A1047

PB342
Mary Breckinridge and Margaret Charles Smith: A historical overview of midwifery care in the US through the stories of two 20th-century midwives
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BACKGROUND
Midwives attended most US births during the colonial era into the mid-20th century. However, midwives currently attend 12% of births in the US. The careers of Mary Breckinridge and Margaret Charles Smith highlight the differences in social status, race, and financial means, and how those differences impacted communities served and contributed to the decline of the midwifery profession.
OBJECTIVES
The purpose of this study was to examine historical factors influencing the professionalization of midwifery in the United States. Systemic and cultural inequities that influenced the careers of two prominent midwives in the early twentieth century provide insight into the decline of midwifery in the United States and the subsequent evolution of midwifery to nurse-midwifery.
METHODS
Traditional historical methods were used to examine the evolution of midwifery in the United States in the 20th century. A social history framework provided insight into the impacts of gender, race, and political influences on the profession.
RESULTS
Mary Breckinridge was a white woman of high society in rural Kentucky. Margaret Charles Smith was an African American woman of limited means in rural Alabama. These pioneering midwives came from very different backgrounds, but both created enduring legacies in their communities. Support from patrons allowed Breckinridge to expand her services and elevate the profession through the Frontier Nursing Service. Race, social status, and financial resources were barriers to Smith's midwifery practice and limited her practice.
CONCLUSIONS
The stories of Breckinridge and Smith's careers demonstrate how cultural and systemic inequities affect the work of midwives, which leads to disparities in the care they are able to provide to their patients and their communities.
KEY MESSAGE
As midwives work to provide care for women globally, lessons from history provide context for understanding the profession today and help guide efforts to make access to midwifery a right for all women.

Eur J Midwifery 2026;10(Supplement 1):A1048

PB343
The impact of a gestational diabetes diagnosis on sense of coherence and self-efficacy: A cohort study
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BACKGROUND
Gestational diabetes mellitus (GDM) affects about 14% of pregnant women globally and increases the risk of adverse maternal and neonatal outcomes. However, diagnostic thresholds remain a subject of debate. In 2013, the WHO introduced stricter diagnostic criteria, adopted in Sweden in 2015. Regional variation in implementation has led to wide differences in GDM prevalence across the country (1–19%; average 6.9%). A GDM diagnosis requires significant self-management, including regular glucose monitoring and lifestyle modifications. Further, it adds frequent medical visits and may contribute to a medicalized, risk-focused experience of pregnancy. While GDM is linked to psychological stress and stigma, its impact on women's sense of coherence (SOC) and self-efficacy (GSE) remains unclear.
OBJECTIVES
To examine how a diagnosis of GDM impacts SOC and GSE.
METHODS
This prospective multicenter study included Swedish- or English-speaking women screened for GDM (2019–2024) at five Swedish sites using varying diagnostic criteria and screening programs. Participants completed validated digital questionnaires (SOC-13, GSE) before screening and eight weeks postpartum. The participants were categorized as: 1) diagnosed with GDM, 2) at risk but not diagnosed, and 3) undiagnosed but meeting WHO criteria. Primary outcomes include mean differences in total and subscale scores.
RESULTS
A total of 1,097 women completed both questionnaires: 250 with GDM, 680 who tested negative, and 167 undiagnosed despite meeting WHO criteria. Preliminary analyses comparing SOC and GSE between groups will be presented at the conference.
CONCLUSIONS
Findings may identify women requiring additional psychosocial support and inform clinical decisions regarding the adoption of WHO diagnostic criteria.
KEY MESSAGE
Diagnostic decisions for GDM should consider not only medical outcomes but also the psychosocial impact of diagnosis on pregnant women.
Eur J Midwifery 2026;10(Supplement 1):A1049

PB344
Out of trauma, into happiness: Simple tools

for healing and emotional resilience

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PURPOSE
This presentation offers maternity professionals practical ways to support mothers, partners, and families in moving beyond birth-related trauma and reclaiming joy, calm, and connection. In the modern world, we urgently need to help mothers heal, as unresolved trauma can lead to low self-image, poor bonding, emotional distress, and even physical health problems. My goal is to share simple tools that empower women to overcome trauma, strengthen emotional resilience, and celebrate milestones like their child's first birthday feeling confident, connected, and proud.
DISCUSSION
Unresolved trauma can leave lasting emotional imprints that affect the brain, body, and nervous system, including the vagus nerve. It can interfere with bonding, self-esteem, and future pregnancies, and may contribute to both physical and emotional challenges. Drawing on my experience as a midwife and NLP trainer, I have successfully used these methods for many years with clients facing all kinds of trauma. The session introduces practical, gentle techniques inspired by EMDR principles, NLP, polyvagal theory, and self-havening. These include safe place visualisation, brain spotting, self-havening (a simple self-soothing tool families can use), and mindset exercises to reframe negative thoughts and build inner strength. These approaches help mothers move from distress to calm, disconnection to confidence, and fear to joy.
EVIDENCE WHERE RELEVANT
The session draws on trauma science published in PubMed and is inspired by the work of Bessel van der Kolk (The Body Keeps the Score), Peter Levine (somatic experiencing), Francine Shapiro (EMDR), Stephen Porges (polyvagal theory), and Robert Dilts' NLP. It reflects over 40 years of midwifery experience, integrating trauma recovery tools into pregnancy, birth, and postpartum care to help women achieve better birth outcomes and feel empowered in their journey.
KEY MESSAGE
Everyone deserves to heal, be happy, and feel free. Trauma doesn't define you. Let it become the starting point of a journey toward strength, resilience, and lasting joy.

Eur J Midwifery 2026;10(Supplement 1):A1050

PB345

Improving intimate partner violence detection in youth clinics: Midwives' experiences with virtual patient training and standardized screening

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BACKGROUND
Intimate partner violence (IPV) is a growing global health concern, particularly affecting adolescents during a critical phase of emotional and social development. IPV at this stage can lead to long-term mental and physical health consequences. In Sweden, youth clinics are key access points for sexual and reproductive health services, where midwives play a central role. Despite their potential, midwives often lack standardized tools, training, and routines for identifying IPV, resulting in inconsistent practices and missed opportunities for early intervention.
OBJECTIVES
This study aimed to explore midwives' perceptions of the effectiveness of three distinct interventions—(1) use of a standardized questionnaire, (2) training with a virtual patient (VP), and (3) a combination of both—in enhancing their ability to identify adolescents exposed to IPV.
METHODS
Five focus group interviews were conducted with 33 midwives from youth clinics in the Stockholm region, selected based on exposure to the intervention. Data were analyzed using reflexive thematic analysis, complemented by descriptive statistics derived from keyword entries in the electronic medical record system.
RESULTS
All interventions improved midwives' confidence in addressing IPV, particularly psychological violence, and increased engagement with male patients. The VP tool was perceived as useful for practicing communication strategies but was underutilized; participants emphasized the need for repeated use and integration into routine training. The questionnaire facilitated disclosures but was considered lengthy and difficult to implement consistently. Barriers included time constraints, emotional burden, and documentation challenges.
CONCLUSIONS
The intervention shows promise in improving IPV detection in youth clinics. Future research should examine the long-term effects of repeated VP training, explore adolescents' perspectives on IPV screening, and develop strategies for integrating these tools into routine care with adequate structural support.
KEY MESSAGE
Midwives benefit from structured tools and training to identify IPV among adolescents, but sustainable implementation requires ongoing support and system-level integration.

Eur J Midwifery 2026;10(Supplement 1):A1051

PB348

Reframing cultural power: Socio-cultural determinants of antenatal care uptake in an Indonesian matrilineal community

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BACKGROUND
Although antenatal care (ANC) coverage has improved in Indonesia, some regions—particularly those with strong traditional structures like the Minangkabau matrilineal society in West Sumatra—continue to underperform. In these

communities, women hold formal authority in kinship lines, but healthcare decisions are still shaped by embedded socio-cultural dynamics that are often overlooked in conventional maternal health strategies.
OBJECTIVES
This study explored how cultural norms, familial power hierarchies, and community beliefs influence pregnant women's decisions to access ANC in a matrilineal setting.
METHODS
Using a qualitative phenomenological design, the study was conducted in Nagari Pariangan, Tanah Datar Regency. Data were gathered through semi-structured interviews, focus group discussions, and community observations involving 70 informants, including pregnant women, husbands, elders, midwives, and community health volunteers. Thematic analysis was conducted using Colaizzi's framework.
RESULTS
Three central themes emerged: (1) decision-making power shared between women and male maternal relatives (mamak), (2) the role of local wisdom—such as bundo kanduang and sumbang duo baleh—in shaping beliefs around pregnancy, and (3) a cultural tension between communal norms and individualized biomedical care. Although women are respected figures in this society, limited knowledge, traditional misconceptions, and discomfort with health services hinder ANC engagement. Women more frequently confided in female community members than health providers.
CONCLUSIONS
Matrilineal societies may project women's empowerment, but socio-cultural constructs can still constrain autonomous health-seeking behaviors. A culturally responsive and community-rooted approach is essential to closing the ANC access gap.
KEY MESSAGE
To improve maternal outcomes in culturally unique populations, health systems must adapt to local realities, integrating tradition with respectful, woman-centered care delivery.

Eur J Midwifery 2026;10(Supplement 1):A1052

3-MINUTE PRESENTATION

T003

Implementation of comprehensive sexuality education in Peru and British Columbia: A comparative analysis of inclusivity and effectiveness

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DESCRIPTION OF TOPIC
Comprehensive sexuality education (CSE) supports adolescent development by promoting sexual health, preventing early pregnancies, and advancing gender equality. Girls and young women, in particular, benefit the most, as they are disproportionately affected by the absence of CSE. This includes increased vulnerability to sexual harassment and gender-based violence. Nonetheless, despite its importance, CSE often encounters resistance rooted in traditional beliefs and misinformation. These barriers can result in the exclusion or misrepresentation of essential content. Even where CSE is implemented, programs frequently overlook critical elements such as inclusivity, cultural sensitivity, and gender equality, all of which are vital to their effectiveness. This research examines the implementation of CSE in two diverse jurisdictions: Peru and British Columbia, Canada. The study aims to assess whether CSE programs are current, evidence-based, and accessible to students within the school system. A comparative analysis of CSE content in secondary school curricula was conducted in both regions using UNESCO's International Technical Guidance on Sexuality Education as the benchmark for evaluation. The findings reveal that both jurisdictions offer CSE content that is curriculum-based, human rights-centered, and designed to develop life skills. However, areas for improvement remain, including timely delivery, comprehensiveness, socio-cultural adaptations, and addressing teacher biases. This study underscores the need for teacher training programs to ensure the delivery of inclusive, evidence-based sexuality education as a foundational element in advancing sexual and reproductive health outcomes among youth.
RELEVANCE TO MIDWIFERY
The relevance of this research to midwifery practice lies in the role midwives play as educators, advocates, and frontline providers of sexual and reproductive health care. By participating in teacher training and health literacy, midwives can support educators in making CSE accessible to all students (particularly girls), thereby reducing unintended pregnancies and improving maternal and newborn outcomes, particularly in underserved populations.

Eur J Midwifery 2026;10(Supplement 1):A1120

T008

From digital communication and marketing to strengthening midwifery associations

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DESCRIPTION OF TOPIC
Background: The Midwifery Association of Pakistan (MAP) participated in a training program, an initiative by ICM and Lightful BRIDGE Program, alongside EMRO region associations. Aimed at strengthening the digital capacity of midwifery associations, this six-month training helped MAP build resilience in digital growth and engagement. Objectives: To develop skills in advocacy, strategic communication, and digital marketing with the aim of strengthening MAP's digital visibility, presence, and stakeholder engagement. Methods: The training covered audience mapping, digital strategy, social media evaluation, ethical storytelling, online advocacy, and campaign planning. MAP applied these skills through storytelling and digital campaigns, including updated website content, visual materials (videos, banners, flyers), active social media management, and expanded outreach for the International Day of the Midwife (IDM). MAP also secured a small grant to implement its strategy via online education, capacity-building activities, and IDM celebrations across far-flung areas.
RESULTS

- MAP engaged key stakeholders, including the Ministry of Health, heads of midwifery schools, and the Director General of Nursing & Midwifery - Social media significantly increased engagement and visibility, with midwives, students, and faculty connecting via Facebook and Instagram. - Visual storytelling strengthened advocacy and amplified midwives' voices online. - A creative campaign invited midwives to use customized display pictures on WhatsApp and Facebook during May, fostering unity during IDM. - MAP enhanced its digital footprint through cross-posting, tagging, and content sharing with partners like ICM and BRIDGE. Conclusions: MAP's experience shows how digital communication and marketing can strengthen midwifery associations' visibility, advocacy, and engagement across diverse settings. Key message: Strategic digital tools can empower midwifery associations to grow, connect, and advocate, even in the most remote areas.
RELEVANCE TO MIDWIFERY
Strengthening digital skills empowers midwifery associations to enhance advocacy, visibility, and engagement. Through strategic communication and campaigns, MAP amplified midwives' voices, supported unity, and reached underserved communities, advancing recognition of the profession.
Eur J Midwifery 2026;10(Supplement 1):A1121
Association strengthening 2 (including a three-minute presentation competition)

T036

We welcome babies: Building community-based midwifery support networks in Thessaly, Greece

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DESCRIPTION OF TOPIC
In the context of fragmented healthcare systems and limited public support for postpartum care in Greece, especially in urban areas like Thessaly, We Welcome Babies emerged as a grassroots initiative founded by midwives, doulas, and mental health professionals. Our aim is to provide holistic, accessible, and emotionally safe support to women from pregnancy through the postpartum period. Rather than operating in isolation, we formed an interdisciplinary network that allows independent professionals—including midwives, maternal assistants, nutritionists, and perinatal psychologists—to collaborate under a shared vision: to hold space for every mother as a whole person. This community-based model reflects midwifery values of continuity, respect, non-intervention, and deep listening. Over the past three years, we have supported more than 300 families through birth preparation classes, home visits, lactation guidance, emotional support, and peer mother groups. We also engage in public education through podcasts, social media, and community events that normalize physiological birth and the emotional complexities of early motherhood. In this presentation, I will outline the structure and philosophy of our network, the practicalities of working outside traditional healthcare systems, and the benefits and challenges of interdisciplinary cooperation. I will share lessons learned—including how to build strong referral systems, avoid professional burnout, and remain financially sustainable while maintaining accessibility. As midwives globally seek models of care that are more inclusive, emotionally attuned, and community-centered, We Welcome Babies offers one blueprint—created in crisis, sustained by collaboration, and rooted in trust.
RELEVANCE TO MIDWIFERY
This initiative directly supports midwifery by promoting a holistic, woman-centered model of care that integrates physical, emotional, and social support. It strengthens community-based networks where midwives collaborate with other professionals, enhancing continuity of care, preventing burnout, and improving outcomes for mothers and babies.
Eur J Midwifery 2026;10(Supplement 1):A1122

T035

Challenges encountered by professional working mothers while practicing exclusive breastfeeding

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DESCRIPTION OF TOPIC
Background: Exclusive breastfeeding has been defined as the feeding of an infant in the first six months of life with breast milk only without giving any other foods, not even water (Jolly, 2008). Aim: To explore challenges encountered by professional working mothers while practicing exclusive breastfeeding in Brikama District Hospital. Methodology: A non-interventional descriptive cross-sectional study design was used in this study, and a convenience sampling technique was used to select the target population. A sample size of 42 mothers (13 from the postnatal and 29 from the infant clinic) was used. A questionnaire was used, and the results were analyzed using Excel. Results: The results show that professional working mothers encounter challenges that make it difficult to exclusively breastfeed their babies according to the WHO recommendation. Among the challenges encountered are not enough breast milk production, exclusive breastfeeding being stressful and time-consuming, cracked or sore nipples, return to work or school, wanting their breast to remain firm, and no room at the workplace to breastfeed during breaks or working hours. Professional working mothers were well knowledgeable about exclusive breastfeeding practice with its benefits, but their full-time employment status and family members' influence undermined and impeded the practice of exclusive breastfeeding. Conclusion: The government must guarantee that workplaces are free of harassment and discrimination against women who prefer to breastfeed their babies through appropriate mechanisms.
RELEVANCE TO MIDWIFERY
It is hoped that the findings of this study can contribute to designing appropriate and effective breastfeeding intervention programs aimed at improving infant and young children's feeding practices. It will also help inform mothers and the community at large on the effect the practice of exclusive breastfeeding will have on both mother and baby.
Eur J Midwifery 2026;10(Supplement 1):A1123

T043

Too hot to carry: How extreme heat harms pregnancy in Santiago, Chile

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DESCRIPTION OF TOPIC

Climate change is making cities hotter, and that heat isn't distributed equally. In some neighborhoods, temperatures can be several degrees higher due to a phenomenon called urban heat islands. For pregnant people, this is especially dangerous. Physiological changes during pregnancy make them more sensitive to heat stress, increasing the risk of serious complications like stillbirth, gestational hypertension, and placental abruption. My research focuses on northern Santiago, Chile, a densely populated urban area where heat waves are becoming more frequent. I analyzed more than 42,000 births from the largest public maternity hospital in the area. By combining clinical records, weather data, and satellite-derived temperature maps (LANDSAT 8), I'm investigating how exposure to extreme heat affects pregnancy outcomes, especially during the third trimester. This is the first study of its kind in Chile to explore heat's impact on pregnancy using high-resolution temperature data and geolocation. While evidence from high-income countries shows strong links between heat and adverse pregnancy outcomes, very little is known about this relationship in Latin America—especially in socioeconomically vulnerable urban areas.

RELEVANCE TO MIDWIFERY

This matters because midwives are often the primary—and sometimes only—providers of antenatal care in these communities. If we can identify when and where heat poses the highest risk, midwives and health systems can act: issuing heat alerts, tailoring prenatal care during heatwaves, and advocating for cooler, greener urban environments. As cities get hotter, midwifery must adapt. This research bridges climate science, epidemiology, and maternal health—placing midwives at the center of climate-resilient care because no one should lose a pregnancy because of the temperature outside.

Eur J Midwifery 2026;10(Supplement 1):A1124

T012

Measuring what matters after birth: Capturing long-term postpartum health data to advocate for more midwives and better care

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DESCRIPTION OF TOPIC

It is universally acknowledged that health systems speak the language of data and numbers. It is time for the metrics of what matters to women and gender diverse people to be embedded in these numbers. Globally, the quality and safety of maternity care are defined using short-term indicators—morbidity, mortality, and access to essential care. There is a profound lack of data on women's long-term health after birth. Once women leave maternity services, we have limited oversight on the health outcomes they experience, for how long, and how these impact their lives. Without reliable data on self-reported postpartum outcomes, midwives are limited in their ability to advocate for the systemic reforms urgently needed to deliver respectful, individualized postpartum care. To address this gap, a self-report measurement tool, such as via a Patient-Reported Outcome Measure (PROM), could provide essential information on the longer-term outcomes experienced by those who give birth. However, this tool must be developed with women and gender diverse people to ensure it reflects the real postpartum experience. My PhD research aims to explore which health outcomes should be included in a tool to assess health in the first postpartum year, and how this data should be collected in Australian health services. Gathering perspectives from women, health professionals, and policymakers, we aim to walk the line between women and health systems, to explore the outcomes that matter most and can be acted upon within health systems.

RELEVANCE TO MIDWIFERY

Postpartum health data will provide critical evidence to support the need for one million more midwives. Midwives are experts in working within communities, where postpartum women live, work, and care. Understanding the long-term postpartum outcomes of women and gender diverse people is critical to amplify the need for comprehensive, rights-based postpartum care, and for midwives as the ideal professionals to provide this care.

Eur J Midwifery 2026;10(Supplement 1):A1125

T013

Missed midwifery care during labor and birth

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DESCRIPTION OF TOPIC

Missed midwifery care is any aspect of required care expected for women, babies, and families that is delayed, unfinished, or completely omitted. Missed midwifery care is associated with poor midwifery-sensitive outcomes, such as lower breastfeeding initiation rates, negatively affecting women, newborns, and families' health and well-being. Overall, the most common reasons for missed care include communication problems and inadequate staffing and resources. In Italy, missed midwifery care is underreported due to the lack of a measurement tool. Thus, this study performed a psychometric testing of the Italian version of the

Perinatal Missed Care Survey to measure missed midwifery care of women during labor and birth. In accordance with the original English version, the I-PMCS comprises two sections (i.e., required midwifery care and potential reasons for missing care) composed of 25 and 16 items, respectively. The evidence resulting from this study is integrated in a clinical practice context in which most midwifery interventions are not reported, undermining the chance to provide evidence on the effectiveness and quality of care. To highlight the impact of midwifery missed care – as well as delivered care – this study boosts the need for quality indicators tailored to current international midwifery care standards of practice. Future studies on implementing a standardized taxonomy of midwifery interventions delivered and not (i.e., missed care) will corroborate the interaction between these and the midwifery-sensitive outcomes.
RELEVANCE TO MIDWIFERY
• Missed midwifery care is a crucial public health issue due to its impact on women, infants, and families at large. • Detecting missed midwifery care in clinical practice is essential to boost targeted strategies, enhancing the quality and safety of midwifery care. • The Italian Perinatal Missed Care Survey (I-PMCS) is a valid and reliable tool to evaluate missed maternity care during labor and birth.
Eur J Midwifery 2026;10(Supplement 1):A1126

T009

Nurturing midwifery expertise through the development and operation of a pregnancy support chatbot by midwifery students in Japan

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DESCRIPTION OF TOPIC
We conducted an educational initiative in which midwifery students created and operated a chatbot to respond to questions from pregnant women. Traditionally, students have developed pamphlets to provide health guidance during pregnancy. In this project, however, students explored the actual needs of pregnant women, developed question-and-answer sets for the chatbot, and managed its operation. We believe this process nurtured multiple aspects of midwifery expertise. Ethical review is planned and will be undertaken in due course.
RELEVANCE TO MIDWIFERY
This initiative had three significant effects on midwifery education. First, it offered students an opportunity to consider the role of information and communications technology (ICT), such as chatbots and AI, in midwifery care. As pregnant women increasingly access health information online, midwives must be prepared to provide accurate, evidence-based guidance using digital tools, especially for those in remote or underserved areas. Second, the chatbot format allowed students to focus on the content of health guidance without being distracted by visual elements like pamphlet layouts. They concentrated on identifying essential information and expressing it in language that was both evidence-based and emotionally supportive. Operating the chatbot helped students understand the real concerns of pregnant women, enabling meaningful communication and the development of trusting relationships during prenatal visits. Third, through the development and use of the chatbot, students were encouraged to reflect on the core values of midwifery care—those that cannot be replaced by technology. This experience helped them recognize the unique contributions midwives make in providing compassionate, personalized care. Overall, this initiative served as a valuable educational tool for cultivating essential midwifery competencies in a digitally connected healthcare environment.
Eur J Midwifery 2026;10(Supplement 1):A1127

T048

Safe vacuum-assisted births performed by midwives in rural Tanzania

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DESCRIPTION OF TOPIC
Background: Vacuum-assisted births (VAB) can be a safer alternative to cesarean sections in expediting delivery in the second stage. Training of midwives in the use of VAB can increase accessibility of VAB and can benefit in maintaining continuity and proficiency in the procedure in the ward over time. Objectives: To evaluate if training of midwives in the use of VAB can be achieved in a safe and sustainable manner in a rural hospital in Tanzania. Methods: Using the framework developed in the Safer Births Bundle of Care, midwives and doctors were trained in the use of VAB through simulation on a mannequin, biweekly team training, clinical mentorship, and continuous clinical feedback on their performance through debriefs after every VAB. The clinical data were continuously used as feedback to the ward to recognize areas of improvement in the biweekly team training. Clinical data on all VABs performed at the hospital were gathered and analyzed from March 2022 to January 2025. Results: A total of 103 VABs were performed by midwives and 89 by medical doctors. There was no significant difference in the need for resuscitation (38% vs. 35%), low Apgar score (34% vs. 41%), or adverse perinatal outcome (6.8% vs. 5.6%). Complications of vacuum were significantly lower in vacuums performed by midwives (16.2% vs. 33.7%). There was no significant difference in the decision-to-delivery interval (27.5 min vs. 23.7 min). Conclusions: Midwives can perform vacuum-assisted deliveries in a rural setting in Tanzania as safely and as timely as medical doctors. Education and training in the use of VAB should be provided for all midwives.
RELEVANCE TO MIDWIFERY
Key message: Vacuum-assisted delivery can safely and timely

be performed by midwives in a rural hospital in Tanzania. Education and training in the use of VAB should be provided for all midwives.

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T005

Implementation of competency-based education for quality midwifery programs in Africa: A scoping review

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DESCRIPTION OF TOPIC

Improving the quality of midwifery education to international standards is critical to prepare competent midwives. Despite the recognized impact of competent midwives, little is known concerning the implementation of Competency-Based Education (CBE), especially in Africa, where poor investment in quality midwifery education has been reported. The aim of this study is to scope and synthesize the existing literature on the implementation of CBE for midwifery programs and its sustainability in Africa. The scoping review methodology outlined by Arksey and O'Malley's framework was adopted to explore the extent of the literature on the implementation of CBE for midwifery programs and its sustainability in Africa. A total of 72 studies were finally included in this scoping review. Reporting of the scoping review findings follows the PRISMA- ScR format. The study showed that of the 54 African countries as per the World Bank classification, after review of the full articles following the eligibility criteria for inclusion, the literature on midwifery education programs only spanned 17 African countries as at the time of this report. Of which, 11 are implementing CBE, 5 are still using Traditionally Based Approaches (TBA), while Problem-Based Learning (PBL) is the main teaching pedagogy used in Botswana.

RELEVANCE TO MIDWIFERY

This review revealed that for the successful implementation of CBE, a CBE curriculum implementation process must be strictly observed. Evidence from the literature confirmed that CBE has not been sustained in Africa. There is still a struggle to fully integrate the major components of the competency-based midwifery program due to inadequate support and an inadequate monitoring system. It is expedient that CBE implementation should be planned concurrently with its sustainability for it to be effective. Adequate training and support should be continuously provided to faculties, institutions, policy makers, professional bodies, students, and other stakeholders for successful implementation and sustainability.

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T042

Ready to care for pregnant women with breech presentation? – Results from an online survey for midwives and midwifery students in Germany, Austria, and Switzerland

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DESCRIPTION OF TOPIC

The vaginal birth of a breech presentation is an option for pregnant women supported by current German and international guidelines when favorable conditions and appropriately trained personnel are available. According to midwifery laws in the D-A-CH region, midwives should be able to provide care for avaginal breech birth in emergencies. Therefore, imparting skills for breech delivery is enshrined in the curriculum for midwifery students. This study evaluated the knowledge and training needs of midwives and midwifery students in the German-speaking region. In May 2022, experiences, specific knowledge, and further training needs regarding vaginal breech birth were assessed through an online survey. Analysis of 467 questionnaires showed that only 30 % of respondents currently attend vaginal breech births in their professional environment, but 50 % would like to offer this service. 94 % of respondents indicated that they would feel more confident if regular training opportunities, particularly simulations and virtual offerings, were provided for vaginal breech birth. However, currently, only 10 % of respondents receive regular training opportunities for vaginal breech births. The results suggest an increased provision of training opportunities for vaginal breech births to enhance midwives' safety in managing such births.

RELEVANCE TO MIDWIFERY

Vaginal breech birth is a guideline-supported option that requires skilled, confident practitioners. In the D-A-CH region, midwives are legally expected to manage breech births in emergencies, making this a critical competency. However, due to declining clinical exposure, many midwives lack experience and confidence in this area. Enhancing access to training—especially simulation-based and virtual formats—can address this gap. Strengthening these skills ensures safer outcomes, supports maternal choice, and aligns with midwifery's role in physiological, evidence-based care. Integrating breech birth training into education and continuing development is essential for preparing midwives to meet both professional standards and women's diverse birth needs.

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T050

Strengthening midwifery science in Portugal: The urgent need to ground postgraduate research in midwifery practice theories

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DESCRIPTION OF TOPIC

Despite a growing body of postgraduate research in Midwifery,

a significant proportion of academic work conducted by students in higher education, particularly those enrolled in Postgraduate or Master's programs in Midwifery/Maternal and Obstetric Health Nursing (corresponding term in Portugal), continues to lack a clear theoretical foundation rooted in midwifery science. This undermines both the conceptual coherence and scientific identity of the discipline. This presentation argues for the critical importance of embedding midwifery practice theories into the scientific work produced by these students and guides their practice in placement. A comprehensive scoping review of existing midwifery theories and their core characteristics highlights a shared conceptual framework that reflects the values, epistemology, and philosophy of the midwifery profession. This framework offers a robust foundation for research that seeks to explore, understand, and enhance midwifery practice from within the discipline itself. The findings underscore the relevance and applicability of these theories to contemporary research questions and clinical realities. Furthermore, they demonstrate the potential for theory-informed research to advance professional autonomy, contribute to the development of midwifery-specific knowledge, and ultimately improve care outcomes, for the Portuguese context.
RELEVANCE TO MIDWIFERY
This work invites Portuguese students, educators, and policymakers to reflect on the necessity of moving beyond generic nursing or biomedical frameworks and to embrace the distinctiveness of midwifery as a science in its own right.
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T024

A home of mothers, student midwives' experiences on the labor ward

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BACKGROUND
In Malawi, the maternal mortality rate remains high, at approximately 381 deaths per 100,000 live births (World Health Organization, 2024). Evidence shows that midwifery-led care is the only health systems intervention consistently associated with improved birth outcomes (Fernandez et al., 2020). As the country works to expand its maternal health workforce, student midwives play an essential role. However, their lived experiences—particularly within high-pressure labor ward environments—remain largely unexplored.
OBJECTIVE
To explore the experiences, challenges, and motivations of student midwives during clinical placements on labor wards in Malawi.
METHODS
This qualitative study involved semi-structured interviews with 12 groups of midwifery students during their clinical rotations. Thematic analysis was conducted using inductive coding.
RESULTS
Students faced a difficult transition to clinical practice, marked by fear, emotional distress, and a perceived lack of preparation. Despite exposure to trauma, resource shortages, and inconsistent institutional support, they remained deeply committed to providing respectful and compassionate care. Nine key themes emerged, reflecting the complexity of their experiences. Among these, the phrase "a home of mothers" encapsulated the students' collective underscores- their enduring motivation to reduce maternal mortality through transformative and person-centered care.
CONCLUSION
Many Malawian student midwives enter the profession to reduce maternal mortality. Despite trauma, limited resources, and uneven support, they remain committed to respectful, woman-centered care. Midwifery must become "a home of mothers"—a place of safety and dignity for birthing individuals and the students learning to care for them.
RELEVANCE TO MIDWIFERY
Midwifery is a vital profession in addressing maternal and neonatal mortality. However, the formative experiences of midwifery students—critical in shaping their professional identity and influencing their retention in the field—remain insufficiently explored. Ensuring the sustainability of the midwifery workforce requires a deeper understanding of these experiences and the implementation of evidence-based strategies to support students as they transition into clinical practice.
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T004

Clinical handover in referral maternity units in Burkina Faso: Knowledge and practices of care providers

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DESCRIPTION OF TOPIC
Clinical communication plays an essential role in the quality of care and patient safety. However, this period of communication between carers is insufficiently observed during shift changes. The aim of this study is to describe the knowledge and practices of healthcare workers in terms of clinical transmission in referral maternity units in Burkina Faso. It is a quantitative descriptive cross-sectional study carried out from 07 August 2023 to 22 November 2023 among 169 healthcare workers. It involved all care workers in level III maternity units in Ouagadougou. Exhaustive sampling with an accidental recruitment method was used. Data were collected using a rating scale for observation and a questionnaire to assess knowledge. Epi Info software version 7.1.6 was used to analyze the data after cleaning the database. The participation rate in the study was 53.48%. Caregivers' overall level of knowledge about clinical transmission and patient safety was 45.64%. The overall compliance of carers' practices was judged to be 'not compliant' at 9.60%. The results of this study showed a low level of general knowledge and compliance of healthcare workers' practices in relation to clinical transmission. Efforts to improve this situation through training and the introduction of a standardized model are essential.
RELEVANCE TO MIDWIFERY
Effective handover promotes the transfer of crucial information and helps to reduce adverse events associated with care that can increase the risk of maternal and neonatal

death.
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T038
Midwives as a solution to increase the accessibility of comprehensive abortion cares
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DESCRIPTION OF TOPIC
In Quebec, Canada, midwives provide comprehensive care throughout pregnancy, birth, and the postpartum period. Recently, their scope of practice has begun to expand to include abortion care as part of primary health services. Although abortion is legal and supported by legislation in Canada and Quebec, timely access remains a challenge in many regions. Given their accessibility and community-based approach, midwives are well-positioned to improve access to abortion services. The professional association of midwives in Quebec received funding from the Canadian Association of Midwives (CAM) and Health Canada to support the development of midwifery-led abortion care. This initiative aims to increase access to safe and timely abortion, especially for people facing barriers due to geography, systemic inequities, or social stigma. As project leader, I collaborate with a small working group to create resources, tools, and advocacy strategies that help midwives understand, prepare for, and integrate abortion care into their practice. We work in partnership with social justice and reproductive rights organizations, and we supported the provincial college of midwives to dismantle regulatory and cultural barriers. Our team has developed clinical guidelines and tools tailored to midwifery practice. We also emphasize reproductive justice and cultural safety, centering inclusive and person-centered care that respects the diverse experiences and identities of those seeking abortion care. Through close collaboration with key partners, the professional association developed an effective strategy to support midwives in integrating abortion care into their practice, feeling strong and ready to offer this, and thus contributing to improved access within their communities.
RELEVANCE TO MIDWIFERY
Providing comprehensive, normal, primary care in sexual and reproductive health is a goal for many midwives. By their community-based practice and their accessibility, midwives can contribute to safe and timely abortion care and break down the barriers that individuals can face. An effective and concerted strategy is important to support midwives.
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T051
Strengthening the leadership of young Haitian midwives through ASFH's Young Midwife Leader Program
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PURPOSE
The Young Midwife Leader Program (JLSF), launched by the Association des Sages-Femmes d'Haïti (ASFH), aimed to build the leadership, advocacy, and communication skills of early-career and final-year student midwives, empowering them to play a leading role in sexual and reproductive health (SRH) and rights in Haiti.
DISCUSSION
Inspired by ICM's Young Midwife Leader initiative and supported by International Planned Parenthood Federation (IPPF), the JLSF was implemented over five months using a structured and participatory approach: competitive selection, training modules (leadership, respectful maternity care, digital advocacy), individual project design, mentoring, and a community of practice. Participants developed and implemented their own projects aligned with ASFH's strategic priorities, responding to the real-life challenges they face in their work and communities. The program culminated in a two-day closing event celebrating achievements and fostering intergenerational networking and collaboration. Evidence where relevant: 13 young midwives successfully completed the program, all participants implemented an approved individual project. Two major events were held, engaging mentors and national stakeholders, with the educational content grounded in ICM standards, human rights, and experiential learning principles.
CONCLUSION
The JLSF is an innovative and context-adapted initiative that demonstrates the transformative impact of empowering young midwives with leadership skills to advance SRH, uphold women's rights, and strengthen the midwifery profession in Haiti.
RELEVANCE TO MIDWIFERY
The Jeune Leader Sage-Femme (JLSF) program strengthens midwifery by equipping young and early-career midwives in Haiti with leadership, advocacy, and communication skills. It addresses key professional gaps, empowering midwives to influence maternal health policies and promote sexual and reproductive health and rights. Grounded in ICM standards, the program enhances visibility and recognition of the profession, encourages respectful maternity care, and fosters strategic engagement. JLSF supports a resilient midwifery workforce, advancing progress toward the Sustainable Development Goals, particularly SDG 3 and SDG 5.
Eur J Midwifery 2026;10(Supplement 1):A1135

T031
Training midwives and first responders to support emergency childbirth and deliver first aid in conflict-affected communities of Ukraine
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DESCRIPTION OF TOPIC
In war-affected Ukrainian communities, women often give birth in bomb shelters, homes, or even. Attacks and hospital closures have left some regions without any skilled birth care. Yet emergency childbirth support remains a critical gap; first responders and community members often have no training to assist women in labor. The NGO Ukrainian Midwives Union recognized this need and took the lead in addressing it. They launched a training program to teach midwives, local health

workers, police, rescuers, and volunteers essential skills for emergency childbirth and basic first aid (e.g., bleeding control, defibrillator use). The project trained nearly 500 participants in 121 conflict-affected communities by the beginning of 2025, including health workers and emergency responders. The curriculum blended standard first aid with a specialized midwifery module. Moreover, 98.9% of participants affirmed the training's critical importance. This community-based approach ensures that mothers and newborns can receive care even with limited medical access. It also strengthens local resilience amid the war.

RELEVANCE TO MIDWIFERY

Midwives are at the heart of this response, demonstrating their essential role in conflict healthcare. Amid hospital closures and staff shortages, Ukrainian midwives stepped up to fill critical gaps in maternal care. Midwife-trainers leveraged their expertise to educate other professionals and volunteers. From guiding births remotely under siege to empowering community first responders, midwives have demonstrated extraordinary leadership and adaptability. This project shows that midwifery-led interventions can uphold safe childbirth practices and basic first aid when health systems are disrupted. It highlights the need to invest in midwives as key drivers of maternal and newborn health and community resilience.

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T032

Midwifery-led mentorship to strengthen maternal and newborn care in the Rohingya humanitarian response: A scalable model for fragile settings

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DESCRIPTION OF TOPIC

The protracted Rohingya humanitarian crisis in Cox's Bazar, Bangladesh, has placed immense pressure on maternal and newborn health services in refugee camps and surrounding host communities. Despite active Sexual and Reproductive Health (SRH) programs, persistently high maternal and perinatal mortality exposed critical gaps in midwifery-led care, including limited clinical skills, low confidence, and inconsistent adherence to global standards. In response, UNFPA, as coordinator of the SRH Working Group, launched a midwifery-led mentorship model to strengthen provider capacity, improve care quality, and reduce mortality. Launched in 2022, the program applies a cascade mentorship structure where international midwife mentors directly support national midwife coordinators, midwife supervisors, and clinical mentors (medical doctors), who then train frontline midwives and doctors across primary and secondary health facilities. Mentorship is delivered through simulations, bedside coaching, structured clinical training, and case reviews, with key focus areas including postpartum hemorrhage, pre-eclampsia/eclampsia, prolonged labor, sepsis management, newborn resuscitation, and respectful maternity care. Evaluation uses a mixed-methods approach, combining routine health indicator tracking with provider feedback from interviews and observations. The program now covers 100% of midwives and 30% of doctors in all targeted facilities. Since its inception, maternal deaths have decreased by 45%, from 84 in 2021 to 46 in 2024. Providers report improved decision-making, clinical confidence, and stronger teamwork. Local midwife leaders are sustaining mentorship efforts, promoting long-term system resilience.

RELEVANCE TO MIDWIFERY

This model affirms midwifery's central role in reducing maternal and newborn mortality, especially in fragile settings. It showcases how empowering midwives through targeted mentorship enhances clinical quality, fosters leadership, and ensures continuity of care. By prioritizing midwife-led interventions, the model demonstrates a scalable, cost-effective strategy to strengthen SRH systems and elevate the profession globally.

KEYWORDS Midwifery mentorship, maternal health, humanitarian response, reproductive health, capacity building, clinical quality, Rohingya, Bangladesh.
Eur J Midwifery 2026;10(Supplement 1):A1137

T033

Midwives responding to floods: A community-based initiative for maternal and newborn care in southern Brazil

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DESCRIPTION OF TOPIC

The SOS Obstetrizes project was developed by 13 midwives in response to the devastating floods in southern Brazil in 2024 that affected millions of people. It aimed to ensure access to respectful and evidence-based sexual, reproductive, maternal, and newborn care for individuals living in shelters or affected areas. Led by midwives, known as obstetrizes in Brazil, who graduated from the University of São Paulo, the project mobilized self-organized teams to work in shelters and homes. Services included antenatal and postnatal care, contraceptive counseling, and newborn care. Operated entirely by volunteers and funded through community donations, the initiative filled urgent care gaps after the collapse of local health services, as only eight of 27 public primary health units remained operational. Almost 1,400 pregnant women were mapped, referred as needed,

and 256 health consultations were facilitated. The project's impact has prompted discussions with local authorities about establishing a Midwifery undergraduate program in the region, acknowledging the profession's crucial role in disaster response and long-term health resilience.
RELEVANCE TO MIDWIFERY
This practice is supported by evidence indicating that midwife-led care enhances outcomes for both mothers and newborns, particularly in emergencies. A modeling study published in The Lancet in 2021 found that if midwives were fully integrated into health systems, they could prevent over 80% of maternal and neonatal deaths, as well as stillbirths. This initiative also aligns with the World Health Organization's call for urgent climate action to protect maternal and child health. Furthermore, it reinforces the International Confederation of Midwives' 2024 theme, highlighting midwives as key players in addressing the climate crisis. Midwives play an essential role as frontline responders in climate-related emergencies. The SOS Obstetrizes project demonstrates how community-based voluntary midwifery can reduce inequalities, enhance emergency responses, and encourage structural change through professional commitment and innovation.
Eur J Midwifery 2026;10(Supplement 1):A1138

LABOR AND BIRTH – PPH (INCLUDING THREE-MINUTE PRESENTATION COMPETITION)

T001

Transforming maternal care through EMOTIVE training: A Safe Birth Project

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DESCRIPTION OF TOPIC
Post-partum hemorrhage (PPH) remains the leading cause of maternal mortality. In Uganda, it accounts for 36% of the maternal deaths according to the MPDSR report 2023/2024. It can happen to any mother immediately, within 24hours after delivery or between 24-six weeks after childbirth. Everyone has something to do in the prevention and treatment of PPH. The WHO recommends the use of the first response care bundle, i.e., EMOTIVE, which has shown 60% early reduction in adverse PPH outcomes among the trials done in Africa. Uganda is among the countries implementing EMOTIVE. As a national trainer, I have seen how EMOTIVE training transforms not only knowledge but also confidence, collaboration, and preparedness. The EMOTIVE training uses a low-dose, high-frequency hands-on model. The trainers are practicing health workers who bring real-life and relevant context to each session. It emphasizes practical skills, decision-making, effective communication, and teamwork. Midwives are the primary participants who describe being empowered, especially when trained alongside the doctors. Training has been done in Uganda with the coordination and financial support from the Safe Birth Africa Project, which also funds essential commodities like heat- stable carbetocin. The goal is to reach midwives and equip them with the tools and mindset to act quickly in PPH emergencies. These trainings have led to improved, timely decision-making, effective communication, confidence, and adherence to evidence-based practices. Midwives make efforts to monitor for the first two hours after delivery, use a single oxytocic drug, and improve emergency preparedness with PPH kits, empowering each other. Feedback from trainees emphasizes RMC, strengthened teamwork, and timely referrals. The EMOTIVE training has been a catalyst for change in maternal health outcomes, fostering motivated, empowered, and informed midwives who lead and advocate for safe birth.
RELEVANCE TO MIDWIFERY
It talks about PPH and how the EMOTIVE trainings have prepared midwives to manage it.
Eur J Midwifery 2026;10(Supplement 1):A1139

T002

Being ROBUST to tackle rising postpartum hemorrhage rates R: Risk assess O : Oxytocin B :Buzzer U : Uterotonics S : Suture T: Tranexamic acid

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DESCRIPTION OF TOPIC
PPH rates are rising nationally, with rates thought to have doubled between 2010 and 2023. In our unit, we were also experiencing increased rates, first noticed when we started weighing all blood loss at delivery, regardless of whether the team thought a PPH may have occurred or not. Our term vaginal PPH rate of >1500ml was as high as 7% each month. The UK target for this level of PPH is <3.3%. Several interventions had been tried and failed to make a difference until our MDT working group completed a deep dive into the management of PPH and discovered that several basic steps to reduce PPH rates weren't being done despite local and national guidelines advising these steps. As a result of the intense training around ROBUST, our PPH has fallen from 7% to 3% most months. We still have not-so-good months when our rate goes above the recommended <3.3%, but when this occurs, we reinforce the ROBUST training with a deep dive to see where we may have further areas to improve, and case-based discussions emailed to the whole department, anonymized to share this learning. We hope that by sharing our quality improvement processes, other units will benefit from our learning.
RELEVANCE TO MIDWIFERY
Improvement of midwifery practice to save lives by better education and skills drills on the management of postpartum hemorrhage.
Eur J Midwifery 2026;10(Supplement 1):A1140

T018

The future of health sounds like midwifery: System transformation through midwifery leadership

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DESCRIPTION OF TOPIC
As global health systems evolve to address complex

challenges—workforce shortages, patient dissatisfaction and mistrust, inequities in access and outcomes—they are increasingly turning toward models rooted in continuity, informed choice, cultural safety, and relationship-based care. These are not new innovations: they are the foundations of midwifery. This presentation argues that midwifery leadership is critical to future-ready health systems and that system transformation will be accelerated when midwives are included not only as care providers but as leaders in clinical governance, education, policy, and innovation. Drawing on examples from the Canadian context, this presentation highlights how midwives are contributing to system-level change—including the creation of new care models, leadership in policy, and national governance through the Canadian Association of Midwives (CAM). Midwives bring a unique systems perspective: they hold complexity, work across silos, and build strong relationships with communities. This positions them to lead cross-sectoral change in ways that are responsive, inclusive, and sustainable. The future of health will demand new ways of working. Midwives already practice in these ways. It is time to move midwives into more decision-making roles to ensure health systems truly reflect the values of people and communities.

RELEVANCE TO MIDWIFERY

This presentation directly addresses the future of midwifery as a profession and its role in building stronger health systems. It challenges the traditional definition of midwifery as limited to continuity-of-care models and instead highlights the growing need—and opportunity—for midwives to lead at the system level. For midwives around the world, this is a call to action: step into leadership, advocate for system change, and take up space in decision-making forums. The presentation showcases how midwifery values—choice, trust, respect, and autonomy—can shape the future of health beyond individual care. It also provides an inspiring example of how midwives are already doing this work, and how others can too.

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T026

Defend Chilean midwives: How to stop the law limiting their competencies

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DESCRIPTION OF TOPIC

Midwives should engage in political actions because our work has a significant impact on the health and rights of women, newborns, and their families. Political participation advocates for quality care, protects our professional roles, and promotes women's rights. On Tuesday, May 20th 2025, the Ministry of Health issued the new law 243, which undermines midwives' key roles in gynecology, neonatology, and obstetrics hospital care. Handing their duties to other professionals, risking longer wait times, and reducing safety for women and newborns. On Wednesday, the 21st, on the national holiday, the media focused on naval celebrations, overshadowing critical regulatory modifications affecting midwifery competencies. On Thursday, the 22nd, Midwives flood social media with alerts about the changes. After health authorities refused to negotiate, the Chilean College of Midwives called for a nationwide mobilization, denouncing the law as an attack on their profession and women's rights. On Friday, 23rd, 10:00 a.m. Citizens from all backgrounds, families, midwifery students, and midwives take to the streets and protest in front of the presidential building, Palacio de La Moneda. Over 4,000 people from all 15 regions gathered to protest the imminent risks to the quality of care for women and newborns, and the drastic reduction in the professional competencies of midwifery, prompting calls for the repeal of the new regulation.1:00 p.m. President Gabriel Boric meets with midwives' association representatives on the streets. Regulation 234 is suspended, and a meeting with the Minister took place, followed by discussions with midwives.

RELEVANCE TO MIDWIFERY

The Chilean midwives successfully applied pressure through nationwide street protests. Their mobilization focused on defending specialized gynecological and obstetric care, as well as demanding inclusion in policymaking. The Health Ministry has responded with negotiations and to revise elements of the new law.

Eur J Midwifery 2026;10(Supplement 1):A1142

T027

From the birth room to the board room: Communication strategies of midwifery leaders at BirthVillage

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DESCRIPTION OF TOPIC

At BirthVillage India, a midwife-led collaborative birth center in Kochi, India, midwives are not only primary caregivers during childbirth—they are also the organizational leaders shaping vision, policy, and practice. This presentation explores how midwifery leadership, rooted in clear, empathetic, and strategic communication, drives the success of the center. From overseeing clinical safety and mentoring junior staff to engaging with healthcare stakeholders and managing institutional growth, midwives at BirthVillage lead with a unique blend of relational intelligence and professional authority. Their ability to navigate both intimate care spaces and high-level decision-making demonstrates how midwives can effectively head organizations, set standards, and model collaborative, woman-centered systems of care.

RELEVANCE TO MIDWIFERY

This presentation highlights the central role of communication in midwifery leadership, demonstrating how midwives can head institutions while staying grounded in woman-centered care. At BirthVillage, midwives do more than support births—they lead the entire organization. Their responsibilities span mentoring teams, coordinating multidisciplinary care, advocating for birthing rights, and engaging in policy dialogue. These functions require a strong foundation in strategic, empathetic, and authoritative communication. In many parts of the world, midwifery leadership is often undervalued or restricted to clinical spaces. This case challenges that notion, offering a replicable model of midwife-led leadership that bridges birth room intimacy with

organizational stewardship. It illustrates how communication is not a "soft skill" but a critical leadership competency that directly impacts clinical outcomes, informed consent, team cohesion, and maternal satisfaction. The BirthVillage experience affirms that midwives are capable of shaping institutions that reflect midwifery values—respect, autonomy, and continuity of care. As global midwifery expands, we must invest in communication-focused leadership training to empower midwives not just as caregivers, but as institutional change-makers. This presentation is highly relevant to ICM's mission to strengthen midwifery leadership worldwide and to reimagine maternal care systems that place midwives at the center.

Eur J Midwifery 2026;10(Supplement 1):A1143

T045

Involvement from children's social care during the perinatal period and infant separation: Insights from healthcare records and unheard voices

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DESCRIPTION OF TOPIC

In the last decade in the UK, rates of newborn babies taken into State Care due to safeguarding concerns have nearly doubled. Women who face separation from their babies often present with multiple adversities and have faced a life of trauma and abuse. Evidence is lacking on how healthcare services during pregnancy and the postnatal period can better support these women. My Phd aimed to fill this evidence gap, using a mixed methods approach, co-designed with women with lived experience of infant separation. Through narrative interviews, I explored the experiences of perinatal care of women who faced separation from their babies shortly after birth. Next, I used a database of linked pregnancy and mental healthcare records of pregnant women in South London, UK (the eLIXIR – Born in South London database) to investigate socio-demographic, medical, and pregnancy-related characteristics of women with social care involvement during pregnancy. Finally, I investigated UK maternal death surveillance data and conducted a confidential inquiry to examine the quality of care of women with social care involvement. Study findings were merged and extensively sense-checked by women with lived experience and professionals with expertise in this area.

RELEVANCE TO MIDWIFERY

The findings of my doctoral research provide the evidence to rethink care pathways for this group of marginalized mothers and make their care trauma-informed, joined-up, and easy to access. As midwives, our actions and interactions with women who are so often unheard and unseen in society, research, and clinical practice can be life-saving.

Eur J Midwifery 2026;10(Supplement 1):A1144

Mental health (including a three-minute presentation competition)

T040

The impact of group antenatal care on depression symptoms throughout the perinatal period in Malawi

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DESCRIPTION OF TOPIC

Group antenatal care (ANC) is an innovative and midwifery-led ANC model where trained facilitators provide care for 8-12 pregnant people with similar due dates in 2-hour sessions that include 80-90 minutes of interactive learning. Evidence from high-income countries shows positive impacts on mental health, but this relationship is underexplored in low- and middle-income countries. This presentation fills this gap by using data from a trial in Malawi examining the longitudinal impact of group ANC on depression symptoms from mid-pregnancy through 6 months postpartum. Mental well-being, including identifying severe mood changes, defining postpartum depression, and seeking help, was discussed in the second and seventh sessions. The percentage of those who screened positively for depression symptoms steadily decreased over time for both those in group and individual ANC; however, this proportion decreased more quickly for those in group ANC. A longitudinal analysis using generalized estimating equations models revealed this difference to be statistically significant. The largest difference between the groups was at 6 months postpartum, where the odds of screening positively for depression were 32% lower for those in group ANC (OR: 0.68, 95% CI: 0.46, 0.99, p=0.0481). Introducing mental health content into health promotion at group ANC has a positive impact on depression symptoms over time, indicating the successful integration of this content into care.

RELEVANCE TO MIDWIFERY

Midwives are on the front lines of encountering perinatal depression, but have little training. This research shows that with limited training, midwives can integrate mental health into perinatal care with impact. Perinatal care is often a time when pregnant people have the most contact with the health system, making it an ideal setting for mental health interventions. We should leverage this opportunity and continue advocating for the use of group care, given its impact on mental health and effectiveness in low-resource settings.

Eur J Midwifery 2026;10(Supplement 1):A1145

Midwife-led center 2 (including a three-minute presentation competition)

T021

Midwives at the forefront: Expanding access to comprehensive abortion and contraceptive services in Ethiopia

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DESCRIPTION OF TOPIC

This abstract focuses on Ethiopia's experience in expanding access to comprehensive abortion care and contraception through midwife-led services. In response to the high rates of maternal mortality—33% of which were previously attributed to unsafe abortion—the country implemented legal reforms in 2005 to broaden access to safe abortion. Recognizing the shortage of physicians and healthcare disparities between urban and rural areas, Ethiopia adopted a task-shifting strategy that empowered midwives and nurses to deliver these services. This approach has had a transformative impact. Maternal mortality rates have declined significantly—from 676 to 267 deaths per 100,000 live births between 2006 and 2020—highlighting the value of decentralizing reproductive health services. Ipas Ethiopia, a key partner in this effort, has trained over 4,000 midwives in the past five years to deliver high-quality abortion and contraceptive care. As a result, nearly 284,000 women accessed abortion services, and more than 6 million received family planning services through midwife-led care in that timeframe.

RELEVANCE TO MIDWIFERY

This abstract is directly relevant to midwifery as it demonstrates the pivotal role midwives play in reducing maternal mortality and promoting reproductive health equity. Midwives in Ethiopia have been central to delivering abortion and contraceptive care, especially in rural and underserved communities where physicians are scarce. By equipping midwives with the necessary training and authority, Ethiopia has successfully extended the reach of life-saving reproductive health services. This model showcases the scalability and effectiveness of integrating midwives into comprehensive reproductive healthcare. It also underscores midwives' critical contribution to upholding women's reproductive rights and achieving safe motherhood. As primary health providers on the front lines, midwives are not only improving access but also transforming outcomes in maternal health.

Eur J Midwifery 2026;10(Supplement 1):A1146

MIDWIFE-LED CENTER 2 (INCLUDING A THREE-MINUTE PRESENTATION COMPETITION)

T041

Reclaiming postpartum: A midwifery-led recovery model for addressing maternal morbidity after birth

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DESCRIPTION OF TOPIC

Each year in the U.S., over 50,000 people experience serious complications during the first two weeks postpartum—a time when most are discharged within 24–48 hours, without a structured recovery plan. In Florida, over one-third report unmet physical or emotional needs. Black women face the most severe risks, with mortality rates three to four times higher than those of their white counterparts. Many of these outcomes are preventable with early detection and sustained support. This presentation introduces a midwifery-led postpartum recovery center designed to close this dangerous care gap. The proposed center would offer stays of 3–14 days in private suites for birthing individuals and their newborns, with 24-hour clinical oversight, lactation support, mental health care, nutrition counseling, and assistance navigating social and logistical needs. This model provides a transitional space between the hospital and home—one that supports rest, monitoring, and connection to a caring community. In 2023, Florida recorded over 221,000 births alongside rising rates of maternal morbidity. This model is especially critical for communities disproportionately impacted by systemic gaps. It offers a proactive, person-centered approach to reduce preventable complications, ease the transition into parenthood, and improve long-term outcomes for families. We believe this initiative can help transform postpartum care in Florida and beyond.

RELEVANCE TO MIDWIFERY

Midwifery is rooted in holistic, individualized care. This model extends core midwifery principles—continuity, informed choice, and respect—into the postpartum period, which is too often neglected. Midwives are well-positioned to lead this innovation globally, adapting the model to meet community-specific needs while addressing health gaps with evidence-based care.

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OBSTETRIC VIOLENCE (INCLUDING A THREE-MINUTE PRESENTATION COMPETITION)

T006

In their own words: How does obstetric violence manifest in high-income countries? Using I-poems to broaden understanding through women's voices

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BACKGROUND

Obstetric violence (OV) is a widespread phenomenon. All over the world, and across all types of maternity services, women report being treated in a way that leaves them feeling hurt, dismissed, and overall traumatized by their birthing experience. Historically, however, the conceptualization of OV is rooted in the context of Latin American countries, and a lot of the research thereafter has focused on low and middle-income countries. Valuable research has looked at how OV manifests and how to categorize it, what the prevalence of OV is in different parts of the world, and how to name it and not name it. It has only been in recent years that scholars have looked at OV in the context of high-income countries, and it has been widely recognized that women also experience OV in these privileged realities. Overall, it

has been acknowledged that OV appears as a phenomenon that has been completely normalized, when in reality it is a violation of Human Rights. This study aims to capture the nuances of individual experiences and subjectivities of how OV manifests among women in high-income countries, using women's own words to reveal emotional and embodied dimensions by identifying recurring patterns. The "I-poems" method, which draws directly from first-person quotes found in published studies. This technique isolates "I-statements" from women's narratives and reshapes them into poetic form. The resulting I-poems evoke the speaker's sense of self and allow emotional insight into the lived experience of OV. This method steps outside of traditional rationalist frameworks and offers a feminist, human-centered approach to knowledge- and sense-making.

KEY MESSAGE

To address OV, we must center women's voices and validate the emotional truths embedded in their stories and experiences, often overlooked in clinical or policy discourse.

Eur J Midwifery 2026;10(Supplement 1):A1148

T007

Reframing obstetric violence culture: The midwifery role in disrupting this gender-based violence

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DESCRIPTION OF TOPIC

Obstetric violence is a form of gender-based violence that affects women and individuals with the capacity for pregnancy in clinical settings worldwide. This study addresses a lack of conceptual clarity and systemic accountability for obstetric mistreatment.

RELEVANCE TO MIDWIFERY

Obstetric violence culture shares mechanisms of rape culture and is upheld through denial, professional hierarchy, institutional silence, and clinical norms. Clinicians have an ethical obligation to recognize and disrupt the obstetric violence culture. Structural change, clinical education, and institutional accountability are necessary to uphold patient autonomy and dignity. This is particularly relevant and necessary work in response to ICM's Congress 2026 theme of "One Million More Midwives." Midwifery expansion has the potential to demonstrably shift this current culture. Midwives must play an important role in disrupting the culture that supports acts of obstetric violence.

Eur J Midwifery 2026;10(Supplement 1):A1149

PHYSIOLOGICAL – LABOR PROGRESS (INCLUDING THREE-MINUTE PRESENTATION COMPETITION)

T015

Orgasmic Birth: The anatomy of pleasure in childbirth

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DESCRIPTION OF TOPIC

This talk reclaims a radical yet evidence-based truth: that pleasure has a rightful place in birth. Midwives know the birth process is not only physiological but deeply emotional and relational—yet mainstream systems often ignore or suppress the body's innate capacity for pleasure during labor. This presentation explores the neuroendocrine overlap between birth and orgasm—highlighting the roles of oxytocin, beta-endorphins, prolactin, and adrenaline—and argues for a model of care that honors this biology rather than disrupts it (Buckley, 2015).In particular, it illuminates the neglected role of the clitoris and other erogenous zones during birth, questioning why highly sensitive, innervated anatomy is excluded from education, care protocols, and clinical conversation (Gross, 2022). Drawing from physiological evidence, peer-reviewed research, and lived experience, the talk offers insight into how pleasure-based practices—like self-touch, nipple stimulation, or vibratory tools—can reduce fear, enhance coping, and deepen a birthing person's sense of safety and agency (Bolaza, 2023; Mayberry & Daniel, 2015). The relevance to midwifery is profound. As guardians of physiological birth, midwives are uniquely positioned to shift the narrative from pain management to embodied empowerment. This talk calls on midwives to expand their toolkit to include pleasure as a valid, trauma-informed, and powerful resource in labor—complementing movement, massage, breath, and water."Orgasmic birth" is not a fantasy—it is a possibility grounded in science, autonomy, and dignity. By naming pleasure as both a right and a resource, we support not only physiological outcomes but also emotional healing and personal transformation. This submission includes a 3-minute video presentation to accompany and enliven the talk.

RELEVANCE TO MIDWIFERY

This presentation invites midwives to reclaim pleasure—and the anatomy of pleasure—as valid, evidence-based components of physiological birth. By integrating this knowledge into care, midwives can reduce fear, support autonomy, and deepen safety—honoring birth as a powerful, embodied, and transformative experience rooted in dignity.

Eur J Midwifery 2026;10(Supplement 1):A1150

T016

Rebozo and maternal procedures to reduce persistent occiput posterior position of the fetal head: Protocol for a randomized clinical trial - The ReMaP-POPP RCT –

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DESCRIPTION OF TOPIC

Occiput posterior position (OP) of the fetal head affects 5–13% of births and is associated with increased maternal and neonatal adverse outcomes. This condition results from

the failure of spontaneous rotation of the fetal occiput to an anterior position, typically expected during the first. Various maternal postures, such as lateral recumbent and hands-and-knees, have been evaluated in clinical trials to promote anterior rotation, but results have been largely inconclusive, often due to limitations in the study's methodology. Recently, the forward-leaning inversion, side-lying release, and the Rebozo technique have gained popularity in clinical settings. These techniques optimize fetal positioning by releasing uterine ligaments and relaxing pelvic floor muscles through specific maternal movements and positions. Despite growing clinical use, robust evidence from controlled studies is lacking. To address this gap, we designed the ReMaP-POPP (Rebozo and Maternal Procedures to reduce Persistent Occiput Posterior Position) trial—a randomized, controlled, open-label, single-center study. Women in active labor (3–8 cm), with a term singleton fetus in OP position confirmed by ultrasound, will be randomized to: an intervention group receiving a structured sequence of postures and Rebozo technique; or a control group receiving standard care postures. The primary outcome is the presence of OP position at 3.5 hours after randomization, assessed sonographically by a blinded assessor.

RELEVANCE TO MIDWIFERY

This research supports midwifery-led and personalized care by evaluating a safe, low-cost, and accessible intervention to promote optimal fetal positioning. Its non-invasive nature allows for easy implementation across all settings, thereby contributing to the reduction of health inequalities. By encouraging normal birth and reducing the need for interventions, this approach improves maternal and neonatal outcomes in both the short and long term. It empowers midwives with evidence-based, practical tools that enhance autonomy and support equity-driven maternity care on a global scale.

Eur J Midwifery 2026;10(Supplement 1):A1151

T017

Preparation for a feasibility and pilot study of maternal posture for occiput posterior position in labor (POPPIL)

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BACKGROUND

Occiput posterior (OP) malposition is associated with many adverse maternal and neonatal outcomes. Evidence on safe and effective management of malposition is inconclusive; therefore, more trials are needed. OBJECTIVES

To assess the feasibility and acceptability of using Sims' posture for OP malposition in labor.

METHODS

A study that assesses the feasibility and acceptability of a trial of maternal posture for women in labor with sonographically confirmed OP fetal position was proposed and approved. The randomized controlled trial compares the ipsilateral Sims posture to the free posture (excluding the Sims) used from 4cm cervical dilatation and regular contractions till birth. The study will assess rates of screening and recruitment. Maternal satisfaction with trial participation will be assessed using a Likert 5-point scale questionnaire, including free text options. In addition, healthcare providers' views on study implementation will be assessed using online questionnaires and interviews. The multidisciplinary team of co-investigators was formed two years ago when work commenced on community consultation, embedding indigenous treaty principles, a kaupapa Māori management plan, research design, and related documents, data monitoring, ethics, and funding requests. Following an Auckland Medical Research Foundation grant, the trial commenced at two tertiary-level Auckland hospitals. Results: The study commenced in March 2025, aiming to achieve a sample of 50 participants over a 6-month period, based on current birth rates, incidence of OP, expected missed cases, and expected participation rates. After 3 months, there were 18 recruits.

CONCLUSIONS

The findings will determine whether a larger multi-center effectiveness trial is feasible.

KEY MESSAGE

Trial preparation requires time but ensures effective implementation and recruitment.

CONFLICTS OF INTEREST

There are no conflicts of interest.

ETHICAL APPROVAL AND INFORMED CONSENT

Health and Disability Ethics Committee reference: 19149, and locality and institutional approvals obtained.

RELEVANCE TO MIDWIFERY

Sharing a step-by-step approach towards preparing clinical trials provides credible, approachable learning to build confidence and research capacity.

Eur J Midwifery 2026;10(Supplement 1):A1152

T028

Hospital waterbirth outcomes for low-risk birthing people: A randomized controlled trial

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BACKGROUND
Waterbirth is a method of intrapartum pain relief. In the United States, controversy exists about the use of waterbirth.
OBJECTIVE
To compare intravenous analgesia and anesthesia, composite maternal and neonatal outcomes, and satisfaction with waterbirth and land birth participants.
METHODS
Low-risk pregnant adults were offered study participation between 25 and 34 weeks of gestation during routine prenatal care. Participants who met the inclusion criteria were consented, enrolled, and randomly assigned to waterbirth or land birth in a 2:1 unblinded fashion. A sample size of n=186 (124 waterbirth: 62 land birth) was sought. Participants in both arms were excluded if they developed intrapartum risk factors prior to delivery. Study participants received routine intrapartum care, including all available pain relief options. Only those assigned to the waterbirth group were given the option of giving birth in the water. Following delivery, participants completed a validated satisfaction tool, the US Birth Satisfaction Scale Revised, prior to discharge.
RESULTS
From January 2022 to December 2023, 186 participants were enrolled (n=124 waterbirth, n=62 land birth). Following enrollment, 106 participants (n=74 waterbirth, and n=32 land birth) remained eligible for the study. Compared to the land birth group, waterbirth participants were significantly less likely to use intravenous narcotics [Relative Risk 0.36 (95% confidence interval 0.17-0.75), $p < 0.01$] and epidural analgesia [Relative Risk 0.38 (95% confidence interval 0.24-0.58), $p < 0.01$]. Maternal and neonatal outcomes were not significantly different between groups. Waterbirth participants experienced higher overall birth satisfaction [median difference 3.50 (95% confidence interval 1.00-5.00), $p = 0.01$].
CONCLUSION
Waterbirth participants were significantly less likely to use intravenous narcotics and epidural anesthesia, had similar maternal and neonatal outcomes, and experienced greater overall birth satisfaction.
RELEVANCE TO MIDWIFERY
Waterbirth should be considered as an option for pain relief in the hospital setting for low-risk birthing people.
Eur J Midwifery 2026;10(Supplement 1):A1153

T044

Lived experiences of freebirth in Southwestern Ontario, Canada

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DESCRIPTION OF TOPIC
Freebirthing, the intentional choice to give birth without a registered healthcare provider, is becoming more common. However, the lived experiences of those who make this choice, and their partners, remain underexplored. This study investigates freebirthing in Southwestern Ontario, where midwifery care is publicly funded and accessible, with the choice of births in or out-of-hospital. In this context, the decision to freebirth is not solely attributed to a lack of healthcare options, raising important questions about choice, autonomy, and trust in the system. This is unique in its focus on both the birthing person and their partner, within a universal healthcare system. While international research has focused on the motivations of freebirth in areas with limited midwifery support, this study addresses a gap in understanding freebirth where midwifery care is available and funded. This study will utilize Interpretative Phenomenological Analysis (IPA), a qualitative method ideal for exploring how individuals make sense of their significant personal experiences. IPA is particularly suited for this topic as it allows for an in-depth exploration of the complex emotions, interactions, and experiences of birth. By focusing on the personal narratives, this research aims to uncover the nuances and often deeply personal experiences of freebirth, providing a rich, detailed insight. Contributing to a more inclusive understanding of birthing choices. Insights gained support healthcare providers to recognize and respond to diverse needs, particularly autonomy, safety, and informed decision-making.
RELEVANCE TO MIDWIFERY
This research is relevant to midwifery as it asks a critical question: what are the experiences of people who decide to give birth outside the healthcare system, even with legal, accessible, funded midwifery care? It offers insights for midwives into how care, communication, and policy can change to be more responsive and inclusive. Supporting the initiative for one million more midwives includes ensuring that the care is trusted, valued, and chosen.
Eur J Midwifery 2026;10(Supplement 1):A1154

T037

How can we improve care during induced labor? Reflections on experiences from conversations in an induction unit

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DESCRIPTION OF TOPIC
Optimizing care during induced labor requires effective collaboration between midwives and obstetricians. Key strategies include developing standardized induction pathways, clear communication, and shared decision-making, which help reduce avoidable delays and align patient expectations with the actual labor experience. Multidisciplinary engagement and continuous quality improvement processes—such as regular feedback from both staff and service users—enhance service consistency and patient satisfaction. Fostering trust and respect among team members, alongside evidence-based practice, further improves outcomes by minimizing complications and supporting vaginal delivery. Ultimately, a collaborative approach centered on the woman's needs leads to safer, more satisfying birth experiences and improved perinatal outcomes.
RELEVANCE TO MIDWIFERY
Midwives and obstetricians play distinct yet complementary roles in the care of women undergoing induced labor. A

collaborative approach leverages the strengths of both professions: midwives bring expertise in physiological support, emotional care, and minimizing unnecessary interventions, while obstetricians provide specialized medical management for complications or complex cases. This partnership is crucial because it promotes safer, more satisfying birth experiences, reduces rates of unnecessary medical interventions, and supports better maternal and neonatal outcomes. Effective collaboration—built on trust, clear communication, and shared decision-making—ensures that care is centered on the woman's needs and preferences, ultimately improving both the quality and safety of care during induced labor.

Eur J Midwifery 2026;10(Supplement 1):A1155

T034

Quality care in midwifery-led birth centers: Assessing the disconnect between reimbursement and perinatal outcomes

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BACKGROUND

Health care financing is thought to be a driver of health care quality. The purpose of this research was to analyze reimbursement for midwifery-led US birth centers and to evaluate the association between reimbursement rates and clinical outcomes.

METHODS

Secondary analysis of the American Association of Birth Centers Site Survey and the American Association of Birth Centers Perinatal Data Registry was completed, and descriptive statistics and logistic regression were used to explore reimbursement rates and their relationship to clinical outcomes.

RESULTS

Midwifery-led birth center charges and reimbursement ratios were both lower than nationally reported comparisons, with public insurance reimbursement rates less than half of charges. Despite lower reimbursement and variations in socioeconomic characteristics, clinical outcomes such as cesarean birth remained consistent between payor types. However, medically low-risk people with public insurance receiving midwifery-led care within sites characterized by higher reimbursement rates had higher cesarean birth rates (10.4% vs. 8.4%).

DISCUSSION

The health care financing system should serve as a lever for perinatal quality. Despite poor reimbursement ratios, birth centers consistently exceeded national quality benchmarks in perinatal outcomes; however, improved reimbursement rates did not positively impact these outcomes. Low reimbursement rates for time-intensive, midwifery-led care without consideration of quality outcomes limit the potential for sustainability and spread of the birth center model of care.

RELEVANCE TO MIDWIFERY

Freestanding birth centers achieve high-quality perinatal outcomes that meet or exceed national quality benchmarks for consumers despite low reimbursement. Public insurance reimbursement had an inverse relationship to clinical quality, which indicates that current payment systems are not driving quality outcomes in birth centers. Low reimbursement rates limit the sustainability and spread of birth centers.

Eur J Midwifery 2026;10(Supplement 1):A1156

T011

Reclaiming trust: Re-centering women's choices in maternity care

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DESCRIPTION OF TOPIC

In maternity services, the most fundamental choice a woman makes is who will care for her during pregnancy, birth, and the postnatal period. This presentation explores how midwives can become the trusted professionals women choose to walk alongside them through their journey — and how this trust can be earned, protected, and amplified. At the heart of maternity care is relationship, not routine — yet in an era of increasing online misinformation and institutionalized risk aversion, the voices of midwives must rise louder and clearer than those promoting unsafe or coercive care practices. Drawing on reflective practice, this session will interrogate the boundaries between informed choice and medical necessity. What should be a choice — and when does a situation become an emergency? How do we ensure that "choice" is not offered as a veneer for compliance but instead as a meaningful, supported process grounded in respectful dialogue? We will discuss the real and perceived tensions between clinical guidelines and individualized care, and ask: how can we hold space for complexity without compromising safety or autonomy? By bringing together diverse perspectives, this presentation aims to illuminate pathways for rebuilding trust — both in professional maternity care and in the midwife-woman relationship. Ultimately, this is a call to action: for midwives to reclaim their authoritative voices, advocate for truly informed choice, and resist narratives that reduce birth to risk management. If we are to honor women's autonomy and improve outcomes, the care we offer must begin not with protocols, but with presence, partnership, and profound respect.

RELEVANCE TO MIDWIFERY

With growing influence from unregulated online voices, women may turn to misinformation when they don't feel heard in mainstream maternity care. This is a key concern in modern midwifery — and the abstract positions midwives as authoritative, compassionate professionals whose voices must rise above unsafe or misleading narratives.

Eur J Midwifery 2026;10(Supplement 1):A1157

T020

The power in vulnerability: Understanding, knowledge, and meaning through storytelling in midwifery education, research, and practice

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DESCRIPTION OF TOPIC
Midwifery practice is inherently emotional and deeply personal, yet despite our profession's rich storytelling history, we often struggle to create safe spaces for sharing our experiences. This presentation encourages midwives to embrace the power of authenticity and vulnerability and return to our storytelling roots to transform midwifery education, research, and practice. The inspiration for this 3MT stems from publishing an autoethnography exploring how my midwifery experiences working in low and middle-income countries shaped my understanding of the stories midwives shared with me in my research. Initial relief at my manuscript's acceptance was quickly followed by gut-wrenching dread about sharing admissions of self-doubt, lack of practice readiness, and mistakes made, with the midwifery community. This highlighted the tension between our profession's need for authentic storytelling and our discomfort with vulnerability. Many midwives embrace storytelling, recognizing the power of stories to teach, inspire, warn, and comfort. I have met midwives, though, whose work cultures inhibit vulnerability through sharing experiences, but who discover the relief of relinquishing the burden of stories untold and finding meaning and understanding in their midwifery journey.
RELEVANCE TO MIDWIFERY
Whether in education, clinical practice, or research, all midwives need safe spaces to be 'real' in sharing the stories of their midwifery joys and stories that left their hearts broken. By encouraging midwives to share both celebratory and challenging experiences, we create opportunities for collective learning and healing. When midwives feel safe to be vulnerable and real, they become powerful in their knowledge and connection to others, regardless of different care models or contexts. This presentation advocates for intentionally cultivating vulnerability-embracing spaces that strengthen our collective midwifery basket of wisdom through storytelling, ultimately enhancing our professional well-being and care for women and babies.
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T023

More than data: When research gives back to midwives

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DESCRIPTION OF TOPIC
This presentation reflects on a qualitative study conducted with 25 midwives in two rural hospitals in Uganda, originally focused on their perceptions of quality care during childbirth. While the findings of the study will not be disclosed, this talk focuses on an unexpected discovery about the research process itself. Surprisingly, the participation in the study emerged as a meaningful and reflective experience for many participants. As midwives shared their daily challenges and values during focus group discussions, many expressed how powerful it was simply to be heard, with one midwife remarking that the conversation reminded her of the importance of her work. This insight shifted the researcher's perspective, highlighting how qualitative research can offer more than just data: it can also serve as a space for midwives to reflect, feel acknowledged, and reconnect with their professional identity. In this way, research becomes not only a tool for understanding practice but also a support to empower midwives.
RELEVANCE TO MIDWIFERY
In a time of global midwifery workforce shortages and increasing emotional burden, this presentation explores how research can act as a mutual exchange, both gathering insight and giving something back. To sustain their essential role in maternal health, we must do more than just study midwives - we must actively support them. When approached with care, research can be integrated into supportive structures such as supervision, mentorship, and training. These moments of reflection can help midwives recharge, reconnect with their purpose, and feel inspired in their important work. Nurturing passion in midwives should not be a luxury; it is a necessity for improving maternal health and making care systems more sustainable.
Eur J Midwifery 2026;10(Supplement 1):A1159

T046

Growing life in clean air: A new obstetric and perinatal emergency in the climate crisis

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DESCRIPTION OF TOPIC
Chile is undergoing a fourth obstetric transition, a stage where biomedical advances coexist with new ecosocial risks. In this context, a growing and unexpected threat is emerging: the convergence of hypertensive pregnancy disorders, preterm birth, and air pollution. This triad represents a new type of obstetric emergency, especially in low-income urban areas such as northern Santiago, where particulate matter (PM .) levels chronically exceed 30 µg/m³, and critical air pollution episodes have doubled in the past decade. Preeclampsia remains one of the leading direct causes of maternal death in Chile, while preterm birth leads to neonatal mortality. Although recent studies have confirmed statistical associations between air pollution exposure and these adverse outcomes, the causal biological pathway—how polluted air damages the placenta and triggers systemic inflammation—remains unclear.
RELEVANCE TO MIDWIFERY
This research-in-progress aims to contribute to that causal understanding through an innovative design combining population-scale epidemiology and biological plausibility. It analyzes a retrospective cohort of 60,000 births (2014–2024), georeferenced to estimate individual exposure to PM .

using the national SINCA system. A nested case–control study is also underway, analyzing inflammatory (CRP, IL-6, sFlt-1), epigenetic (DNA methylation) biomarkers, and the incidence of preeclampsia and preterm birth, in placental tissue, maternal blood, and cord blood. So far, 27 placentas have been collected, and samples are being processed. Preliminary findings—available for ICM 2026—will provide locally grounded evidence to support new clinical recommendations. In the climate crisis era, midwives are not only birth attendants: they are frontline defenders of reproductive justice and environmental health. Every prenatal counseling session that includes air quality is a bold act of midwifery advocacy for birthing in clean air. This proposal aligns with SDGs 3 (health), 11 (sustainable cities), and 13 (climate action).
CONFLICTS OF INTEREST
None declared Workforce - sustainability 2 (including three-minute presentation competition)
ETHICS
Approved by CEISH 030-2024 Funding: Supported by FONDECYT 1240684
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T010

Bridging gaps in midwifery practice: Comparing Latin American midwives' scope of practice with the 2024 ICM competency framework

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DESCRIPTION OF TOPIC
This study investigates the scope of practice and autonomy of midwives in eight Latin American countries and compares them to the 2024 International Confederation of Midwives (ICM) Essential Competencies and Professional Framework. Given the essential role of midwives in maternal and newborn health, aligning their practice with global standards is critical to improving care quality and equity across the region. A descriptive, cross-sectional, qualitative study was conducted through semi-structured interviews with 11 midwives from Argentina, Brazil, Bolivia, Chile, Ecuador, Paraguay, Peru, and Uruguay. Thematic analysis was used to examine professional roles in primary care, obstetrics, gynecology, neonatology, legal frameworks, and clinical autonomy.
RELEVANCE TO MIDWIFERY
While there is regional consistency in basic sexual and reproductive health roles—such as contraceptive counseling and prenatal care—the study reveals major disparities in advanced practices like neonatal intensive care and surgical gynecology. Legal and educational frameworks strongly influence midwives' autonomy. For example, Chile and Paraguay show broad scopes of practice, while Brazil and Uruguay significantly restrict independent midwifery care. Aligning midwifery practice with ICM competencies is not just about professional recognition—it is a regional imperative for equity, quality, and the full realization of midwives' transformative potential.
Eur J Midwifery 2026;10(Supplement 1):A1161

T049

Educational intervention to promote self-care in pregnant women through holistic pedagogy

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DESCRIPTION OF TOPIC
La salud materna sigue siendo un desafío global, ya que muchas mujeres enferman o mueren por complicaciones del embarazo que son prevenibles. En México, a pesar de los esfuerzos en prevención y cobertura, la mortalidad materna persiste, especialmente en zonas de alta pobreza y bajo desarrollo social. Este estudio evalúa el efecto de una intervención educativa basada en la pedagogía holista para mejorar el autocuidado de la mujer embarazada, promoviendo la salud y previniendo enfermedades. Estudio preexperimental con 20 embarazadas que acudieron a cuidado prenatal en un Centro de Salud el Estado de México. Se aplicó un instrumento antes y después de la intervención para medir conocimientos y capacidades de autocuidado. Resultados: No hubo asociación con factores sociodemográficos (p = .500), pero sí una mejora significativa tras la intervención (p = .000). Conclusión: La intervención educativa mejoró el autocuidado. La partera tiene un papel clave en este proceso.
RELEVANCE TO MIDWIFERY
La partera tiene un papel fundamental en la atención primaria, centrando sus acciones en la promoción de la salud y la prevención de enfermedades mediante la educación. Para ello, requiere una base sólida de conocimientos que le permita identificar necesidades prioritarias y diseñar estrategias eficaces. En México, la alta morbimortalidad materna exige programas de salud materna y herramientas innovadoras. Es esencial que la partera fortalezca su contribución en la salud materna, pasando de un modelo centrado en la enfermedad a uno que potencia el autocuidado de la mujer. La partería evoluciona al integrar elementos conceptuales y teóricos de otras disciplinas, como la pedagogía. La pedagogía holista promueve un entorno reflexivo que potencia el aprendizaje significativo y el autocuidado. Esta investigación aporta al campo de la partería en cuatro áreas: la educación, el autocuidado preventivo, la mejora de prácticas en embarazadas sanas y la implementación de un enfoque holista con centrada en perceptos
Eur J Midwifery 2026;10(Supplement 1):A1162

T030

Representaciones Sociales de la maternidad en las Obstetras Parteras

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DESCRIPTION OF TOPIC
This research project aims to explore the social representations of motherhood within the professional group of midwives — health professionals who maintain a close relationship with

women and their families during key stages of sexual and reproductive life. Framed within a feminist perspective and the field of social psychology, the study seeks to understand how these professionals construct, reproduce, or challenge dominant discourses around motherhood, conceived not merely as a biological fact but as a social, historical, and cultural phenomenon. The study adopts a qualitative, exploratory, and descriptive methodology, using in-depth interviews as the primary data collection technique. This approach allows for the identification and interpretation of shared meanings and symbolic frameworks that shape both the practices and narratives of these professionals. Social representations are understood as collectively constructed ways of interpreting reality that influence both individual identity and everyday professional practice.

RELEVANCE TO MIDWIFERY

The profession of Midwife Obstetricians has existed in the country since 1881 and is predominantly composed of women, making it a historically feminized profession. This characteristic is central to the study, as it positions these professionals not only as facilitators of reproductive health but also as cultural agents who transmit and transform meanings associated with femininity and motherhood. The research highlights how gender stereotypes—particularly the figure of the "natural mother"—shape the expectations placed on midwives, often assuming an inherent link between their professional role and gender identity. However, these representations are not static: they are constantly negotiated within the tension between personal experience, professional training, and institutional demands. This study seeks to contribute to a deeper understanding of the social dimensions of midwifery practice and to promote critical reflection that supports healthcare practices grounded in gender equity and cultural sensitivity.

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T022

Comprehensive support system for midwives to women undergoing abortion using telemedicine in México

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DESCRIPTION OF TOPIC

In July 2021, we launched a project aimed at expanding the services provided by the parties to include harm reduction services for women undergoing abortion. This project offers comprehensive support so women can resolve their concerns and self-manage their abortions with the support of professional representatives, as well as counseling and provision of contraceptive methods. The project would be supported through WhatsApp and video calls, if necessary. We obtained funding from Fos Feminista. The project consisted of several stages: convening professional representatives, selection, training and skills building, legal counseling, distribution of supplies, social marketing, and the implementation of an online care system via WhatsApp. The results obtained from July 2021 to May 2025 are: 53 midwives have been trained with advanced competencies in safe abortion, risk and harm reduction (RDR) counseling, contraceptive counseling, and provision of contraceptive methods (implants and IUDs). 1,245 remote consultations have been provided to women undergoing abortions, of which 915 successfully terminated their pregnancies. Only 3% required referral to a hospital, but without major complications. 58% of women accepted an implant or IUD as a contraceptive method.

RELEVANCE TO MIDWIFERY

The appropriate use of telemedicine resources allows midwives to expand their work. Remote or online support models have enormous potential to help thousands of women receive quality, timely, and safe reproductive health services.

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T019

Development of a preconception care attitude scale: Factor analysis from a survey of 1,700 women in Japan

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BACKGROUND

Preconception care (PCC) plays a crucial role in improving maternal and child health outcomes. However, validated tools to assess attitudes toward PCC remain limited, particularly in non-Western contexts. This study aimed to develop and validate a scale for measuring women's attitudes toward PCC in Japan.

OBJECTIVES

To examine the factorial structure of a newly developed PCC attitude scale using a nationally representative sample. Methods: A cross-sectional survey was conducted among 1,700 women aged 18–49 across Japan in 2024. Based on existing literature and prior qualitative studies, 24 items were constructed to assess attitudes toward PCC. Exploratory factor analysis (EFA) using the maximum likelihood method with promax rotation was performed. The number of factors was determined by eigenvalues, scree plot, and conceptual coherence.

RESULTS

The EFA identified six factors explaining 62.5% of the total variance: (1) Health literacy and appropriate use of health services, (2) Safe living environment, (3) Stress coping, (4) Healthy body weight, (5) Balanced diet, and (6) Vaccination. This six-factor model aligned well with the conceptual

domains of PCC. The model demonstrated acceptable conceptual coherence; evaluation of internal consistency is ongoing.
CONCLUSIONS
This newly developed scale provides a promising tool for assessing women's perspectives on preconception health. It may contribute to the design and evaluation of midwife-led interventions to promote PCC in diverse populations. Ethics and conflicts of interest: This study received ethical approval from St. Luke's International University Ethics Committee. The authors declare no conflicts of interest.
RELEVANCE TO MIDWIFERY
This scale equips midwives with an evidence-based tool to assess and understand women's attitudes toward preconception care, enabling more personalized and effective counseling and health promotion during the pre-pregnancy period. It supports the expansion of the midwifery role beyond pregnancy and childbirth, aligning with global strategies for preventive reproductive health.
Eur J Midwifery 2026;10(Supplement 1):A1165

WOMAN-CENTERED 1 (INCLUDING THREE-MINUTE PRESENTATION COMPETITION)

T025

Fetal Movement Information and Language Proficiency: A retrospective cohort study exploring fetal movement discussions and attendance in a multilingual maternity population.

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INTRODUCTION
Fetal movements are an indicator of fetal well-being, and any reduction or change may signal potential complications, including stillbirth. Women's awareness and timely reporting of reduced fetal movements can prompt clinical action and potentially prevent adverse outcomes. However, disparities in health literacy, language proficiency, and advice may impact women's ability to recognize and act on these warning signs.
AIM
This study aims to evaluate the association between the frequency of fetal movements advice given to pregnant women who require an interpreter and those who do not require an interpreter, and their subsequent hospital attendance for reduced fetal movements. It also examines whether fetal movement advice is provided in the woman's preferred language.
STUDY DESIGN
A retrospective cohort study was conducted at a single maternity hospital in West London, known for its ethnic diversity. This study reviewed the records of 3,773 women who booked their pregnancy and gave birth at term (≥37 weeks of gestation) between 1st January 2024 and 30th May 2025. The study compared the cohort of women who required an interpreter with the cohort of women who did not require an interpreter.
FINDINGS
A clear correlation was observed between fetal movement discussions and reduced fetal movement attendance among women who did not require an interpreter. This association was less consistent among women who require an interpreter, due to fewer fetal movement discussions being recorded, particularly where interpreter services were provided.
CONCLUSION
This study demonstrates that women who require an interpreter continue to face unequal access to maternity services compared with women who do not require an interpreter.
RELEVANCE TO MIDWIFERY
To ensure the success of a growing global midwifery workforce, providing information in the women's preferred language must become a fundamental component of safe, inclusive maternity care.
Eur J Midwifery 2026;10(Supplement 1):A1166

WOMAN-CENTERED 2 (INCLUDING THREE-MINUTE PRESENTATION COMPETITION)

T039

Developing an evidence-based antenatal care guideline for obese pregnant women: A person-centered approach at East Tallinn Central Hospital

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DESCRIPTION OF TOPIC
Obesity during pregnancy presents significant health risks for both the mother and the fetus and is an increasing challenge in maternity care worldwide. The complexity of care for obese pregnant women requires an individualized and evidence-based approach that considers both medical risks and the emotional and psychosocial needs of the woman. International guidelines on the antenatal care of obese pregnant women are generally aligned in content but often lack methodological clarity and consistency. This master's thesis aimed to address these gaps by developing a context-specific, human-centered antenatal care guideline for obese pregnant women at the Women's Clinic of East Tallinn Central Hospital, using the structured DMAIC model as a development framework.
RELEVANCE TO MIDWIFERY
Midwives play a central role in antenatal care and are often the primary point of contact for pregnant women throughout their maternity journey. The increasing prevalence of maternal obesity has created a clear need for midwives to be supported by structured, evidence-based guidelines that enhance the quality and consistency of care. This thesis directly responds to midwives' expressed needs by involving them in the development process through written interviews and incorporating their clinical insights into the guideline. The resulting tool aims to support midwives in delivering

person-centered care, improve collaboration with other healthcare professionals, and ultimately ensure safer, more effective antenatal care for obese pregnant women
Eur J Midwifery 2026;10(Supplement 1):A1167

T014

How to decolonize obstetrics? Notes for an anti-racist and feminist practice from the perspective of the public health system in Brazil

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DESCRIPTION OF TOPIC
Childbirth care in Brazil is marked by an excess of interventions such as inductions, cesarean sections, and episiotomies, as well as low adherence to humanized and safe practices. This results in high rates of maternal mortality and complaints of obstetric violence, disproportionately affecting poor and black women. Despite recommendations from public policies to expand midwives' work, such practices are met with resistance. This is a qualitative research that interviewed in depth two groups of midwives (traditional midwives in Amazonas and midwives trained at USP) about how each has constructed their care practices, in contexts of adversity to their work. The analysis was based on the theoretical framework of gender studies and decolonial perspectives of knowledge. Although very different in cultural and economic terms, when reflecting on their work practices, we found three thematic axes common to both groups: practices such as resistance, affection, and subversion. Each group describes their practices as a political act to protect women's rights and seeks their inclusion in the public health at the same time as they seek to construct new anti-racist and anti-misogynistic narratives about their bodies and the event of childbirth. Keywords: decolonial obstetrics, care practices, midwives, traditional midwives.
RELEVANCE TO MIDWIFERY
Several strategies to change the care model have been implemented without success to empower midwives in their workplaces in Brazil. Through this research, it was possible to identify practices as a political act to confront social, political, and economic difficulties that were presented here as resistance, affection, and subversion: paths towards a decolonial obstetrics, which subverts misogyny and structural racism for the construction of obstetric knowledge and practices.
Eur J Midwifery 2026;10(Supplement 1):A1168

T047

Where work meets balance: The 'Midmatch' app as a regional innovation for sustainable midwifery

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DESCRIPTION OF TOPIC
This project addresses the rising attrition of primary care midwives in the Netherlands, particularly in the 's-Hertogenbosch region, where the outflow exceeds the inflow of midwives. The aim was to explore how a regional midwifery cooperation could actively support sustainable employability by improving work-life balance and job satisfaction. A Design-Based Learning (DBL) methodology guided the project through four phases: Discover, Define, Ideate, and Prototype. Needs and challenges were identified via stakeholder interviews, desk research, and the development of personas and customer journeys representing early-career and experienced midwives. These insights revealed that a disrupted work-life balance, administrative burden, and unstable working conditions are key drivers of attrition. The most promising solution was the creation of a regional locum pool supported by a digital platform. The MidMatch app that connects practices and freelance midwives. The app allows self-scheduling of shifts, transparent agreements, and reduced coordination stress for both practice owners and locums. This model fosters autonomy, regional cohesion, and professional continuity, particularly for young midwives seeking flexibility and stability. The project was co-developed with local midwives and stakeholders through voluntary participation. No personal health data were collected. There are no conflicts of interest to declare.
RELEVANCE TO MIDWIFERY
The sustainability of the midwifery workforce is under pressure worldwide. This initiative addresses that challenge by offering a replicable, bottom-up model that integrates digital technology, regional collaboration, and local ownership. MidMatch, a regionally embedded scheduling app, empowers midwives to shape their work-life balance and fosters stronger professional networks. By centering midwives' needs in system design, this project delivers practical, scalable tools to improve retention, promote flexible working conditions, and support midwife-led continuity of care. This strengthens the profession and ensures access to high-quality, sustainable care. It offers an example of how innovation and collective leadership can build a future-ready midwifery workforce.
Eur J Midwifery 2026;10(Supplement 1):A1169

WORKSHOP

W01

Heat stress in pregnancy: A practical workshop for midwives to deliver climate-responsive care during extreme heat events

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THE LEARNING OUTCOMES
Describe the health impacts of extreme heat on pregnant women and newborns. Identify physiological and social determinants of heat stress in pregnancy. Apply UNICEF's "B.E.A.T. the Heat" communication framework to provide health promotion education. Demonstrate clinical assessment and management of heat-related illnesses

during pregnancy.
THE PROCESS/ACTIVITIES
This interactive, practical workshop empowers midwives with the clinical and communication skills needed to prevent and address heat stress in pregnancy, an increasingly urgent issue in most global regions. Aligned with the ICM 2026 theme 'One Million More Midwives', this 90-minute workshop highlights how midwives are uniquely positioned to lead climate-responsive care and community education, particularly in underserved and climate-vulnerable settings. Using the UNFPA APRO and Burnet training package, and UNICEF's "B.E.A.T. the Heat" framework, participants will gain practical tools to empower women, families, and communities with the knowledge to prevent heat stress and heat-related illness, and to recognize and manage heat-related illness in the clinical setting. This training was piloted online with over 320 maternal health professionals across the Asia-Pacific in 2025. The workshop activities include: •Brief presentation and overview of the impacts of heat on women's health and pregnancy outcomes. •Demonstrations, case scenarios, and simulations focusing on health promotion, clinical assessment, and management. •Group discussions on adapting messages for diverse communities.
AUDIENCE PARTICIPATION
This workshop will be interactive and immersive, with active participation expected from participants. This includes participating in clinical simulation, case scenarios, and peer feedback in groups of 6. Simulation equipment will be supplied by facilitators. Additional reading Rekha S, et al. Heat stress and adverse pregnancy outcome: prospective cohort study. BJOG. 2024. Chersich MF, et al. Increasing global temperatures threaten gains in maternal and newborn health in Africa: a review of impacts and an adaptation framework. Int J Gynecol Obstet. 2023. UNICEF. Protecting Children From Heat Stress: A Technical Note. UNICEF; 2023.
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W02

Emergency obstetric and neonatal skills training in out-of-hospital settings: A hands-on workshop for experienced midwives and students

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THE LEARNING OUTCOMES
By the end of the session, participants will have developed confidence and practical competencies to handle critical obstetric and neonatal situations in both hospital and out-of-hospital settings, empowering them to provide life-saving care in any circumstance, and be equipped to adapt this training model to their own professional environments.
THE PROCESS/ACTIVITIES
This 90-minute hands-on workshop, offered by the Professional Association for Assisted Home Birth (APAAD) in France, equips midwives and midwifery students with essential skills to manage obstetric and neonatal emergencies in out-of-hospital settings. Using advanced simulators such as MamaBirthie and MamaNatalie, participants will engage in realistic simulations of high-risk situations such as shoulder dystocia, breech birth, postpartum hemorrhage, and neonatal resuscitation in small groups for an immersive and practical learning experience. The session will be conducted in both English and French. It opens with an introduction explaining how the training was developed and adapted to the French context and legal framework. This process is shared to encourage participants to replicate and tailor the model in their own countries, promoting professional empowerment and international knowledge sharing.
AUDIENCE PARTICIPATION
This training is particularly relevant for midwives practicing in out-of-hospital or low-resource settings, including in emerging countries, where rapid, skilled responses to emergencies are essential. Additional reading Based on the APAAD training manual.
Eur J Midwifery 2026;10(Supplement 1):A1054

W03

Strengthening midwifery in Europe: A workshop on translating policy into practice

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THE LEARNING OUTCOMES
Understand the role and function of EMA Advisory Committees in shaping European midwifery. Apply techniques for translating policy into national and local midwifery practice. Develop participatory leadership and policy advocacy skills. Use interactive tools and committee-based methods to foster professional advancement.
THE PROCESS/ACTIVITIES
This interactive skills workshop, led by experts from the European Midwives Association (EMA), will equip midwives with practical tools and methods to translate European policy into national midwifery education, regulation, and practice. Drawing from the concrete work of EMA's Advisory Committees, the session aims to empower midwives to actively contribute to shaping midwifery leadership, autonomy, and professional development in their countries. The workshop is structured around two interactive components: Co-creation of competency-based education frameworks aligned with EU-level recommendations. Strategy-building for the implementation of key EU policy directions into national regulatory and clinical settings. Participants will engage in small-group simulations of committee work, using real-life case scenarios developed by EMA's Advisory Committees. These exercises will include role-play, mini policy labs, and

strategic planning sessions focused on current midwifery priorities such as digital competencies, prescribing rights, and continuity of the care models.
AUDIENCE PARTICIPATION
The session will be conducted in a roundtable format to foster active engagement and peer-to-peer learning. Participants will receive a digital toolkit ahead of the session, including templates and frameworks for follow-up use. Flipcharts and printed kits will be provided on-site.
ADDITIONAL READING
European Midwives Association. Advisory Committees: Structure and Impact. European Midwives Association; 2024. European Parliament and Council of the European Union. Directive 2005/36/EC on the recognition of professional qualifications. Published September 7, 2005. Updated October 29, 2025. Accessed April 10, 2026. http://data.europa.eu/eli/dir/2005/36/oj
European Midwives Association. European Midwives Association Recommendations. European Midwives Association; 2025.
Eur J Midwifery 2026;10(Supplement 1):A1055

W04

Helping the head: Evidence-based techniques for releasing a deflexed breech head during an upright breech birth

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THE LEARNING OUTCOMES
Participants will be able to identify signs of a deflexed/extended breech head in the pelvic outlet when the woman is in an upright position (standing, hands & knees, kneeling, etc.) Distinguish between a head trapped in the pelvic inlet and pelvic outlet Describe and correctly perform two maneuvers to help release a stuck head in the pelvic outlet.
THE PROCESS/ACTIVITIES
"What if the head gets stuck?" is a common fear during a vaginal breech birth. A deflexed head in the pelvic outlet is the most common complication during a vaginal breech birth. This skills workshop teaches how to identify the signs of a deflexed head in the pelvic outlet, as distinguished from the more rare pelvic inlet head entrapment, as well as presents two evidence-based maneuvers to release the head: shoulder press and Crowning Touch. We first present videos and photos of deflexed heads, pointing out the signs of a deflexed or extended head. Next, we explain and demonstrate the two maneuvers using a Sophie and Her Mum obstetric simulator and a doll & pelvis. We also show the maneuvers being used in real-life situations using breech birth videos. Finally, participants practice the maneuvers on a simulator and with a doll & pelvis, under the supervision of the instructors.
AUDIENCE PARTICIPATION
The audience will actively participate via hands-on simulation training using a simulator and a doll & pelvis. They will also be invited to ask questions and discuss the birth videos.
Additional reading
Reitter A, Halliday A, Walker S, et al. Practical insight into upright breech birth from birth videos: a structured analysis. Birth. 2020;47(2):211-219. Freeze R, et al. A Guide to Physiological Breech Birth. 2nd ed. Breech Without Borders; 2024. Daviss BA, et al. Can forceps be eliminated in vaginal breech by using upright positions and the "crowning touch" manoeuvre? Presented at: FIGO World Congress 2021; October 21-28, 2021.
Eur J Midwifery 2026;10(Supplement 1):A1056

W05

An ecological model to advance midwife-led health equity, scholarship

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THE LEARNING OUTCOMES
Understand the importance of midwifery-led scholarship to advance global equity in maternal-child health. Describe an ecological approach to advancing scholarship and professional development. Develop strategies to advance midwifery faculty scholarship in academic settings.
THE PROCESS/ACTIVITIES
Midwives face specific barriers to research engagement and subsequent advancement– heavy workloads, clinical responsibilities, and funding– hindering faculty scholarship. There is an urgent need to accelerate midwifery-led research and quality improvement to advance the midwifery model of care to address the global maternal and infant health crisis. The session, an interactive 90 minutes, builds skills through didactic learning, oral and written reflection exercises, paired and group dialogue, and embodiment practices for midwifery faculty to advance individual and collective midwifery-led scholarship. Participants will differentiate between midwife-as-collaborator and midwifery-led health equity scholarship. Internet connectivity, projection capabilities, and a dynamic space are required.
AUDIENCE PARTICIPATION
Participants will engage in small and large group activities, including deskwork and gentle movement. Participants will learn strategies to define their expertise, build trust, and identify synergies for future collaboration, leave with a draft of their research/scholarship statement, three priorities for research/scholarship, and a collaboration map to expand their networks; identify effective time management strategies, with a focus on boundaries when there are competing demands. Additional reading Bradford HM, Slota P. Barriers to nontenure-track faculty scholarship in a research-intensive university. Nurse Educator. 2023;48(5):290-291. Bristor MW, West DL. An ecological approach to empower the learner. Hum Ecol Rev. 1996;3(2):212-217. Menzies JC, Brand S, Bench S, Bramley L, Smith V, Henshall C. Increasing nursing and midwifery research leadership: impact evaluation of the National Institute for Health and Care Research Senior Nurse and Midwife Research Leader Programme at 1 year. J Res Nurs. 2023;28(6-7):516-528. Williams LB, Surratt HL, King VL, Kern PA. The Disparities Researchers Equalizing Access For Minorities (DREAM) Scholars Program: career development for underrepresented health equity researchers. J Clin Transl Sci. 2021;5(1):e170.

Eur J Midwifery 2026;10(Supplement 1):A1057

W06

"Calm in the Chaos": Skill drills that transform postpartum hemorrhage (PPH) outcomes through teamwork and communication

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THE LEARNING OUTCOMES

To understand the risk factors, causes, and treatment of PPH To recognize and respond promptly to excessive blood loss and clinical signs such as tachycardia, hypotension, pallor, and uterine atony. To demonstrate the ability to initiate emergency response procedures, including the administration of uterotonics and appropriate escalation. To understand the importance of accurately measuring blood loss To demonstrate collaboration and effective communication between a multidisciplinary team To demonstrate the ability to reflect on scenarios, identify areas for improvement, and reinforce key concepts.

THE PROCESS/ACTIVITIES

The session begins with a brief introduction and definition of PPH, including risk factors. The simulation team, using patient actors and low-cost props, such as "magic trousers" with red material to indicate bleeding, will guide the audience through a simulated scenario, beginning with a clinical history of the actor patient, identifying excessive bleeding, initiating emergency protocols, and escalating care. Role play includes Activation of the emergency bell/ Call for help Clear closed-loop communication using ISBAR (Introduction, Situation, Background, Assessment, Recommendation) Appropriate role delegation Assessing the woman through clinical examination, such as tachycardia, hypotension, pallor, and uterine atony. Stopping the bleeding, utilizing a structured approach to assessment and management utilizing the "4 Ts" framework· Key interventions such as uterine massage, medication administration (e.g., oxytocin), and potential surgical options· All blood loss is measured by using calibrated methods· Appropriate fluid resuscitation· Documentation of PPH events, including management plan

AUDIENCE PARTICIPATION

This workshop is relevant to all attending this conference. English may not be their first language, simple language will be used, and supporting material such as posters and algorithms will be provided. Audience participation is encourage, as it is an opportunity for peer to peer learning. The audience will also be invited to share real-life experiences with PPH, promoting a deeper understanding of challenges involved.

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W07

Providing respectful, adolescent-centered maternity care: A practical skills workshop for midwives working with adolescents in resource-limited settings

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THE LEARNING OUTCOMES

Adolescent pregnancy remains a critical global health issue, with over 21 million adolescent girls experiencing pregnancy every year - most in low- and middle-income countries (1). Many young adolescents face particular medical and psychosocial challenges, and midwives are uniquely positioned to improve outcomes for adolescent mothers through respectful, evidence-based, and context-sensitive care (2). This practical, interactive 90-minute workshop equips midwives with practical skills and knowledge to provide high-quality care throughout pregnancy and intrapartum for adolescent girls. By the end of the session, participants will be able to: Identify the unique psychosocial and perinatal needs of pregnant adolescents. Reflect on personal values and biases surrounding adolescent pregnancy. Develop individualized care plans for adolescents for pregnancy, labor, and birth.

THE PROCESS/ACTIVITIES

Participants will be introduced to four interactive modules following the perinatal journey of Meena, a 14-year-old pregnant adolescent - a workshop developed by UNFPA Asia-Pacific and Burnet for implementation in South Asian countries with high adolescent birth rates. Each module covers specific care needs of adolescents antenatally, intrapartum, postpartum, and regarding Family Planning. This workshop focuses specifically on antenatal and intrapartum considerations. Activities include: • Brief background and evidence review. • Case-based group discussions to identify strengths, risk factors, and develop care plans. • Videos to explore challenges and brainstorm evidence-based solutions. • Self-reflection activities to examine personal values and biases. Facilitators will guide participants through structured case scenarios, prompting critical thinking and collaborative problem-solving.

AUDIENCE PARTICIPATION

Midwives will work in small groups, engaging in discussions and case-based scenarios to develop adolescent-centered pregnancy and intrapartum care plans. Participants will complete a confidential values clarification questionnaire and revisit it post-session to reflect on learning and attitude shifts.

ADDITIONAL READING

World Health Organization. Adolescent Pregnancy: Evidence Brief. World Health Organization; 2019. WHO/RHR/19.15. Accessed April 10, 2026. https://iris.who.int/handle/10665/329883

Cherry AL, Dillon ME. International Handbook of Adolescent Pregnancy: Medical, Psychosocial, and Public Health Responses. Springer; 2014.

Eur J Midwifery 2026;10(Supplement 1):A1059

W08

One in a million? Exploring the challenges and potential strategies in preparing the midwife teacher/lecturer to build a globally competent midwifery education workforce

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THE LEARNING OUTCOMES

1. To explore the challenges in recruiting midwives into midwifery education at an international level. 2. To facilitate open debate and generate ideas as to how these challenges may be addressed, specifically in the participants' own workplace. 3. To consider opportunities and aspirations that the RPC Europe could translate into a realistic strategy to support building a competent midwifery education workforce across the region.

THE PROCESS/ACTIVITIES

Education by a competent midwifery workforce is essential to the provision of safe, quality maternity and newborn services. With a critical shortage of around one million midwives worldwide, there is also a growing concern of an increasing lack of proficient midwife educators to prepare subsequent generations of midwives for their role (UNFPA/ICM/WHO, 2021) The workshop will begin with an introduction to the International Confederation of Midwives (2023) Position Statement regarding the Qualifications and Competencies of Midwife Educators (that embraces the WHO [2013] Midwifery Educator Core Competencies), to set the challenges in context and how it aligns with the ICM (2021) Professional Framework for Midwifery.

AUDIENCE PARTICIPATION

The participants will engage in small group discussions (5-6 / group) facilitated by the presenters, supported by members from the RPC (Europe), to share their ideas, best practices, and top tips in building a globally competent midwifery education workforce. Data collected will be used by the RPC to inform a strategy to guide faculties in preparing the next generation of midwife educators to further strengthen the midwifery profession.

ADDITIONAL READING

International Confederation of Midwives. Position Statement: Qualifications and Competencies of Midwife Educators. International Confederation of Midwives; 2023. International Confederation of Midwives. Professional Framework for Midwifery. International Confederation of Midwives; 2021. United Nations Population Fund, International Confederation of Midwives, World Health Organization. State of the World's Midwifery. United Nations Population Fund; 2021. World Health Organization. Midwifery Educator Core Competencies. World Health Organization; 2013.

Eur J Midwifery 2026;10(Supplement 1):A1060

W09

The Arab Regional Midwifery Advisory Group (ARMAG) for advancing midwifery leadership in the Arab States

Arab Regional Midwifery Advisory Group Arab Regional Midwifery Advisory Group[1], Mollie Fair[2], Iman Kanaan[3]
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THE LEARNING OUTCOMES

Introduce the Arab Regional Midwifery Advisory Group (ARMAG). Provide an overview of the status of midwifery education, regulation, and professional associations in the Arab States. Discuss the crucial role of better positioning midwives in policies and emergencies to respond to women's needs across a diverse region.

THE PROCESS/ACTIVITIES

•Keynote and workshop introduction – Dr. El Omrani, S. •Establishment of ARMAG – Ms. Mollie Fair, UNFPA ASRO •Situation of Midwifery in the Arab States – Dr. Kanaan, I., Dr. Egal, J., Mrs. Chahbi, A. •ARMAG: Vision, Mission, and Work Plan – Mrs. Elmi, H., Mrs. Arhaiam, F. •Role of Midwives in Crisis Settings in the Arab States – Dr Baloushah, S, Dr Abdo, Z, Mrs Alwara, A.A. •Interactive Debate & Q&A - Dr Eltaweli, R. •Workshop closing – Dr. El Omrani, S.

AUDIENCE PARTICIPATION

•Midwives and Midwifery Associations; Midwifery students; Health professionals and academic partners; Development partners

ADDITIONAL READING

World Health Organization. Transitioning to Midwifery Models of Care: Global Position Paper. World Health Organization; 2024. Accessed April 10, 2026. https://www.who.int/publications/i/item/9789240098268

League of Arab States, World Health Organization Regional Office for the Eastern Mediterranean, United Nations Population Fund Arab States Regional Office. The Nursing and Midwifery Regional Framework for Arab Countries. WHO Regional Office for the Eastern Mediterranean; 2022.

United Nations Population Fund Arab States Regional Office, World Health Organization Regional Office for the Eastern Mediterranean. Regional Midwives Forum. United Nations Population Fund; 2023.

International Confederation of Midwives Regional Conference, Kigali. Analysis of the Midwifery Workforce in Selected Arab Countries. United Nations Population Fund Arab States Regional Office; 2015. Accessed April 10, 2026. https://arabstates.unfpa.org/sites/default/files/pub-pdf/SOWMY%20ASRO%20final%20-%20English.pdf

Gherissi A, Brown JM. A situational analysis of the status of midwifery in North Africa and the Middle East. Int J Childbirth. 2014;4(2):95-106.

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W10

Intrapartum visual interpretation of the cardiotocograph trace without the use of adjunct technologies in low and middle-income countries

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THE LEARNING OUTCOMES

1. At the end of this lesson, the student midwife/ midwife/ clinician will be expected to demonstrate the technical aspects of cardiotocograph (CTG) interpretation, which are.
• Explain and demonstrate the correct paper speed for CTG

monitoring and interpretation. • Explain and demonstrate correct placement of the CTG probes. • Explain and demonstrate maternal positioning for CTG monitoring. 2. At the end of this lesson, the student midwife/ midwife/ clinician is expected to use her knowledge of cardiotocograph terminology to correctly identify the features of the fetal heart rate pattern. 3. At the end of this workshop, the student midwife/ midwife/ clinician will be able to describe how the following clinical contexts impact CTG interpretation: · •Fetal response to the progression of labor.· •Medications that affect the fetal heart rate pattern.· •Effect of gestational age on fetal heart rate. •Maternal disease or conditions of pregnancy that negatively affect placental function. 4. At the end of this lesson, the student midwife/ midwife/ clinician will integrate the elements of the acronym DR C BRAVADO to interpret and classify the CTG: DR (Define Risk as high, medium or low based on clinical situation), C (contractions-frequency, duration, intensity, rhythm and resting tone); Br-Baseline Rate; A- Accelerations; V (variability- described as absent, minimal, moderate, or marked), A (accelerations-spontaneous, stimulated or none), D (absent, early, variable, late or prolonged), O (overall assessment and written plan) (Bailey, 2009)

THE PROCESS/ACTIVITIES

A brief didactic lecture on CTG interpretation terminology, the fetal response to labor, and parameters to take into consideration during CTG interpretation will be provided. Thereafter, guided CTG interpretation using case studies with corresponding cardiotocograph traces will follow.

AUDIENCE PARTICIPATION

The audience will be required to work in pairs to interpret the cardiotocographs provided by the facilitator.

ADDITIONAL READING

Bailey RE. Intrapartum fetal monitoring. Am Fam Physician. 2009;80(12):1388-1396.

Eur J Midwifery 2026;10(Supplement 1):A1062

W11

Beyond the stats: Teaching perinatal inequality data with confidence and care

Benash Nazmeen[1]

[1]University of Bradford, Faculty of Health Studies, Bradford, United Kingdom

THE LEARNING OUTCOMES

By the end of this session, participants will be able to: Interpret and present UK perinatal inequality statistics with clarity and care - Use participatory techniques to communicate data sensitively Recognize common pitfalls in presenting inequality statistics and avoid harm Apply equity-informed teaching practices in their own settings

THE PROCESS/ACTIVITIES

This interactive workshop begins with short visual prompts introducing key statistics on racial disparities in maternity outcomes, followed by participatory techniques using Liberating Structures. Attendees will practice framing and delivering data content, reflect on the emotional impact of inequality statistics, and explore how to build safer learning environments when teaching sensitive issues.

AUDIENCE PARTICIPATION

Participants will work in groups to interpret and present one statistic to peers using a chosen teaching strategy (e.g., visualization, questioning, or storytelling). They will receive structured peer feedback and reflect collectively on how emotion, resistance, and power can shape the reception and use of inequality data in midwifery practice or education.

ADDITIONAL READING

Knight M, Bunch K, Patel R, et al; MBRRACE-UK. Saving Lives, Improving Mothers' Care: Lessons Learned to Inform Maternity Care From the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2019-21. University of Oxford; 2023.

2. NHS Race and Health Observatory. Ethnic Inequalities in Healthcare: A Rapid Evidence Review. NHS Race and Health Observatory; 2022. Accessed April 10, 2026. https://www.nhsrho.org/publications/ethnic-inequalities-in-healthcare/

3. Birthrights. Systemic Racism, Not Broken Bodies: An Inquiry into Racial Injustice and Human Rights in UK Maternity Care. Birthrights; 2022. Accessed April 10, 2026. https://www.birthrights.org.uk/inquiry-report/

4. Lipmanowicz H, McCandless K. The Surprising Power of Liberating Structures: Simple Rules to Unleash a Culture of Innovation. Liberating Structures Press; 2014.

Eur J Midwifery 2026;10(Supplement 1):A1063

W12

Skills Workshop: Acupressure for Pain relief in labour

Loredana Zordan[1]

[1]Inipendent Midwife Acupuncturist, Midwifery teacher, freelance, Milano, Italy

THE LEARNING OUTCOMES

Acupressure is a non-invasive technique, easy to implement within the midwifery practice; an accessible, effective, and safe birthing tool for midwives, promoting partner involvement and reducing the need for pharmaceutical pain relief in labor. To describe the principles of Acupressure for pain relief in labor; To demonstrate the techniques involved and teach the points needed; To locate the points accurately by description and demonstration, To describe clinical applications for each point; To demonstrate the correct application of pressure to tutors; To encourage midwives to teach these techniques to women and their birthing partner.

THE PROCESS/ACTIVITIES

The workshop will include a practical session for point location on each other with expert supervision and a small group activity for a clinical scenario solving exercise using acupressure for pain relief in labor. The participants will also receive an additional booklet outlining the acupressure points used for pain relief during labor. Practical demonstrations will be supported with a PowerPoint presentation and a video showing the locations of the acupressure points. 90 minutes workshop: 45 minutes practical session for points location on each other's; 25 minutes for identification of suitable acupressure points and evaluation of clinical scenario as a group activity, 20 minutes review of the points used during the workshop.

AUDIENCE PARTICIPATION

Midwives will participate actively in the learning outcome. These include: revision of acupressure points location for pain relief in labor; identification of suitable acupressure

points and evaluation of clinical scenario as a group activity.
ADDITIONAL READING
Smith CA, Collins CT, Levett KM, et al. Acupuncture or acupressure for pain management during labour. Cochrane Database Syst Rev. 2020;12:CD009232. doi:10.1002/14651858.CD009232.pub2
Beets N. Acupressure for Pain Relief During Labour. Rhizome Acupuncture. Accessed April 19, 2026. https://acupuncture.rhizome.net.nz/download-boklet/
Mammadov B, Cagla T. The effect of acupressure and massage on labour pain. Explore (NY). 2024;20(5):102965. doi:10.1016/j.explore.2024.102965
Eur J Midwifery 2026;10(Supplement 1):A1064

W13

Driving change: Your role in the transition of organization of maternal and newborn care

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THE LEARNING OUTCOMES
Changing the organization of maternal and newborn care (MNC) is not simply a matter of implementing guidelines or expanding successful pilots. It requires navigating complex transitions —where culture, power dynamics, and relationships often matter more than policy. By the end of this workshop, you will be able to: Recognize how transitions in complex systems unfold, using the X-curve model Identify where you are in the process Identify concrete next steps to support organizational change in your local context.
THE PROCESS/ACTIVITIES
This 90-minute interactive workshop combines brief theory with participatory learning. We will begin with an exercise designed to stretch your perspective and loosen fixed ways of seeing reality. A concise introduction to transition theory and the X-curve framework follows, focused on relevance to MNCs. You then explore real-world examples and apply the model to your own professional context. In small groups, you identify where your organization currently sits in a transition, what patterns of resistance or momentum you observe, and what roles you can play. The session concludes with guided action planning.
AUDIENCE PARTICIPATION
You will be actively engaged through group work, peer dialogue, and reflective exercises. You will map transitions in your own setting and share insights with others, gaining fresh perspectives on your influence and agency. Visual materials (e.g., flipcharts, markers, handouts) and round table settings support participation and co-learning. No prior knowledge of systems thinking is required.
ADDITIONAL READING
Meadows DH. Thinking in Systems: A Primer. Chelsea Green Publishing; 2008. Loorbach D. Transition management for sustainable development. Int J Sustain Dev World Ecol. 2010;17(1):1-11. World Health Organization. Transitioning to Midwifery Models of Care: A Global Position Paper. World Health Organization; 2024.
Eur J Midwifery 2026;10(Supplement 1):A1065

W14

PEERS (perineal trauma: evaluation, education, and repair and scanning) workshop: How to prevent, how to repair, and how to manage the healing of perineal tears related to childbirth

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THE LEARNING OUTCOMES
At the conclusion of this workshop, the participant will be able to: 1. To execute the manual perineal protection accurately 2. To identify different anatomical structures involved in a perineal tear 3. To repair second-degree perineal tears 4. Principles of perineal trauma healing
THE PROCESS/ACTIVITIES
The course has two components: theoretical, 3 lectures, and then rotational workshops: Theoretical lectures: 30 min 1. The biomechanics of manual perineal protection 2. Discussion of the pros and cons of performing an episiotomy 3. Repair of a second-degree perineal tear Rotational workshops: 60 min · 1. Pelvic Floor anatomy on model 2. Manual perineal protection on the model 3. Demonstrated videos on second-degree perineal repair 4. Healing complications of perineal tears The PEERS workshop will provide you with the knowledge of how to prevent perineal injuries during childbirth and how to identify and correctly repair the injuries in order to prevent anal incontinence, perineal pain, dyspareunia, and healing complications. Practical hands-on training will help the audience acquire manual skills (already shown and discussed in the lectures) to help prevent perineal trauma at the time of the crowning of the head. The difference between the protection of the perineum when an episiotomy is or is not performed will be demonstrated. Participants will also undergo a special pelvic anatomy building. Two/three experts in current views on manual perineal protection, perineal tear/episiotomy, and all other second-stage of labor variables will summarize all points previously discussed with an emphasis on practical use in routine clinical practice.
AUDIENCE PARTICIPATION
Midwives/Obstetricians; Residences/students of Midwifery/Obstetricians
ADDITIONAL READING
Bulchandani S, Watts E, Sucharitha A, Yates D, Ismail KM. Manual perineal support at the time of childbirth: a systematic review and meta-analysis. BJOG. 2015;122(9):1157-1165. doi:10.1111/1471-0528.13431 Kettle C, Dowswell T, Ismail KM. Continuous and interrupted suturing techniques for repair of episiotomy or second-degree tears. Cochrane Database Syst Rev. 2012;11(11):CD000947. doi:10.1002/14651858.CD000947.pub3 Pereda-Nuñez A, Manresa M, Webb SS, et al. Pelvic + Anatomy: a new interactive pelvic anatomy model. Prospective randomized controlled trial with first-year midwife residents. Anat Sci Educ. 2023;16(5):843-857. doi:

10.1002/ase.2304
Eur J Midwifery 2026;10(Supplement 1):A1066

W15

Pregnancy as the key to a healthy society: Science-based tools to create happier brains, calmer mothers and stronger families through food, movement and mindset

Jutta Wohlrab[1]
[1]Jutta Wohlrab, Independent Midwife Educator Trainer Elements of Birth, Berlin, Germany

THE LEARNING OUTCOMES

This workshop provides maternity professionals with practical, science-based tools to support maternal health, fetal brain development, and stronger family bonds. Participants will leave with a deeper understanding of how nutrition, movement, mindset, and simple daily practices reduce stress, improve sleep, and enhance emotional connection. They will gain confidence in teaching these techniques to expectant mothers and partners, helping to build healthier, happier future generations and the connection to longevity.

THE PROCESS/ACTIVITIES

The session blends group activities and individual exercises to ensure an engaging and dynamic learning experience. Participants will explore how to apply quick, effective mind-body tools, including relaxation techniques, NLP-based mindset shifts, and simple self-hypnosis practices. We will introduce mini-quizzes, small group reflections, and joyful movement exercises — including singing and dancing — proven to promote emotional resilience and neuroplasticity. Attendees will try out practical strategies for enhancing "feel-good" hormones such as dopamine, oxytocin, and testosterone through food choices, movement, and positive brain training.

AUDIENCE PARTICIPATION

This is a highly interactive session. Participants will engage in guided exercises, group discussions, and hands-on demonstrations. Small group work will foster shared learning and practical application, while individual tasks will give attendees direct experience of techniques they can teach or use personally. The workshop is designed for easy integration into maternity care and family support.

ADDITIONAL READING

The workshop is grounded in evidence from PubMed studies, large-scale nutritional research (e.g., Zinzino's 1.4 million test data), and the work of Dr. Daniel Amen (Happiness Challenge), Dr. Rick Hanson (positive neuroplasticity), and longevity science. The content integrates medical knowledge, NLP, hypnosis, and nutrition science for pregnancy care.

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W16

Skills workshop in developing global solidarity partnerships to ensure quality education and research capacity building of one million more midwives

Berit Mortensen[1], Hassan Sahar[2], Naab Florence[3], Alison McFadden[4]
[1]Oslo Metropolitan University, Faculty of Health Sciences, Oslo, Norway, [2]Birzeit University, Faculty of Pharmacy, Nursing and Health Professions, Birzeit, Palestine, State of, [3]University of Ghana, School of Nursing and Midwifery, Accra, Ghana, [4]University of Dundee, Maternal and Newborn Care Research Unit, Dundee, United Kingdom

THE LEARNING OUTCOMES

Uniting efforts to facilitate the education and capacity-building of one million more midwives.

THE PROCESS/ACTIVITIES

Introduction to the global partnership, Midwifery Research and Education Development (MIDRED), through a three-minute animation video and short presentations. MIDRED is a partnership between the University of Ghana, Birzeit University, Palestine, the University of Dundee, Scotland, and the Oslo Metropolitan University, Norway. After this 20-minute introduction, the audience will be involved in the activities, developing a partnership for sustainable midwifery education and capacity-building globally.

AUDIENCE PARTICIPATION

Audience participation will be facilitated in the following three steps: In the first 10 minutes, the audience will be invited to suggest various topics relevant to partnerships on the digital platform, Padlet. Secondly, the participants will be divided into 10 groups who, for 30 minutes, will create ideas on how to build partnerships for quality education in Midwifery and present a summary in the digital Padlet. The MIDRED team will join the various groups. Thirdly, the ideas from the ten groups will be screened and presented by each group in two minutes each. The MIDRED team will conclude with a final statement.

ADDITIONAL READING

Kemp J, et al. Global midwifery partnerships. In: Global Midwifery: Principles, Policy and Practice. Springer; 2021. United Nations Population Fund, World Health Organization, International Confederation of Midwives. The State of the World's Midwifery. UNFPA; 2021. Renfrew MJ, McFadden A, Bastos MH, et al. Midwifery and quality care: findings from a new evidence-informed framework for maternal and newborn care. Lancet. 2014;384(9948):1129-1145. doi:10.1016/S0140-6736(14)60789-3 Tosam MJ, Chi PC, Munung NS, Oukem-Boyer OOM, Tangwa GB. Global health inequalities and the need for solidarity: a view from the Global South. Dev World Bioeth. 2018;18(3):241-249. doi:10.1111/dewb.12182 Johnson C. Responsibility, affective solidarity and transnational maternal feminism. Fem Theory. 2020;21 (2):175-198.

Eur J Midwifery 2026;10(Supplement 1):A1068

W17

Perineal integrity and perineal repair after childbirth: A basic suturing workshop for midwives

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THE LEARNING OUTCOMES

Describe perineal anatomy with particular detail of the perineal body. Define classifications of perineal lacerations. Identify two indications for surgical repair of perineal trauma. Demonstrate basic surgical skills, including aseptic technique

and handling surgical instruments. Choose a suture and needle for the laceration type. Perform instrument ties. Perform repair of perineal laceration on foam and perineal models.
THE PROCESS/ACTIVITIES
Review (15 minutes) Perineal anatomy Classifications of perineal lacerations Indications for repair of lacerations Varieties of suture and needles for the repair of lacerations Practice knot tying. (15 minutes) Practice second-degree perineal repair (50 minutes) Discuss post-repair assessment of hemostasis and approximation. Workshop wrap-up (10 minutes)
AUDIENCE PARTICIPATION
This is a hands-on workshop designed for midwives needing to learn or review suturing skills, providing hands-on practice of suturing techniques using silicone pads and foam models.
ADDITIONAL READING
Alaya F, Worrall AP, Farah N, Eogan M, Monteith C, Salameh F. Optimizing and enhancing perineal repair knowledge and teaching among obstetricians and midwives: A prospective three site study. International Journal of Gynecology &Obstetrics. 2025:1. doi:10.1002/ijgo.70130 2. Laderas Díaz E, Rodríguez-Almagro J, Picón Rodríguez R, Martínez Galiano JM, Martínez Rodríguez S, Hernández-Martínez A. Midwives' approach to the prevention and repair of obstetric perineal trauma in Spain. Nurs Open. 2024 Apr;11(4):e2160. doi:10.1002/nop2.2160 3. Hoque AM, Buckus S. Incidence and risk factors of perineal tears of pregnant women delivering at a midwife obstetric unit in South Africa. Nepal Journal of Obstetrics & Gynaecology. 2021;16(2):60-68. doi:10.3126/njog.v16i2.42102 4. Jones L, Magill L, MacArthur C, et al. Outcomes of suture material, suture technique, and tissue adhesives for repair of childbirth-related perineal trauma: A systematic review and meta-analysis. European Journal of Obstetrics & Gynecology and Reproductive Biology. 2025;312. doi:10.1016/j.ejogrb.2025.114086 5. Schmidt PC, Fenner DE. Repair of episiotomy and obstetrical perineal lacerations (first–fourth). American Journal of Obstetrics & Gynecology. 2024;230:S1005-S1013. doi:10.1016/j.ajog.2022.07.005
Eur J Midwifery 2026;10(Supplement 1):A1069

W18

Shared decision making and birthplans: Tips and tricks

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THE LEARNING OUTCOMES
To familiarize yourself with evidence-based information on and strategies for implementation of SDM and birth plans according to recent studies and theories. To explore formats and ways of using birth plans in international settings. To explore strategies to implement SDM and birth plans in one's own practice. To (jointly) reflect on the facilitators and barriers of implementing SDM and birth plans in various maternity care contexts.
THE PROCESS/ACTIVITIES
The right to make autonomous choices during pregnancy, childbirth, and the postpartum period is highly valued by women. Woman-centered care, including respectful maternity care (RMC), is recognized as a fundamental concept in midwifery [1]. Respectful care is supported by Shared Decision Making (SDM) and the use of birth plans [2]. Transferring these concepts to daily practice can be challenging. In this workshop, we present up-to-date insights and facilitate the exchange of experiences from various perspectives, which will contribute to implementing these concepts in everyday practice. Strategies to implement SDM will be shared and illustrated with real-life examples of the presenting team. The use and effectiveness of birth plans will be discussed [2].
AUDIENCE PARTICIPATION
This workshop will include interactive discussions and activities such as responding to statements and (acting out) scenarios, in which facilitators, barriers, and experiences with respectful care, SDM, and birth plans in different (cultural) contexts will be discussed. These activities will create an engaging learning environment in which participants can reflect on their experiences and gather insights into implementing RMC, SDM, and birth plans in their own context.
ADDITIONAL READING
World Health Organization. WHO Recommendations on Intrapartum Care for a Positive Childbirth Experience. World Health Organization; 2018. Shareef N, Said P, Lamers S, Nieuwenhuijze M, de Vries M, van Dillen J. The contribution of birth plans to shared decision-making from the perspectives of women, their partners, and their healthcare providers. PLoS One. 2024.
Eur J Midwifery 2026;10(Supplement 1):A1070

W19

Bridging the gap: Strengthening midwifery education in the practice setting amidst the many workforce challenges

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THE LEARNING OUTCOMES
1. To explore the current experiences of student midwives and midwifery educators in clinical settings. 2. To share best practices of respectful and effective practice education in challenging environments. 3. To develop a practical reference toolkit for students and midwives supporting respectful practice education.
THE PROCESS/ACTIVITIES
Educating a competent and resilient midwifery workforce is essential for delivering high-quality maternity and newborn care. The global shortage of midwives raises concerns about the declining quality of midwifery education—particularly in clinical settings—and its potential negative impact on maternal and neonatal health outcomes. Quality midwifery

education is governed by professional and governmental regulatory frameworks. Midwifery curricula contain theory and practice elements with a minimum of 50% practice learning undertaken in clinical settings (ICM, 2021). Despite the existence of comprehensive standards and policy frameworks for clinical education, many settings face chronic understaffing. Student midwives often face poor supervision, limited practice, unwelcome environments, emotional stress, and a gap between theory and reality. Clinical midwifery educators also face substantial challenges. These include balancing the dual responsibilities of ensuring patient safety and providing effective student supervision, often in the absence of clear role expectations, formal pedagogical training, or institutional support (Panda et al., 2021). This workshop aims to collaboratively develop a practical toolkit—comprising quick-reference cards and evidence-based strategies—to support midwifery students and educators in navigating challenging clinical environments. The outcomes will be shared with participants, and a future publication is planned.

AUDIENCE PARTICIPATION

Discussing experiences, sharing best practices, and collaborating in the development of a reference toolkit.

ADDITIONAL READING

International Confederation of Midwives. Global Standards for Midwifery Education. International Confederation of Midwives; 2021. Accessed April 16, 2026. https://www.internationalmidwives.org/assets/files/general-files/2021/10/global-standards-for-midwifery-education-2021-en.pdf

Panda S, Dash M, John J, et al. Challenges faced by student nurses and midwives in clinical learning environment: a systematic review and meta-synthesis. Nurse Educ Today. 2021;101:104875. doi:10.1016/j.nedt.2021.104875

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W20

"With woman" in the moment: Cultivating empathy in clinical practice through immersive role-play

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THE LEARNING OUTCOMES

This professional development workshop emphasizes the critical importance of empathic competence in midwifery practice and demonstrates how appropriate emotional engagement facilitates trust-building with women and their families. Through structured role-play scenarios and guided reflective practice, participants will explore the impactful role of midwives in the specific scenarios, and how empathic communication can enhance therapeutic relationships, mitigate potential conflicts and risks, and facilitate informed, respectful decision-making throughout the perinatal continuum.

THE PROCESS/ACTIVITIES

Under the guidance of a midwife and an immersive theater director, the workshop presents clinically authentic scenarios enacted by professional performers. These scenarios depict complex interpersonal dynamics between midwives and women during vulnerable perinatal moments. Participants will observe, analyze, and actively engage with the scenarios, practicing alternative communication strategies based on empathic principles.

AUDIENCE PARTICIPATION

This method enables midwifery professionals to develop deeper insights into women's experiences, enhance self-awareness regarding communication patterns, and cultivate an advanced understanding of relational dynamics within clinical contexts. The workshop provides a structured environment for personal reflection, interprofessional dialogue, and experiential learning within a safe space. This highly interactive educational intervention aims to enhance practitioners' confidence in delivering empathic, woman-centered care while contributing to a culture of professional respect within multidisciplinary maternity care teams.

ADDITIONAL READING

International Confederation of Midwives. Essential Competencies for Midwifery Practice: Core Competencies, Philosophy of Care, Code of Ethics, Position Statements on Normal Birth and Women's Rights in Childbirth. International Confederation of Midwives; 2014–2025. Konkin J, Grave L. The role of applied theatre in medical education: cultivating empathy and fostering perspective-taking. Teach Learn Med. 2019;31(2):207-216.

Eur J Midwifery 2026;10(Supplement 1):A1072

W21

Strengthening mothers and midwives in crises - Hands in hands with affected mothers and midwives post-earthquake projects of Türkiye - Workshop on translating crises into practice

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THE LEARNING OUTCOMES

Learning outcomes: Apply crisis-in-practice translation techniques to national and international midwifery settings. Gain skills in participatory advocacy in crises. Improve interactive skills for professional advancement

THE PROCESS/ACTIVITIES

This workshop, led by board members of the Midwives Association of Türkiye, aims to empower midwives by demonstrating practical methods for translating crises into practice. Designed for up to 45 participants, this session will focus on two active components: (1) Strengthening Mothers and Midwives in Crises, (2) Strengthening Midwifery Trainings in Crises. Participants will engage in small-group activities of translating crises into practice and training standards. Using evidence-based and real practice scenarios on Practice, Training, and Policy, facilitators will guide attendees through hands-on practice, including role-play.

AUDIENCE PARTICIPATION

The workshop format will use round tables to enable collaborative practice. A template toolkit will be used for documentation and follow-up by participants in their own professional contexts. No technical equipment is required,

but printed workshop kits and flip charts will be supplied by the facilitators. This workshop supports midwives seeking to build advocacy policy, practice, and training capacity in crises within their national and international contexts.
ADDITIONAL READING
Direct Relief. Turkish midwives step up for mothers and newborns post earthquake. Published 2023. Accessed May 31, 2026. https://www.directrelief.org/?s=yurtsal
International Confederation of Midwives. Meet the Midwives: What It Means to Be Critical in Every Crisis. International Confederation of Midwives; 2024. Accessed May 31, 2026. https://internationalmidwives.org/meet-the-midwives-what-it-means-to-be-critical-in-every-crisis/
Eur J Midwifery 2026;10(Supplement 1):A1073

W22

Essential midwifery skills: Diagnosing different types of female genital mutilation/cutting (FGM/C) and providing compassionate, holistic, culturally sensitive, trauma-informed care

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THE LEARNING OUTCOMES
Midwifery care for women with lived experience of Female Genital Mutilation/Cutting (FGM/C) often centers around preparing women for birth through deinfibulation. While important, this narrow focus risks overlooking the needs of survivors of other FGM/C types. These women may not require surgery, but still face lasting physical, psychological, sexual, and obstetric consequences. This skills-based workshop will be delivered within the context of gender equity and rights, Build midwives' confidence and competence in diagnosing all types of FGM/C, offering compassionate, Learn how to provide holistic, culturally-sensitive, trauma-informed care and simulate a comprehensive safeguarding risk assessment encompassing intersectional violence such as virginity testing, hymenoplasty, early/forced marriage, trafficking, etc. Focus upon FGM/C prevention and health information education - latest evidence, community engagement, and risks associated with childbirth. Highlight communication skills required to build trust and explain FGM types, while supporting dignity, choice, and healing. Correct misconceptions about genital anatomy and physiology (for clinicians and survivors), providing:- accurate information and myth busting around sexual pleasure, and positive vulval messaging. Co-design, with participants, a conceptual model for delivering respectful and rights-based care.
THE PROCESS/ACTIVITIES
Facilitated by Specialist Midwives from diverse ethnic backgrounds, including the UK, Somalia, Australia, the USA, Sierra Leone, and an FGM/C survivor whose voice will add impetus to the session. Interactive Quiz - Quick Refresher Use of lifelike vulval-clitoral models and 3D clinical photographs to aid visual identification of different FGM/C types and assess complex presentations. Role play - counseling women using line drawings to explain FGM/C types; physical and psychological consequences; human rights violations; right to bodily integrity; why, when, and where FGM/C takes place, etc Case studies of different FGM types and their care needs Q&A and evaluation
AUDIENCE PARTICIPATION
Breakout discussions; Role play; Simulation; Q&A; Co-created outputs, Evaluation ADDITIONAL READING
World Health Organization. Types of Female Genital Mutilation/Cutting With Subgroups. World Health Organization; 2020. World Health Organization. WHO Guideline on the Prevention of Female Genital Mutilation/Cutting and Clinical Management of Complications. World Health Organization; 2025. Abdulcadir J. Visual guides and reference tool. 2016.
Eur J Midwifery 2026;10(Supplement 1):A1074

W23

IMPROVE (Improving perinatal mortality review and outcomes via education) workshop: Best practice perinatal bereavement care

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THE LEARNING OUTCOMES
Understand the basic epidemiology and definitions of perinatal mortality and stillbirth Recognize the importance of respectful and culturally responsive care for parents and families who have experienced stillbirth or neonatal death Identify the principles of compassionate communication around perinatal bereavement care, using the core elements of the framework provided. Understand the scope and purpose of the CASaND guideline Explain the timing, type, and reasons for the core investigations of a fetal death. Explain the rationale for a high-quality perinatal mortality audit
THE PROCESS/ACTIVITIES
In partnership with the Perinatal Society of Australia and New Zealand (PSANZ), the Center for Research Excellence in Stillbirth (Stillbirth CRE) has developed the IMPROVE workshop – IMproving Perinatal Mortality Review and Outcomes Via Education. The workshop utilizes the SCORPIO educational model designed for skills training. This involves 6 small groups rotating around interactive multidisciplinary learning stations that are each facilitated by an experienced

educator. Learning stations include: One: Communicating with parents about perinatal autopsy. Two: Autopsy and placental examination. Three: Investigations of stillbirth Four: Examination of babies who die in the perinatal period Five: Perinatal mortality and audit classification Six: Respectful and culturally responsive care.
AUDIENCE PARTICIPATION
IMPROVE is designed to upskill maternity clinicians on best practice care around perinatal death. Participation in interactive skill stations will empower midwives to ensure every family receives the very best care at the worst of times.
ADDITIONAL READING
Centre of Research Excellence in Stillbirth, Perinatal Society of Australia and New Zealand. Care Around Stillbirth and Neonatal Death Clinical Practice Guideline. Centre of Research Excellence in Stillbirth; 2024. Accessed May 31, 2026. https://learn.stillbirthcre.org.au/
Eur J Midwifery 2026;10(Supplement 1):A1075

W24

Accrediting midwifery centers: A participatory workshop focused on the accreditation process to create sustainable quality, strengthening the midwifery model of care in health systems

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THE LEARNING OUTCOMES
When done with the workshop, participants will be able to: 1. Explain what accreditation is, 2. Identify how accreditation is different from licensure. 3. Evaluate the accreditation process, 4. Explain how accreditation can be used to support and strengthen the midwifery model of care 5. Assess how their work environment compares to the standards 6. Identify barriers to accreditation in their contexts.
THE PROCESS/ACTIVITIES
Accreditation is an independent assessment against recognized standards to demonstrate competence and high-quality care. Using global standards for maternal-child health and midwifery-led birth centers, Goodbirth Network (GBN) created an accreditation process for midwifery centers that meet or exceed these standards. Centers in five different countries (Haiti, South Africa, Mexico, Philippines, Uganda) have been part of this process, with two fully accredited. In this workshop we provide an overview of accreditation, the GBN standards for accreditation, and their use. We will then break out into small groups to focus on the first step, a self-assessment tool. Through guided small group work we will review each domain, discuss how the standards translate into local contexts using a human rights based approach, and then use the self-assessment tool. Finally as a group we will identify barriers to accreditation and next steps to address them. .
AUDIENCE PARTICIPATION
This workshop is intended for current and prospective midwifery centers and midwives interested in learning more about midwifery centers and accreditation. ADDITIONAL READING
Stevens J, Alonso C. Developing operational standards for midwifery centers. Midwifery. 2021;93:102882. doi:10.1016/j.midw.2020.102882 World Health Organization. Implementation Guidance on Transitioning to Midwifery Models of Care. World Health Organization; 2025. Licence: CC BY-NC-SA 3.0 IGO. International Confederation of Midwives. Policy Brief: Implementing Midwife-Led Birth Centres. International Confederation of Midwives; 2025.
Eur J Midwifery 2026;10(Supplement 1):A1076

W25

Supporting the use of dynamic birth positions: A hands-on workshop for midwives

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THE LEARNING OUTCOMES
By the end of the workshop, participants will be able to: 1. Describe the benefits of dynamic birth positions and movement during labour and birth. 2. Demonstrate key positions, including all fours, kneeling, side-lying, and use of the birth stool. 3. Recognise how dynamic movement between positions, rest, and activity can support physiological labour and improve outcomes. 4. Reflect on how to integrate these approaches into routine intrapartum care in diverse settings. 5. Identify strategies to support women's informed choice and autonomy during birth.
THE PROCESS/ACTIVITIES
This interactive 90-minute workshop will use active learning techniques to strengthen participants' skills and confidence in facilitating dynamic birth positions and movement. After a short evidence-based introduction, the session will focus on practical demonstrations and hands-on exercises in small groups. Participants will practise supporting a range of upright and side-lying positions, while also exploring how movement between activity and rest can respond to women's changing needs during labour. Case scenarios from the Midwize intervention in Uganda will be used to illustrate how these practices can be implemented in real-life settings, including in space-constrained environments.
AUDIENCE PARTICIPATION
Participants will engage in small-group role play and skill stations to practise supporting various positions, including how to assist partners and companions. Facilitators will provide feedback and guide peer learning throughout.
ADDITIONAL READING
1.Lindgren, Helena, et al. "The understanding of dynamic birth positions for women in labor andchildbirth–A hybrid concept analysis." Sexual & Reproductive Healthcare 42 (2024): 101039. 2. Blomgren, Johanna, et al. "Midwife-led quality improvement: Increasing the use of evidence-based birth practices in Uganda." Midwifery 139 (2024): 104188.

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W26

Enhancing midwives' psychological wellbeing and emotional intelligence: A practical introduction to the EIP programme

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THE LEARNING OUTCOMES

Midwives face increasing emotional and psychological demands that can impact their well-being, resilience, and quality of care. This 90-minute interactive workshop introduces participants to the EIP (Emotional Intelligence and Psychological Wellbeing) Program for Midwives, a structured, evidence-informed educational intervention designed to support midwives' emotional health and professional fulfillment.Grounded in research published in Women and Birth (Tabib et al. 2024), the EIP Program incorporates relaxation practices, emotional management, self-awareness, and peer support strategies. This workshop offers a condensed version of the program, providing participants with practical tools to enhance their psychological well-being and emotional intelligence. Learning Outcomes Recognize key psychological challenges in midwifery practice. Understand the principles and outcomes of the EIP Program. Apply practical strategies to support emotional well-being and resilience.

THE PROCESS/ACTIVITIES

The workshop will include: Guided relaxation exercises Scenario-based learning and reflective practice Small group discussions and peer-sharing activities

AUDIENCE PARTICIPATION

Participants will actively engage in experiential learning, reflection, and group dialogue. No prior experience is required.

ADDITIONAL READING

Tabib M, Humphrey T, Forbes-McKay K. 'Doing' is never enough, if 'being' is neglected. Exploring midwives' perspectives on the influence of an emotional intelligence education programme, a qualitative study. Women Birth. 2024;37(3):101587. doi:10.1016/j.wombi.2024.02.003

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W27

A way out of a 'Midwifery Professional Identity Crisis?': A crafting tool for designing, developing, and implementing professional identity for future-proof practice

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THE LEARNING OUTCOMES

Following this session, participants can: Recognize and articulate the key elements of a strong professional identity; Evaluate how professional identity aligns with these key elements using real-life scenarios and interactive case studies. Strengthen midwifery physiological practice for now and later.

THE PROCESS/ACTIVITIES

"Knowing who you are and what you stand for helps you show up with confidence, make choices that fit you, and build trust with others." Midwives worldwide face many challenges, one of which is the gradual erosion of the physiological childbirth paradigm (1). A strong professional identity appears to lead to professionals who exhibit wisdom, excellence, and resilience (2). While midwifery professional identity may be implicit, defining and describing midwifery identity – making the implicit explicit- may support midwives in making choices in alignment with midwifery ideology. In this interactive workshop, we will take participants on a journey into the development of a collective professional identity, using the Dutch 'Professional Identity of the Midwife' (3) as an exemplar. A tool developed by the Royal Dutch Association of Midwives, but which could be applied to other settings in either the global North or South, will facilitate participants to apply this tool to areas of contemporary midwifery practice. These may be practice, educational or policy based dilemma's faced by midwives. The tool will be used to contemplate and consider these within the context of midwifery professional identity, leading to practical approaches that can be applied in different contexts.

AUDIENCE PARTICIPATION

Interactive, group work, serious gaming

ADDITIONAL READING

1. Henshall B, East C, Grimes H, Davis J. What is 'Physiological Birth'? A Scoping Review of the Perspectives of Women, Stakeholders and Care Providers. Women Birth. 2023;36(Suppl 1):S8 2. Ruijters MCP, Je Binnenste Buiten, eds. Over Professionele Identiteit in Organisaties, Boom. 7th ed. 2015 3. Koninklijke Nederlandse Organisatie van Verloskundigen. 'De Beroepsidentiteit van De Verloskundige', Utrecht, June 2025

Eur J Midwifery 2026;10(Supplement 1):A1079

W28

Preparing the next million midwives: A workshop on curriculum design and inquiry-based learning in midwifery education

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THE LEARNING OUTCOMES

Preparing the next one million midwives requires curricula aligned with midwifery competencies and contemporary practice. Well-designed programs must reflect a deep understanding of maternal priorities and practice realities and incorporate experiential pedagogies which centres students in real-world, context-specific scenarios. This interactive workshop supports midwifery educators to conceptualize a curriculum framework and embed inquiry-based learning in education. Participants will: 1. Apply knowledge of the ICM

core documents 2. Identify and map curriculum principles, including core values, practice priorities, and integrated themes 3. Gain practical skills for inquiry-based learning
THE PROCESS/ACTIVITIES
The workshop is in two parts Session 1: Conceptualising a Midwifery Curriculum (50 minutes) a) Curriculum development theories: A brief overview of curriculum design principles b) Applying midwifery standards: Participants will explore the ICM core documents and competencies, alongside relevant maternal health priorities. c) Mapping curriculum principles: Working in groups, participants will identify and agree on: Core Values to underpin the curriculum (ie respect, evidence-based, compassion); Integrated Themes to embed throughout the program (ie cultural safety, continuity of care, interprofessional practice); Practice priorities that must be addressed. d) Curriculum framework design: Using a conceptual illustration tool, participants will begin drafting a curriculum framework that reflects their group's shared principles. Session 2: Embedding Inquiry-Based Learning (40 minutes) a) Overview of inquiry-based Learning: including pedagogy and practical benefits in midwifery education. b) Facilitated scenario experience: Participants engage in a pre-designed inquiry-based learning scenario to experience the method in action. C) Scenario development: In small groups, participants choose one identified curriculum priority and collaboratively design an inquiry-based learning scenario.
AUDIENCE PARTICIPATION
Participation in groups as described above
ADDITIONAL READING
Stripling BK. Inquiry-based learning. In: Stripling BK, Westport SH-H, eds. Curriculum Connections Through the Library: Principles and Practice. Libraries Unlimited; 2003:3-39. Sutinen A. Constructivism and education: education as an interpretative transformational process. Stud Philos Educ. 2008;27:1-14.
Eur J Midwifery 2026;10(Supplement 1):A1080

W29

The importance of updating your perineal suturing technique

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THE LEARNING OUTCOMES
Perineal tear following vaginal delivery is the most common form of obstetric trauma and can lead to significant maternal morbidity, 85% of women who have a vaginal birth experience perineal trauma. (RCOG, 2015) and 1 in 20 first-time mothers suffer tears in the anal sphincters (MASIC, 2023). Given its relevance, it is essential that professionals involved in childbirth care—especially midwives, in accordance with ICM guidelines (2018)—receive appropriate training in the prevention, diagnosis, and repair of such trauma. Through a theoretical-practical methodology, the course aims to assess the different degrees of perineal tears, explore their physical and emotional implications, review perineal protection maneuvers during delivery, and discuss the most recent scientific evidence in this area.
THE PROCESS/ACTIVITIES
The content includes the handling of instruments and materials, practice of continuous intradermal suturing, the Aberdeen knot and square knot techniques, as well as the analysis and discussion of clinical cases.
AUDIENCE PARTICIPATION
This course is intended for midwives, obstetricians, residents, healthcare personnel, and other health professionals with an interest in the obstetric field. Its main objective is to provide participants with up-to-date practical skills in perineal suturing techniques. Professionals who have participated, since 2016, highlight the positive impact on their clinical practice, mentioning increased confidence and technical skills. ADDITIONAL READING
Royal College of Obstetricians and Gynaecologists. The Management of Third- and Fourth-Degree Perineal Tears. Royal College of Obstetricians and Gynaecologists; 2015. Maternity Anal Sphincter Injury Collaborative. Incidence and Outcomes of Anal Sphincter Tears in Primiparous Women. MASIC; 2023. International Confederation of Midwives. Essential Competencies for Midwifery Practice. International Confederation of Midwives; 2018.
Eur J Midwifery 2026;10(Supplement 1):A1081

W30

Empowering birth: Practical approaches to supporting women during pregnancy and birth

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THE LEARNING OUTCOMES
The workshop aims to equip participants with practical skills to support women in having an empowering and positive birth experience. Attendees will understand the benefits of using water and how to facilitate women who use water for labour and/or birth. Demonstrations on application and the use of the Robozo and supporting women with optimal birth positions. Understand how to use complementary therapies, including Aromatherapy and Reflexology, for postdates pregnancy and birth. Demonstrations on hypnobirthing techniques to promote relaxation and pain management. Additionally, we will explore ways to create a calming and relaxing birth environment, enhancing the overall birth experience for the woman and her partner.
THE PROCESS/ACTIVITIES
The workshop will be structured around 5 interactive workstations with participants rotating among each station. Facilitating the use of water for labour and birth using inflatable pools and the environmental setup Optimal positions for pregnancy and birth with practice using the Robozo Safe and effective use of aromatherapy for the pregnant woman Using reflexology techniques for postdates pregnancy and birth Supporting the woman using hypnobirthing. Each activity emphasizes practical and easy-to-implement techniques. The workshop encourages sharing experiences and peer learning and deepens understanding of supportive practices.
AUDIENCE PARTICIPATION
Designed for all who support pregnant women during pregnancy, labor, and birth. Participants will engage in practical demonstrations, so it is easily translatable across different languages and cultural contexts. Hands-on demonstrations to enhance confidence and competence.

Low-cost session promoting sustainable birthing practices with minimal resource requirements.
ADDITIONAL READING
Key reference material will be provided on the day.
Eur J Midwifery 2026;10(Supplement 1):A1082

W31

Strengthening midwifery skills in point-of-care ultrasound with hands-on training in scanning, interpretation, and clinical use across perinatal care

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THE LEARNING OUTCOMES
Point-of-care ultrasound (POCUS) is a transformative diagnostic tool for improving pregnancy outcomes in resource-constrained rural and remote settings. (1) It supports midwives in real-time assessment, decision-making, and provision of care. In midwifery practice, POCUS enhances capacity during early pregnancy, labor, and the postpartum period and is especially valuable for clients who may face geographic, financial, or systemic barriers. (2) By the end of the session, participants will be able to: 1. Explain the role of POCUS in midwifery practice, including scope, benefits, and limitations. 2. Demonstrate foundational scanning techniques and probe use. 3. Interpret ultrasound images and recognize when referral for formal imaging is required.
THE PROCESS/ACTIVITIES
The 90-minute workshop will begin with an evidence-informed, didactic presentation introducing the role of POCUS in midwifery practice. Afterward, participants will spend 60 minutes rotating through four stations where they will practice scanning in a simulated setting. Each station will provide a discrete skill: Viability and confirmation of early pregnancy loss Fetal presentation Placental location Assessment of amniotic fluid volume Support for the use of simulation models and ultrasound equipment will be provided by experienced facilitators. The workshop will conclude with a 15-minute debrief and Q&A.
AUDIENCE PARTICIPATION
Participants will engage in active, hands-on learning in small groups as they rotate through the stations. Each participant will have the opportunity to use the probe to scan, interpret images, and receive real-time feedback.
ADDITIONAL READING
1. Doig M, Dizon J, Guerrero K, Parange N. Exploring the availability and impact of antenatal point-of-care ultrasound services in rural and remote communities: a scoping review. Australas J Ultrasound Med. 2019;22(3):174-85. 2. Johnston BK et al. Canadian midwives' perspectives on the clinical impacts of point of care ultrasound in obstetrical care: A concurrent mixed-methods study. Heliyon. 2024 Mar 30;10(6).
Eur J Midwifery 2026;10(Supplement 1):A1083

W32

Shaping futures workshops for teenagers with midwives, teachers and psychologists: Empowering young generation through informed sexual and reproductive health, fostering healthier future for all

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THE LEARNING OUTCOMES
Shaping futures for teenagers by midwives, is a product responding to Ugandan challenge of teenage pregnancy which is more than 27%. Workshop for teenagers program was created to build a confident teenager in sexual and reproductive health decisions that also enhance their mental wellbeing. Priority areas of training include comprehensive sexual education like safe sex practices, contraception, sexually transmitted infections, reproductive rights, drug and substance abuse, adolescent mental wellbeing, roles and responsibilities of a teenager with respect.
THE PROCESS/ACTIVITIES
Workshops for teenagers are a common format for personal development, but they are not consistently a feature of training in many settings. This initiative has created the opportunity to enable teenagers get trained within days workshop curriculum during holidays and visiting schools that fosters meaningful peer engagement and shared-learning about sexuality in relation to physical and Psycho-social development t. Workshop format combines scenario-based learning, facilitation and group discussions with materials from the Ministry of Health and Education of Uganda. A key element of the workshops is also to enable the voices of teenagers through storytelling.
AUDIENCE PARTICIPATION
Holiday workshops on sexual, mental and reproductive health serve as vital tools for enhancing overall adolescent health. They address key aspects of well-being, empower youth with knowledge, and contribute to healthier societies by promoting informed decision-making and early intervention. These workshops are not only preventive but also transformative, offering young people the resources to build healthier futures. These workshops may reduce public health burdens through preventing issues like teenage pregnancy, mental health disorders, STIs mentioned but a few and this will be done through conducting research studies to influence evidence based health policies. They also reduce long-term healthcare costs and the strain on health systems, particularly in regions where healthcare resources are limited through empowering teenagers to be responsible for their health. ADDITIONAL READING
Musawo Betty Care and Research Centre (MBCRC). Musawo Betty Care and Research Centre. Accessed April 10, 2026. https://mbcrc.org/
Eur J Midwifery 2026;10(Supplement 1):A1084

W33

The baby-friendly community for breastfeeding promotion: A participatory approach for health promotion in the supersetting framework

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THE LEARNING OUTCOMES

This skills workshop will introduce participants to the Baby-Friendly Community (BFC) model, a community-based extension of the WHO/UNICEF Baby-Friendly Hospital Initiative. The BFC protects, promotes, and supports breastfeeding through a trans-sectoral, participatory process in which midwives play a key role in advocacy and leadership. It is grounded in the supersetting approach, which engages multiple community settings (e.g., healthcare, education, municipalities, civil society, emergency networks) to support responsive parenting and promote coherent, sustainable health strategies. Implemented in Italy, Norway, and other countries within the EU Joint Action PreventNCD, the BFC model centres on stakeholder analysis and participatory consultation with families, professionals, local authorities, and community actors to co-design breastfeeding-friendly environments and inclusive policies. Participants will: Understand the principles and structure of the BFC Initiative Learn tools for stakeholder mapping and analysis Practice communication skills (i.e. short motivational counselling) Practise participatory consultation techniques for engaging communities Explore the midwife's leadership in building cross-sector community alliances.

THE PROCESS/ACTIVITIES

The session uses an interactive learning format. After a brief demonstration of a local community dialogue process, participants will work in small groups to simulate the launch phase of a BFC programme. Activities include: Stakeholder analysis with real-life case examples Designing a participatory consultation using mapping and facilitation tools Role-playing/video modelling an advocacy dialogue with community stakeholders Each group will then present a short action proposal and receive feedback.

AUDIENCE PARTICIPATION

Group work, role-play, facilitated peer feedback, visual and interactive tools ADDITIONAL READING

Bærug AB, et al. Effectiveness of baby-friendly community health services on exclusive breastfeeding and maternal satisfaction: a pragmatic trial. Matern Child Nutr. 2016;12(3):e12166. doi:10.1111/mcn.12166

Bloch P. Supersettings for sustainable impact in community health promotion. 2014.

Cattaneo A, et al. Effectiveness of the Baby Friendly Community Initiative in Italy: a non-randomised controlled study. BMJ Open. 2016;6:e010232. doi:10.1136/bmjopen-2015-010232

Chan et al. Impact of the BFCI on breastfeeding outcomes: a systematic review and meta-analysis. Midwifery. 2025. (Full volume/issue/pages not provided.)

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Joint Action on Chronic Diseases and Promoting Healthy Ageing Across the Life Cycle (JA-CHRODIS). Prevent Non-Communicable Diseases. Accessed May 31, 2026. https://preventncd.eu/

Eur J Midwifery 2026;10(Supplement 1):A1085

W34

Rethinking vaginal breech birth training: Harnessing research and video analysis to master vaginal breech skills

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THE LEARNING OUTCOMES

Review the findings of our video analysis study. Recognize the value and role of using video analysis to learn about vaginal breech birth Understand the academic and clinical educator's role in teaching how to support physiological breech birth and when and how to intervene if clinically indicated. Engage in role plays and scenarios to understand the process of physiological breech birth and when and how to intervene if clinically indicated. Discuss strategies to enhance confidence in supporting physiological breech birth. Process/activities

THE PROCESS/ACTIVITIES

An overview of the findings of our video analysis study (15 minutes). A brief demonstration of how we reviewed the videos with elements drawn from study data to provide a starting point for small group discussions (5 minutes). Participants will be break into five small groups to analyse a breech birth video, identifying interventions and their rationales. Each group will discuss scenarios with prompts for lively discussion, led by researchers from the study. Groups will rotate once, with 20 minutes per video review and discussion. Discussion will address factors that impact accessing vaginal birth skills, gaining confidence for supporting vaginal breech birth and facilitators and barriers to providing clinical care to women with a breech presenting baby. Return to the large group for sharing highlights of the small group discussion and addressing any questions that arise (25 minutes). End with a summary and affirmation of the importance of our work (5 minutes).

AUDIENCE PARTICIPATION

Participants will engage in small group work and large group discussions to review video analysis findings, breech birth education, clinical experiences, and strategies to support physiologic vaginal breech birth. Participants will have the opportunity to share their experiences, challenges, and successes in breech birth.

Eur J Midwifery 2026;10(Supplement 1):A1086

W35

Navigating consent, decision-making and power dynamics through reflective practice

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THE LEARNING OUTCOMES

The purpose of this workshop is to create a safe and participatory space for midwives and maternity care professionals to critically explore how consent, power dynamics, and obstetric violence manifest in everyday practice—including within interprofessional relationships. Through interactive exercises, reflective dialogue, and case-based scenarios, participants will deepen their understanding of how structural and interpersonal power can impact respectful care. The workshop aims to support participants in developing practical tools for ethical decision-making, personal resilience, and collective action for respectful care while also affirming the emotional realities of working in complex maternity care environments.

THE PROCESS/ACTIVITIES

In the workshop we use experiential learning to explore core challenges midwives face in ensuring respectful, consent-based care. Participants will rotate through a series of interactive stations or group activities. What sustains respectful care is not just what we do, but how we hold power, navigate relationships, and respond to moments of tension and complexity. To care for others meaningfully, care must be sustained by ethical awareness, reflective practice, and relationships rooted in dignity, trust, and mutual respect. Change begins when we recognize these dynamics and commit to building and restoring relationships.

ADDITIONAL READING

Li W, Wang RQ, Attiq-Ur-Rehman, Peng XY, Ge MW, Shen LT, Hu FH, Jia YJ, Tang XL, Chen HL. The moral dilemma of obstetric violence: A meta-synthesis. Nurs Ethics. 2025 Apr 13:9697330251333403. doi:10.1177/09697330251333403

Lips SR, Boxem-Tiemessen JCG, Ligthart AM, Schuitmaker-Warnaar TJ, de Bruijne MC, Verhoeven CJM, Verdonk P, de Jonge A. Bridging Perspectives, Building Resilience: Safety-II Guided Reflexive Dialogues Between Care Professionals and Clients as Part of Developing Integrated Maternity Care. Int J Integr Care. 2024 Oct 22;24(4):4. doi:10.5334/ijic.8588

3. Sterry M. How can professional midwifery advocates use restorative clinical supervision to positively influence staff cultures in midwifery?. MIDIRS Midwifery Digest. 2018; 28:(2)157-160.

Eur J Midwifery 2026;10(Supplement 1):A1087

W36

Workshop in newborn resuscitation skills training with intact cord: Simulate, ventilate, collaborate

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THE LEARNING OUTCOMES

Participants will gain practical skills and confidence in newborn resuscitation with an intact cord through hands-on simulation, applying a structured model—Simulate, Ventilate, Collaborate—to support rapid and effective clinical decision-making aligned with ICM competencies.

THE PROCESS/ACTIVITIES

The novelty of this 90-minute interactive workshop, designed for up to 50 participants, lies in its simple approach to complex clinical situations, addressing the need for training in newborn resuscitation skills across both low- and high-resource settings—an area of high relevance for midwives attending this conference, since midwives attend most births globally and must act correctly within the golden minute (1). Participants will engage in hands-on training with NeoNatalie Live (2), practicing ventilation skills, receiving instant feedback in a psychologically safe environment (3) based on guidelines from ERC (4), HBB (5), and the Essential Newborn Care Course (ENCC). The workshop emphasizes low-dose, high-frequency practice (6), peer-to-peer learning (7), and scenario-based exercises to build technical skills and emotional resilience. Aligned with the ICM 2026 themes of Midwifery Education and Midwifery Practice and Models of Care, the workshop supports ICM Competency 4C: "Provide care of the newborn immediately after birth" (8). It further reflects the principles outlined in the WHO's Transitioning to Midwifery Models of Care: Global Position Paper, which advocates for midwifery-led care as a cost-effective, evidence-based strategy to improve maternal and newborn outcomes within integrated health systems (9). Moreover, it further builds on SBBCs' scale-up to reduce neonatal mortality (10). This workshop introduces an innovative model—stimulate, ventilate, collaborate—to guide rapid, adequate newborn resuscitation through clear priorities and teamwork. Based on Ljungblad's PhD thesis (3), it offers hands-on training tailored to midwives' practical needs within the golden minute. Please see the attached detailed schedule.

AUDIENCE PARTICIPATION

Individual and collaborative hands-on skills training in newborn resuscitation

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W37

Pelvic floor and diastasis recti: What every midwife needs to know about functional recovery

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THE LEARNING OUTCOMES

1. Understand the anatomy and physiological changes related to diastasis recti and pelvic floor dysfunction during and after pregnancy. 2. Identify safe and effective movement for prenatal and postnatal clients. 3. Demonstrate core and pelvic floor rehabilitation techniques using The Carolyne Anthony Method. 4. Modify exercises based on individual needs and stages of pregnancy or postpartum recovery. 5.

Educate clients about body awareness, breath work, and functional movement for long-term recovery.
THE PROCESS/ACTIVITIES
Introduction & Icebreaker (10 minutes) – Opening poll and discussion on clinical experience with DR and pelvic floor issues. Session 1 (30 minutes) – Presentation on anatomy, common dysfunctions, and movement-based theory. Session 2 (60 minutes) – Practical session: guided exercises focusing on core stabilization, pelvic floor activation, and breathing. Session 3 (10 minutes) – Modifications and contraindications for prenatal/postnatal stages. Wrap-up (10 minutes) – Summary, Q&A, and personal action plans.
AUDIENCE PARTICIPATION
Movement-based practice sessions; Group discussions; Interactive demonstrations using mats and props; Q&A segments with case scenarios
ADDITIONAL READING
Lee D. The Pelvic Girdle: An Integration of Clinical Expertise and Research. 2020. Bø K, et al. Evidence-Based Physical Therapy for the Pelvic Floor. 2015. Australian Physiotherapy Association. Clinical Guidelines on Postnatal Rehabilitation. Australian Physiotherapy Association; 2021.
Eur J Midwifery 2026;10(Supplement 1):A1089

W38

Key strategies for implementing a birth center – From model to practice

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THE LEARNING OUTCOMES
As global interest in midwifery-led care grows, Birth Centers (BCs) are emerging as effective, safe, and respectful options for physiological childbirth. Their implementation requires not only clinical expertise but also robust strategic planning, governance structures, and alignment with health system frameworks. Properly designed and managed BC supports continuity of care, reduces unnecessary interventions, and enhances maternal and newborn outcomes. This workshop aims to provide practical tools and strategic insights to help midwives and stakeholders implement sustainable, high-quality BC in their local contexts as part of a national health service. Learning outcomes: 1) Understand the organizational and care principles that underpin a BC. 2) Identify the key steps for planning, developing, and integrating a BC into the healthcare system. 3) Recognize institutional, clinical, and cultural challenges involved in the implementation process. 4) Apply tools for strategic planning, governance, and transformational leadership in the design of a BC.
THE PROCESS/ACTIVITIES
The workshop is structured into three progressive parts: Conceptual introduction to the BC model: philosophy, clinical evidence, and European standards. Planning and implementation: stakeholder mapping, case for change, governance structure, service portfolio, and workforce planning. Change management and sustainability: communication strategies, clinical team engagement, and outcome evaluation. The session will include practical activities such as case study analysis, group work, and simulation exercises focused on care pathways and service design. A comprehensive guide, scheduled for publication in December 2025, will detail the full process for implementing a BC. This guide has been developed as part of the Naixem innovation project, led by the Valencian Innovation Agency. It brings together contributions from MUNet Europe, City University, and the School of Architecture at the Polytechnic University of Valencia.
AUDIENCE PARTICIPATION
The workshop is highly interactive. ADDITIONAL READING
Rocca-Ihenacho L, Batinelli L, Thaels E, Rayment J, Newburn M, McCourt C. Midwifery Unit Standards. University of London; 2018.
Eur J Midwifery 2026;10(Supplement 1):A1090

W39

Transforming maternity care: Midwives as leaders in teaching and innovating for respectful, physiological birth

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THE LEARNING OUTCOMES
Participants will gain confidence in their ability to support women to labor and deliver in upright positions using a variety of tools; explore how maternity units need to transform to allow for evidence-based practices to be implemented; practice and discuss effective, respectful communication and decision-making with women in labor; explore new methodologies, including virtual reality, for teaching and practicing skills for intrapartum care.
THE PROCESS/ACTIVITIES
This session combines virtual reality and hands-on simulation tools developed by Pronto International with the International Childbirth Initiative (Heys et al, Madriz et al). This session will focus on respectful communication, upright labor and delivery, and assuring companionship in line with current WHO recommendations for intrapartum care. Small groups will rotate through stations to 1) perform a birth simulation using Partopants and a modular birth couch, practicing teamwork and communication skills; 2) experience a woman's perspective of hospital birth using virtual reality; 3) analyze how the care team in each scenario cared for the woman and did/did not respect her needs to enable a positive outcome; discuss applications of the tools and techniques in the participants' daily practice.
AUDIENCE PARTICIPATION
Participants will role-play, engage in discussion in small groups, and individually complete pre- and post-tests.
ADDITIONAL READING
Heys S, Downe S, McKeown M, Thomson G. The design, delivery and evaluation of 'Human Perspectives VR': An

immersive educational program designed to raise awareness of contributory factors for a traumatic childbirth experience and PTSD. PLoS One. 2022 Nov 2;17(11):e0276263. doi:10.1371/journal.pone.0276263 2. Madriz S, Afulani P, Spindler H, et al. Training nurse simulation educators at scale to improve maternal and newborn health: a case study from Bihar, India. BMC Med Educ. 2022;22(1):869. doi:10.1186/s12909-022-03911-9

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W40

Diagnosing perineal lacerations after vaginal birth: Building competence and confidence in midwifery students through an interactive blended learning workshop

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THE LEARNING OUTCOMES

By following international standards, participants will be able to accurately diagnose perineal injuries ranging from first- to fourth-degree tears, including buttonhole defects (1).

THE PROCESS/ACTIVITIES

According to the European standards of midwifery education, students should be able to diagnose and repair 1st – 2nd degree perineal trauma, including episiotomies (1). Learning how to diagnose and classify perineal lacerations can be challenging whilst completing their midwifery degree (2). Students may not have always encountered a range of perineal lacerations during clinical placements, limiting hands-on experience. Time constraints and the fast-paced nature of busy maternity wards can make it difficult to prioritize teaching and learning opportunities. Low-fidelity medical skills training stations will be used to practice diagnosing various perineal lacerations, with a focus on relevant anatomical details (3).

AUDIENCE PARTICIPATION

Participants are encouraged to actively engage in hands-on exercises that combine video tutorials with skills workstations, following a blended learning approach. This interactive workshop runs for 45 minutes, offering focused and practical learning in a supportive environment (4).

ADDITIONAL READING

European Parliament and Council of the European Union. Directive 2005/36/EC on the recognition of professional qualifications. Official Journal of the European Union. 2005. Accessed May 31, 2026. http://data.europa.eu/eli/dir/2005/36/oj

Roper J, Thakar R, Hurt KJ, Sultan AH. Diagnosis, management, and training in perineal trauma. Int Urogynecol J. 2023;34(12):2873-2883. doi:10.1007/s00192-023-05610-x

Vulva Enterprise. Perineal Repair Trainers. Accessed May 31, 2026. https://www.vulva-enterprise.com/shop/11-perineal-repair-trainers/

Kindberg S, Bek K, Seehafer P, Glavind-Kristensen M. Diagnostics. GynZone Online Learning. Accessed May 31, 2026. https://my.gynzone.com/courses/64-diagnostics

Eur J Midwifery 2026;10(Supplement 1):A1092

W41

Enhancing the transfer of respectful maternity care into clinical practice through interprofessional, in-situ simulation

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THE LEARNING OUTCOMES

Respectful Maternity Care (RMC) is defined as care that maintains dignity, privacy, and confidentiality of pregnant and birthing women, ensures freedom from harm and mistreatment, enables informed choice and continuous support during labor [1]. While RMC is a recognized right, disrespect and abuse remain widespread across healthcare settings. Evidence links the absence of RMC to substandard care, including physical and psychological trauma[2]. Such experiences often lead to poor health-seeking behaviors, delayed care, or preference for unskilled birth attendants[3] [4]. Thereby, emphasizing the importance of RMC. Aastrika Foundation, in collaboration with Laerdal, proposes an RMC skills workshop, with the aim of: 1. Raise awareness about principles of RMC through an immersive experience. 2. Simulate respectful, woman-centered care, and foster effective communication among healthcare teams. 3. Improve maternal and neonatal outcomes through facility-wide compliance with RMC practices.

THE PROCESS/ACTIVITIES

The session begins with a role-play reflecting real-life maternity scenarios, followed by a structured debrief. Here, participants analyze the scenario, reflect on attitudes and behaviors, and explore actionable strategies to implement RMC in their clinical settings.

AUDIENCE PARTICIPATION

Yes

ADDITIONAL READING

World Health Organization. The Prevention and Elimination of Disrespect and Abuse During Facility-Based Childbirth: WHO Statement. World Health Organization; 2014. Accessed June 24, 2025. https://apps.who.int/iris/bitstream/handle/10665/134588/WHO_RHR_14.23_eng.pdf

Puthussery S, Bayih WA, Brown H, Aborigo RA. Promoting a global culture of respectful maternity care. BMC Pregnancy Childbirth. 2023;23(1):798. doi:10.1186/s12884-023-06118-y

Orpin J, Puthussery S, Burden B. Healthcare providers' perspectives of disrespect and abuse in maternity care facilities in Nigeria: a qualitative study. Int J Public Health. 2019;64:1291-1299. doi:10.1007/s00038-019-01306-0

Bohren MA, Hunter EC, Munthe-Kaas HM, et al. Facilitators and barriers to facility-based delivery in low- and middle-income countries: a qualitative evidence synthesis. Reprod Health. 2014;11:71. doi:10.1186/1742-4755-11-71

Eur J Midwifery 2026;10(Supplement 1):A1093

W42

Clinical midwifery skills for management of early pregnancy loss and induced abortion: A patient-centered and trauma-informed

model of care

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THE LEARNING OUTCOMES

1) Demonstrate values clarification facilitation skills to foster a safe clinical space for abortion care. 2) Demonstrate clinical skills for performing a uterine aspiration, including placing a tenaculum, performing a paracervical block, maintaining sterile technique, dilating the cervix, and manual vacuum aspiration 3) Demonstrate clinical skills for medication management of early pregnancy loss and abortion, including counseling, administration, follow-up, and complications.

THE PROCESS/ACTIVITIES

1) Values-Clarification Icebreaker: The Comfort Continuum (15min) a. Signs displaying "Very comfortable" to "Very uncomfortable" are placed on walls around the room. b. Presenters read statements about patients seeking abortion. c. Participants move nearest the sign representing their comfort level with each statement. d. Volunteers share reasoning for their positions. e. Presenters demonstrate group facilitation skills, reflecting on participant responses. 2) Medication and Procedural Abortion Didactic Overview (20min) a. Patient-centered counseling b. Trauma-informed clinical management c. Follow-up care d. (Un)Common complications 3) Procedural Abortion Skills Simulation (25min) a. Active demonstration of MVA counseling, procedure, and techniques. b. Participants practice hands-on MVA skills using dragon fruit. c. Participants simulate patient communication during MVA procedure while aspirating dragon fruit. 4) Medication Abortion Skills Simulation (25min) a. Volunteers roleplay clinical scenarios. The presenter roleplays a patient seeking abortion care. b. Each scenario has discrete learning objectives related to medication abortion management, complications, and follow-up. c. Debrief after each scenario, sharing feedback on clinical decision-making and patient-centered communication. 5) Discussion (5min).

AUDIENCE PARTICIPATION

Interactive hands-on medication abortion clinical simulation.

ADDITIONAL READING

Turner KL, et al. Values clarification workshops to improve abortion knowledge, attitudes and intentions: a pre-post assessment in 12 countries. Reprod Health. 2018;15:1-11. Freeman J, Dobbie A. Papaya: a simulation model for training in uterine aspiration. Fam Med. 2005;37(4):242-244. Watts PI, et al. Onward and upward: introducing the healthcare simulation standards of best practice. Clin Simul Nurs. 2021;58.

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W43

Eradicating obstetric violence by promoting respectful midwifery models: A 90-minute role-play workshop emerging from the EU-funded IPOV project (respectfulcare.eu)

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THE LEARNING OUTCOMES

Obstetric violence remains a global barrier to safe and respectful maternal care. While midwifery models grounded in Humanization and Salutogenesis offer powerful alternatives, transforming deeply rooted norms requires experiential tools that foster reflection, empathy, and behavioral change. Role-playing and immersive learning spaces are effective strategies that enable care providers to explore complex relational dynamics and develop skills for person-centered care. By the end of the workshop, participants will: 1. Identify behaviors that constitute obstetric violence. 2. Demonstrate communication and consent techniques aligned with respectful care. 3. Reflect critically on their practice to foster empathetic, rights-based midwifery.

THE PROCESS/ACTIVITIES

This 90-minute workshop begins with a 10-minute theoretical overview. The core activity is role-playing using real clinical scenarios. Participants rotate between roles, experiencing power dynamics, informed consent, and respectful communication. Group debriefs follow each scenario, enabling collective reflection. All materials will be freely available via the International Platform on Obstetric Violence – Respectful Care.

AUDIENCE PARTICIPATION

Participants are actively involved throughout acting, observing, debriefing, and contributing reflections. The setup requires movable chairs and a small open space to enact scenarios. This replicable workshop provides an interactive and impactful professional development tool. By reinforcing midwifery principles of autonomy, dignity, and Salutogenesis, and making resources accessible globally, the session supports the global effort to eradicate obstetric violence and promote respectful maternity care.

ADDITIONAL READING

Respectful Care Europe. https://respectfulcare.eu
World Health Organization. WHO Recommendations on Antenatal Care for a Positive Pregnancy Experience. World Health Organization; 2016. Accessed May 31, 2026. http://apps.who.int/iris/bitstream/10665/250796/1/9789241549912-eng.

pdf
Davis-Floyd R, Premkumar A. Obstetric Violence and Systemic Disparities: Can Obstetrics Be Humanized and Decolonized? Berghahn Books; 2023. ISBN: 9781800738362.
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W44

Working towards midwifery models of care: Equipping midwives with skills for improved care and outcomes in low-resource settings

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THE LEARNING OUTCOMES

This 90-minute interactive workshop equips midwives/birth providers with the knowledge and skills to promote physiological birth and newborn transition to improve quality of care and perinatal outcomes in low-resource settings. Participants will gain tools to transform childbirth experiences and outcomes in their communities by centering equity and adaptability. 1. Gain knowledge and demonstrate skills in the use of physiologic birth tools and how to implement their use in low-resource settings 2. Understand evidence-based emergency skills that can be applied in low-resource settings for better outcomes 3. Obtain skills in physiologic cord clamping, somersault maneuver, and bedside neonatal resuscitation

THE PROCESS/ACTIVITIES

20 minutes: Interactive lecture on hormonal cascade, optimizing physiologic birth 20 minutes: Interactive lecture on fetal heart assessment, physiologic cord clamping, somersault maneuver(video), bedside newborn resuscitation 20 minutes: Instructor-guided practice with supporting movement in labor using: birth ball, peanut ball, birthing stool, rebozo, hammock 20 minutes: Instructor-guided practice with fetal heart assessment, somersault maneuver, bedside neonatal resuscitation 10 minutes: Wrap up questions, discussion of site-specific supports and interventions

AUDIENCE PARTICIPATION

The audience will participate through actively utilizing tools and practicing skills, guided by three experts.

ADDITIONAL READING

Healy M, Nyman V, Spence D, Otten RHJ, Verhoeven CJ. How do midwives facilitate women to give birth during the physiological second stage of labour? A systematic review. 2020. Asefa A. Unveiling respectful maternity care as a way to address global inequities in maternal health. BMJ Glob Health. 2021;6(1). Martis R, Emilia O, DS N, Brown J. Intermittent auscultation of fetal heart rate in labour for fetal well-being. Cochrane Database Syst Rev. 2017. American College of Obstetricians and Gynecologists. Committee opinion No. 684: delayed umbilical cord clamping after birth. Obstet Gynecol. 2017;129(5):e5-e10.
Eur J Midwifery 2026;10(Supplement 1):A1096

W45

Interactive workshop: Suturing first-degree lacerations after vaginal birth using a blended learning approach

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THE LEARNING OUTCOMES

Participants will have the opportunity to practice suturing various types of first-degree lacerations, guided by international standards (1).

THE PROCESS/ACTIVITIES

Suturing vaginal and perineal lacerations following a vaginal birth is an essential skill for both midwifery students and practicing midwives. In cases of first-degree trauma, the key anatomical landmarks include the vaginal tissue, hymen, perineal skin, and labia (2). To ensure safe and effective care, it is vital that students first build their competence and confidence by training on medical models. Our guiding principle is clear: "Never on patients first."

AUDIENCE PARTICIPATION

This 90-minute session will follow a blended learning approach, combining visual learning with interactive, hands-on practice. Participants will be guided by instructional videos as they work through low-fidelity skills stations designed to support the repair of perineal lacerations (3).

ADDITIONAL READING

Ramar CN, Vadakekut ES, Grimes WR. Perineal lacerations. In: StatPearls. StatPearls Publishing; updated August 11, 2024. Accessed May 31, 2026. https://www.ncbi.nlm.nih.gov/books/NBK559068/
Adelskov SK, Seehafer P, Halkier LE, Dimon E. Suturing First-Degree Lacerations. GynZone Online Learning. Accessed May 31, 2026. https://my.gynzone.com/courses/6-first-degree-lacerations
Vulva Enterprise. Perineal Repair Trainers. Accessed May 31, 2026. https://www.vulva-enterprise.com/shop/11-perineal-repair-trainers/
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W46

Breastfeeding problems: Looking beyond the surface – What can the nipple and the mother–baby dyad tell us?

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THE LEARNING OUTCOMES

Painful nipples and low milk supply are among the most common causes of early breastfeeding cessation. According to Righard (1998), 94% of nipple problems are related to

ineffective positioning or attachment, rather than gaps in clinical guidance. As midwives, we must take responsibility for identifying and addressing these underlying causes. This interactive workshop takes a deeper look at the mother–baby dyad, recognizing the entire dynamic between mother and infant. By observing how the baby latches, suckles, and swallows, we gain critical insight into the origin of breastfeeding problems. Participants will sharpen their clinical observation and reasoning skills to translate visual cues into effective care. Recognize the multifactorial causes of nipple trauma. Learn to interpret nipple appearance as a reflection of breastfeeding mechanics. Observe and analyze the mother–baby dyad to identify feeding dysfunctions. Develop practical skills to assess positioning, attachment, and infant suck. Enhance treatment plans by linking visual signs to functional causes.

THE PROCESS/ACTIVITIES

After a short introduction, participants will work in small groups (4–6 midwives) on realistic postpartum cases. Each group will work around a clinical case with images and videos. Groups will discuss the causes, observe short videos of the mother–baby dyad, and propose an individualized treatment plan. Cases and strategies will be discussed in plenary.

AUDIENCE PARTICIPATION

Active group work with clinical reasoning, visual cases, video observation, and shared discussion across cultural and clinical contexts. Learning from each other's experiences and local protocols is encouraged.

ADDITIONAL READING

Riordan J. Breastfeeding and Human Lactation. 5th ed. Jones & Bartlett Learning; 2015. Dennis CL, et al. Interventions for treating painful nipples among breastfeeding women. Cochrane Database Syst Rev. 2014;CD007366. Righard L. Are breastfeeding problems related to incorrect breastfeeding technique and the use of pacifiers and bottles? Birth. 1998. Spencer J. Common problems of breastfeeding and weaning. UpToDate. Accessed May 31, 2026. Tommelein C, Muyldermans R. Borstvoeding: een praktische gids voor de zorgverlener. Academia Press; 2019.

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W47

Demonstration of non-pneumatic anti-shock garments: A low-tech, cost-effective intervention for postpartum hemorrhage in low-resource settings

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THE LEARNING OUTCOMES

Postpartum hemorrhage (PPH) remains the leading cause of maternal mortality worldwide [1]. The non-pneumatic anti-shock garment (NASG) was developed as a low-tech, cost-effective compression device to stabilize hypovolemic shock resultant from PPH. NASG has been recommended by the World Health Organization, International Confederation of Midwives, International Federation of Gynecology and Obstetrics, and UNICEF as part of an evidence-based PPH treatment bundle [1,2,3]. Despite this, the use of NASG has not scaled up adequately to the global maternal health need [1]. A recent systematic review and meta-analysis of NASG utilization in Ethiopia identified that knowledge and training were significantly associated with four and five times higher odds of NASG utilization by healthcare providers, respectively [4]. The purpose of this skills workshop is to promote the utilization of NASG for the treatment of PPH by providing knowledge and training to workshop participants. Participants will learn about the purpose and criteria for NASG use as part of a postpartum hemorrhage treatment bundle. Participants will also demonstrate proper application, monitoring, and removal of NASG.

THE PROCESS/ACTIVITIES

15 minutes of general presentation and demonstration of NASG, followed by 30 minutes of hands-on practice with NASG in small groups.

AUDIENCE PARTICIPATION

The hands-on portion will consist of four identical stations where audience participants can practice applying and removing the NASG. Each station will be facilitated by a presenter who is also able to answer questions.

ADDITIONAL READING

United Nations Children's Fund. Nonpneumatic anti-shock garment (NASG). UNICEF. Accessed June 8, 2025. https://www.unicef.org/innovation/non-pneumatic-anti-shock-garment-nasg

World Health Organization. WHO Recommendations for the Prevention and Treatment of Postpartum Hemorrhage. World Health Organization; 2012. Accessed June 8, 2025. https://iris.who.int/handle/10665/75411

International Federation of Gynecology and Obstetrics. FIGO Generic Postpartum Hemorrhage Protocol and Care Pathways. FIGO; 2022. Accessed June 8, 2025. https://www.figo.org/sites/default/files/2022-04/FIGO%20generic%20protocols%20PPH%20%20April%202022.pdf

Azeze GA, et al. Non-pneumatic anti-shock garment utilization and associated factors in Ethiopia: a systematic review and meta-analysis. BMC Pregnancy Childbirth. 2025;25:187. doi:10.1186/s12884-025-07299-4

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W48

Simulating rural realities: Midwifery primary care emergency preparedness training for rural and remote resource-limited settings

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THE LEARNING OUTCOMES

From this workshop, participants will be able to: 1. Identify the unique preparedness requirements for midwifery emergencies in resource-limited settings, including personnel, clinic, and referral readiness 2. Design simulation-based learning experiences that develop both clinical competency AND critical thinking, situational awareness, resource management, and environmental adaptation skills for pre-service students and practicing midwives 3. Integrate context-specific simulation activities into pre-service midwifery curricula and continuing professional development programs that prepare midwives for the provision of quality emergency maternal and neonatal care in rural and remote primary care practice

THE PROCESS/ACTIVITIES

This 90-minute workshop begins with a short presentation of facilitator experiences and ethics-approved research findings on preparedness and readiness challenges in rural and remote midwifery practice, establishing the evidence base for context-specific simulation training. Participants will then engage in small group discussions to share their own experiences and identify common themes across different resource-limited settings. The core activity involves hands-on simulation-based learning resource development, where groups will design education resources specific to the rural and remote midwifery primary care context. Participants will address midwives' readiness, resource limitations, and referral constraints while designing comprehensive simulation experiences that include pre-briefing, implementation, and debriefing strategies. The workshop concludes with group presentations of scenario adaptations and discussion of implementation strategies for both pre-service curricula and continuing professional development programs. Participants will leave with practical tools and frameworks for developing contextually appropriate emergency preparedness training.

AUDIENCE PARTICIPATION

Participants will share their experiences, ideas, and innovations through small group discussions and collaborate in designing rural and remote primary care preparedness simulation activities, including scenario preparation, set-up, simulation implementation, and debriefing strategies.

ADDITIONAL READING

Graham K, Colquhoun S, LaBond C, et al. The preparedness and readiness of rural and remote primary care midwives working in low- and middle-income countries: a scoping review. Women Birth. 2025;38(2):101866. doi:10.1016/j.wombi.2024.101866

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W49

Midwives' training for supporting becoming and new mothers in the transition to motherhood in vulnerable life-situations: Developing therapeutic relationships and collaborative care

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THE LEARNING OUTCOMES

Midwives acquire tools and skills that can contribute to developing strong professional relationships with women facing vulnerable life situations Midwives can initiate and implement collaborative care for women who require additional support and care during the perinatal period due to vulnerable life circumstances

THE PROCESS/ACTIVITIES

To achieve the learning outcomes, the training program will involve the following structured activities: 1:Small Group Case Studies (40 minutes): -Participants will be divided into 4 groups, each with 6 midwives. -Within these small groups, the midwives will work together to discuss and analyze realistic case scenarios involving women with complex challenges in the transition to motherhood. -The groups will identify the key issues and obstacles in developing professional relationships with these women, as well as strategies for providing tailored, interdisciplinary support. 2:Group Presentations (10 minutes per group): -Each small group will present its assigned case study to the larger audience of participants. -The presentations will cover the specific challenges the group identified, their proposed approaches to building trusting relationships, and the interdisciplinary care coordination plans they developed. -The presentations can take various formats, such as oral presentations, role-play demonstrations, or poster displays, allowing the midwives to showcase their learning.

AUDIENCE PARTICIPATION

After each group presentation, the audience will have the opportunity to ask questions, provide feedback, and engage in discussions with the presenting group. This will allow for interactive dialogue, the sharing of diverse perspectives, and the collective problem-solving of the challenges presented.

ADDITIONAL READING

Espejord S, Auberg SH, Kvitno TK, Furskog-Risa C, Lukasse M. Norwegian community midwives' experience of interdisciplinary collaboration in care of pregnant women with vulnerabilities. Sex Reprod Healthc. 2024;39:100951. doi:10.1016/j.srhc.2024.100951 Espejord S, Auberg SH, Kvitno TK, Furskog-Risa C, Lukasse M. Planned literature review on women with complex life circumstances: experiences with interdisciplinary follow-up during the transition to motherhood. 2024.

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W50

Strengthening clinical skills for midwife educators: A hands-on workshop

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Headquarters, The Hague, Netherlands

THE LEARNING OUTCOMES

Clinical competence is essential for midwife educators (1), yet opportunities to maintain and update these skills are often limited, especially in low- and middle-income countries (2). Recent global research has highlighted the pressing need for regular clinical skills updates and hands-on practice for educators to ensure high-quality midwifery education (3). This workshop is facilitated by the Alliance to Improve Midwifery Education (AIME), a partnership including ICM, WHO, UNFPA, UNICEF, Jhpiego, Liverpool School of Tropical Medicine, Burnet Institute, and Laerdal, and aims to address this gap. The workshop focuses on strengthening educators' clinical competence in priority areas identified by the educators themselves (2). Learning Outcomes Demonstrate updated knowledge and practical skills in vacuum-assisted delivery and abortion care. Apply effective teaching strategies for these clinical skills within their midwifery education programs. Utilize provided resources to support ongoing skills development in their teaching contexts.

THE PROCESS/ACTIVITIES

This 90-minute workshop integrates evidence-based updates with hands-on skills practice. It opens with a short lecture on recent clinical updates, followed by rotations through two simulation-based skills stations: Vacuum-assisted delivery techniques Comprehensive abortion care, focusing on manual vacuum aspiration skills Participants will receive a package of teaching resources to help integrate these skills and evidence updates into their own educational settings.

AUDIENCE PARTICIPATION

Active engagement is required, with all participants expected to practice and demonstrate skills using simulation models.

ADDITIONAL READING

International Confederation of Midwives. Global Standards for Midwifery Education. International Confederation of Midwives; 2021. Accessed May 31, 2026. https://internationalmidwives.org/

Bar-Zeev S, Turkmani S, Blackburn K, Homer C. Global Educators of Midwives Study (GEMS) paper in progress. 2025. (Unpublished manuscript/in progress.)

Ferguson A, Calvert B, Homer C, Smith R, Bar-Zeev S. Barriers and enablers in implementing strategies to maintain clinical competence of midwife educators: a scoping review. BMC Med Educ. 2025. (Manuscript under review.)

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W51

Obstetric triage: A skills workshop to enhance midwifery response to unscheduled presentations by women

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THE LEARNING OUTCOMES

Determination of clinical urgency is a skill required by midwives when women present unscheduled to a health service with a problem. Obstetric triage is a formal process increasingly recognized as necessary in the setting of maternity care to enhance recognition of clinical urgency to improve maternal and perinatal outcomes. 1. Outline the role of obstetric triage across a range of resource settings and clinical areas. 2. Discuss the obstetric triage tools available for use in practice. 3. Apply obstetric triage tools for common unscheduled presentations made by women.

THE PROCESS/ACTIVITIES

The workshop will begin with a brief overview of the concept of obstetric triage and the range of tools that have been developed and tested globally. The main component of the workshop will be three workstations where the presenters will workshop with participants on how to conduct obstetric triage and determine clinical urgency with a range of conditions that women may present with, and using a variety of tools.

AUDIENCE PARTICIPATION

Three workstations, which participants will rotate to each through the workshop. Active participation through the use of role plays and case study applications, including 1) early pregnancy presentations, 2) late pregnancy presentations, 3) recognition of clinical urgency - red flags.

ADDITIONAL READING

McCarthy MF, Pollock WE, McDonald SJ. Implementation of an obstetric triage decision aid in a maternity assessment unit and emergency department. Women and Birth. 2022;35(3):e275-e85. 2. McCarthy M, McDonald S, Pollock W. Triage of pregnant women in the emergency department: evaluation of a triage decision aid. Emergency Medicine Journal. 2013 Feb 1;30(2):117-122. 3. Wolf L, Russell A, Brecher D, Simon C. Accuracy in identification of pre-eclampsia patients at emergency department triage: A quantitative descriptive study. International Emergency Nursing. 2025;79:101583. 4. Kassa ZY, Dadi AF, Bizuayehu HM, Thapa S, Kibret GD, Hassen TA, et al. Implementation, effectiveness, and barriers of obstetric triage in reducing waiting time: a scoping review. Reproductive Health. 2025;22(1):43.

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W52

Equipping midwifery educators and students to protect breastfeeding in emergencies: A rights-based, evidence-informed approach to lactation support

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THE LEARNING OUTCOMES

Midwives are essential to safeguarding infant feeding in

emergencies. Educators must be better able to prepare students with the knowledge and confidence to lead, protect, and advocate in crisis settings. Participants will be able to: Explain core principles of safe infant and young child feeding in emergencies (IYCF-E) Identify and apply key global guidance documents (OG-IFE, Sphere Guidance, International Code) in emergency contexts Analyze the risks of formula donations and develop harm-reduction responses Integrate emergency-focused lactation content into midwifery education curricula
THE PROCESS/ACTIVITIES
Thisinteractive,skills-basedworkshopdrawsontheframework in Women and Birth's editorial "Enhancing Midwifery and Lactation Support for Women in Natural Disasters and Humanitarian Crises." It includes a short presentation on global IYCF-E guidance and current evidence, followed by small group case-based learning using real-life emergency response scenarios (e.g., earthquakes, displacement, food insecurity). The workshop introduces a rights-based, evidence-informed approach to lactation support during crises. Participants will explore the international guidance that underpins safe infant feeding in emergencies—including the Operational Guidance on Infant and Young Child Feeding in Emergencies (OG-IFE) and the International Code of Marketing of Breast-milk Substitutes. Through case-based activities, role play, and reflective discussion, participants will examine how emergencies affect feeding practices and how midwives can safely counteract harmful practices such as the distribution of breastmilk substitutes. Real-world examples from recent humanitarian responses, including conflict and natural disasters, will highlight midwifery-led solutions and collaborative strategies. The workshop also includes a curriculum mapping activity, supporting educators to identify gaps and embed emergency lactation content into existing midwifery training and equip midwives to participate in emergency preparedness activities.
AUDIENCE PARTICIPATION
Attendees will work in small groups to analyze cases, identify gaps, and share strategies for embedding infant feeding in emergencies support in education and practice.
ADDITIONAL READING
Based on WHO/UNICEF guidance and peer-reviewed evidence from emergency response contexts.
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W53

Promoting interdisciplinary simulation of perinatal emergencies using the Step Up Together model to improve the process of community birth transfers

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THE LEARNING OUTCOMES
Understand and apply the 3 delays framework to midwifery practice and team-based care in all settings; Promote interdisciplinary simulation of perinatal emergencies requiring transfer to a higher level of care; Recognize the role of debriefing in quality improvement work; Identify techniques for conducting drills, debriefs, and quality improvement initiatives
THE PROCESS/ACTIVITIES
Emergencies that present in community settings require fast decision-making, clear communication, and teamwork. Enabling coordination across levels and locations of care can save lives and improve outcomes. Delays in any phase of care can be mitigated by testing the process of transfer from the community to the hospital, and then using structured debriefs to guide quality improvement initiatives. Providers across phases of care, including midwives, nurses, emergency medical personnel, physicians, and doulas, need opportunities to build teamwork, share knowledge and skills, and understand best practices. Interdisciplinary simulations using the Step Up Together model offer a unique opportunity to test the process of transfer and to utilize debriefing to drive quality improvement. Process: Introduction of Primary Maternity Care and Step Up Together model and tools; Run emergency drill scenario using Step Up Together Drill Kit with facilitation by Step Up Together faculty; Participate in a structured debrief with a guided discussion regarding improvements in the transfer of care in participants' home communities.
AUDIENCE PARTICIPATION
This 90-minute workshop actively engages participants in a train-the-trainer modality by running a simulation in real time, participating in a facilitated debriefing session, and gaining tangible skills and tools they can bring home to their midwifery practice. The session accommodates up to 50 participants and requires an open room with semi-circle seating.
ADDITIONAL READING
Meadows AR, et al. Strategies to promote maternal health equity: the role of perinatal quality collaboratives. Obstet Gynecol. 2023;142(4):821-830. Vedam S, et al. Transfer from planned home birth to hospital: improving interprofessional collaboration. J Midwifery Womens Health. 2014;59(6):624-634.
Eur J Midwifery 2026;10(Supplement 1):A1105

W54

Pelvic wisdom: Prenatal yoga with space formula for biomechanically-informed birth rooted in movement, cultural, and wisdom of Indonesian traditions

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THE LEARNING OUTCOMES
This skills-based workshop introduces Pelvic Wisdom—a

prenatal yoga framework integrating biomechanics, embodied awareness, and Indonesian traditions. Designed for midwives and birth professionals, this 60-minute session empowers participants with tools to support laboring mothers through mindful movement, breathwork, and respectful, culturally grounded care. By the end of the session, participants will be able to explain how pelvic biomechanics affect fetal positioning and labor progress; apply the "SPACE" formula (Stability, Postural Alignment, Awareness of Breath, Creating Space, Empowerment through Adaptation), and practice supportive yoga poses that creatively integrate local wisdom with modified everyday props.

THE PROCESS/ACTIVITIES

Participants will learn how to use chairs, birthing balls, and traditional Indonesian cloths such as "jarik" not just as physical supports, but as tools for reconnecting the body with ancestral traditions. Each pose is enhanced with sensory elements—such as the calming scent of frangipani—to deepen relaxation and embodied awareness, creating a holistic experience that nurtures physical, emotional, and spiritual preparation for birth. The workshop will also explore how local maternal wisdom—such as batik symbolism (e.g., Truntum, Sido Mukti), mitoni rituals, melukat, and the use of frangipani scent can be integrated into prenatal care as embodied affirmations and sources of intergenerational strength.

AUDIENCE PARTICIPATION

Participants will engage in guided movement, case-based discussion (e.g., occiput posterior, PROM), and peer reflection on culturally sensitive care. Prenatal yoga is presented not only as a therapeutic modality but as an educational tool to reduce fear, support optimal fetal positioning, and rebuild trust in the maternal body. ADDITIONAL READING

Calais-Germain B, Vives Parés N. Preparing for a Gentle Birth: The Pelvis in Pregnancy. Healing Arts Press; 2012.

Aprilia Y. Prenatal Gentle Yoga: Edisi Terbaru. Gramedia Pustaka Utama; 2024.

Pelvic Wisdom Video. Accessed May 31, 2026. https://lnk.ink/pelvicwisdomvideo

Eur J Midwifery 2026;10(Supplement 1):A1106

W55

Practical skills for midwives to secure grant funding

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THE LEARNING OUTCOMES

This 90-minute Skills Workshop for midwives, midwifery leaders, and association staff will offer practical, evidence-based skills to successfully secure grant funding. The content is adaptable across international contexts and will empower participants to access grant resources needed to expand and strengthen the midwifery workforce, directly supporting the ICM 2026 Congress theme, "One Million More Midwives". By the end of this interactive workshop, participants will be able to: Assess their organization's grant readiness using practical checklists and frameworks; Develop a targeted funding strategy aligned with their organizational mission and community needs; Apply best practices in grant writing, including the use of AI and logic models, to strengthen applications; Identify and evaluate partnership opportunities to enhance grant competitiveness; Connect program needs, budgets, and outcomes for more compelling funding proposals.

THE PROCESS/ACTIVITIES

This Skills Workshop will blend brief presentations, hands-on exercises, peer discussion, and group/presenter interaction Participants will: Complete grant readiness self-assessment and discuss results in small groups; Work through a grant research funnel activity using real-world databases to inform a sample funding strategy; Describe the relevance of logic models to a successful grant application, practice identifying components of a logic model, and develop a simple logic model for their organization or program; Explore the potential and limitations of artificial intelligence tools in grant writing; Engage in a Q&A session to address specific challenges and share resources.

AUDIENCE PARTICIPATION

Attendees will participate through: Small group introductions; Completion of grant readiness self-assessment and other checklists; Live demonstrations and collaborative group exercises on funding research and strategy development; Construction of a logic model that can be used in their own practice; Group reflection and exchange of final tips and takeaways.

ADDITIONAL READING

Funding for Good, Inc. Funding for Good. Accessed May 31, 2026. https://fundingforgood.org/

Learn Grant Writing. Free grant writing resources. Accessed May 31, 2026. http://www.learngrantwriting.org/free-grant-writing-resources

Harvard Business Review. How generative AI will transform knowledge work. Published 2023. Accessed May 31, 2026. https://hbr.org/2023/01/how-generative-ai-will-transform-knowledge-work

Eur J Midwifery 2026;10(Supplement 1):A1107

W56

The papaya workshop: Hands-on training in manual uterine aspiration for early pregnancy loss and abortion

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THE LEARNING OUTCOMES

Full-spectrum sexual and reproductive health care is not always part of the midwifery school curriculum. Training for abortion and early miscarriage management is frequently

limited or omitted entirely from formal training programs, even though it is a critical part of the midwifery scope of practice. Training midwives in abortion care and miscarriage management has been recognized by stakeholders as a way to expand access for those needing services. This simulation workshop is designed to teach the basic procedural skills to learners new to uterine aspiration, including using a tenaculum, performing a paracervical block, maintaining sterile techniques, dilating the cervix, and performing a uterine aspiration for early pregnancy loss or abortion.
THE PROCESS/ACTIVITIES
This workshop addresses the training gap by offering hands-on simulation of manual uterine aspiration (MUA) using papaya fruit as a low-cost uterine model. Up to 30 participants, working in pairs, will practice essential procedural skills such as using a tenaculum, administering a paracervical block, maintaining sterile technique, dilating the cervix, and performing uterine aspiration with a manual vacuum aspirator. The session also incorporates facilitated discussions on options counseling and values clarification to support patient-centered care. The training is designed to enhance participants' skills in providing early pregnancy loss and abortion care. This accessible, evidence-informed simulation is based on the widely implemented University of California, San Francisco (UCSF) Papaya Workshop. It offers an approach for integrating training on full-spectrum reproductive care into midwifery educational programs that is low-cost and easy to replicate. It builds upon foundational skills, allowing midwives to provide comprehensive abortion and miscarriage management services.
AUDIENCE PARTICIPATION
The workshop is open to midwives, midwifery students, and other reproductive health providers.
ADDITIONAL READING
Training in Early Abortion for Comprehensive Healthcare (TEACH). Abortion Training Curriculum. Accessed May 31, 2026. https://teachtraining.org/abortioncurriculum#curroptions
Eur J Midwifery 2026;10(Supplement 1):A1108

W57

Strengthening midwives' clinical skills and knowledge in breastfeeding and lactation support

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THE LEARNING OUTCOMES
To strengthen midwives' clinical skills and knowledge in breastfeeding and lactation support, enabling them to: Demonstrate practical skills to support the effective initiation and continuation of breastfeeding. Assess breastfeeding techniques using standardized tools such as the LATCH scoring system. demonstrate correct positioning and attachment techniques Perform hand expression of breast milk and counsel mothers on appropriate breastmilk storage and handling practices. Identify and manage common breastfeeding challenges—including cracked nipples, breast engorgement, low milk supply, and flat or inverted nipples—through evidence-based counseling and support.
THE PROCESS/ACTIVITIES
Activity 1: Introduction and Large Group Discussion (15 minutes) Participants will brainstorm the importance, cultural beliefs, barriers, and facilitators related to breastfeeding, as well as common breastfeeding issues and challenges. Participants will think, pair with their partner, and share their points using Mentimeter. Activity 2: Demonstration Session (10 minutes) Facilitators demonstrate proper latch, positioning, and attachment on wearable simulation breast models and newborn baby mannequins. Activity 3: Hands-On Practice Stations (60 minutes) Participants rotate through different skill stations (15 minutes each station), practicing under instructor supervision: Station 1: Assessing breastfeeding technique using the LATCH score. Station 2: Practicing correct positioning and attachment on simulation models. Station 3: Performing hand expression techniques and counseling mothers on appropriate breastmilk storage. Station 4: Counseling practice—role-plays focusing on identifying and managing common breastfeeding challenges—including cracked nipples, breast engorgement, low milk supply, and flat or inverted nipples. Activity 4: Closing and Evaluation (5 minutes) Summarize key takeaways and complete session evaluation forms.
AUDIENCE PARTICIPATION
Midwives, educators, and other professionals relevant to maternity care settings ADDITIONAL READING
Wambach K, Spencer B. Breastfeeding and Human Lactation. 6th ed. Jones & Bartlett Learning; 2021.
Lactation Education Resources. IBCLC Exam Study Guide and Modules. Accessed May 31, 2026. https://www.lactationtraining.com/
Wilson-Clay B, Hoover K. The Breastfeeding Atlas. 7th ed. LactNews Press; 2022.
Eur J Midwifery 2026;10(Supplement 1):A1109

W58

Supporting hypnobirthing mothers in pregnancy, labor, and birth

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THE LEARNING OUTCOMES
We would like to introduce you to HypnoBirthing®, a rewarding, relaxing, stress-free method of birthing that is based on the belief that when a mother is properly prepared for birthing physically, mentally, and spiritually, she can experience the joy of birthing her baby in an easier, more comfortable way. n this 90-minute workshop on HypnoBirthing®, we will discuss: Topics that are taught over 5 sessions Evidence-based benefits and outcomes Hypnosis during birth Relaxation techniques Birth companion support What birth professionals can do to support HypnoBirthing® families
THE PROCESS/ACTIVITIES
We will have a PowerPoint presentation, show a video of a HypnoBirthing® mother giving birth, and practice the techniques that are taught to prepare the mind and body.
AUDIENCE PARTICIPATION
The audience will actively participate in visualization and relaxation techniques, breathing techniques, deep hypnosis,

and releasing limiting thoughts.
ADDITIONAL READING
Baker K. How to support hypnobirthing. Midwives. 2014;17(5):34. Brooks H. An IPA investigation into the experience of a hypnobirthing birth. 2023. Buran G, Aksu H. Effect of hypnobirthing training on fear, pain, satisfaction related to birth, and birth outcomes: a randomized controlled trial. Clin Nurs Res. 2022;31(5):918-930. Catsaros S, Wendland J. Hypnosis-based interventions during pregnancy and childbirth and their impact on women's childbirth experience: a systematic review. Midwifery. 2020;84:102666. Gavin-Jones T, Handford S. Hypnobirth: Evidence, Practice and Support for Birth Professionals. Routledge; 2016. Mongan M. HypnoBirthing: The Mongan Method. Souvenir Press; 2016. Phillips-Moore J. Birthing outcomes from an Australian HypnoBirthing program. Br J Midwifery. 2012;20(8):558-564. Swencionis C, Rendell SL, Dolce K, Massry S, Mongan M. Outcomes of hypnobirthing. J Prenat Perinat Psychol Health. 2012;27(2):120. Yaqoob H, Ju XD, Jamshaid S. Hypnobirthing training for first-time mothers: pain, anxiety, and postpartum wellbeing. Psychol Res Behav Manag. 2024.
Eur J Midwifery 2026;10(Supplement 1):A1110

W59

Supporting student midwife confidence to facilitate physiologic birth: A workshop for clinical and academic faculty

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THE LEARNING OUTCOMES
1. Review the findings of a 5-country study exploring facilitators and barriers to student confidence for supporting physiologic birth. 2. Appreciate the role of academic and clinical educators in this endeavor. 3. Engage in roleplay scenarios to strategize and practice methods for navigating clinical environments that influence student confidence.
THE PROCESS/ACTIVITIES
Presentation of findings of a 5-country study exploring facilitators and barriers to student confidence for supporting physiologic birth (15 minutes). Study data-informed role play will be performed to introduce small group discussions (5 minutes). Break into 5 small groups using scenarios to address factors that influence student confidence. A lively discussion will be facilitated by researchers involved in the highlighted study. Individuals will participate in two of the following groups (20 minutes each): Clinical environment factors, Mentor/preceptor factors, Student factors, Birthing woman/person factors, Exposure to physiologic birth factors Debate discussion highlights with a large group and address questions that arise (25 minutes). End with a summary and affirmation of midwives (5 minutes).
AUDIENCE PARTICIPATION
Engage in role play and small group discussion with two different groups using scenarios derived from research to promote sharing of experience and ideas. This will be followed by a large group active debate around strategies to address student confidence to support physiologic birth.
ADDITIONAL READING
Adnani QE, Okinarum GY, Sari AZC, et al. What it takes to develop self-confidence and competence in midwifery students for midwifery practice. Nurse Educ Today. 2025;144:106397. doi:10.1016/j.nedt.2025.106397 Ball KL, Peacock AS, Winters-Chang P. A literature review to determine midwifery students' perceived essential qualities of preceptors to increase confidence and competence in the clinical environment. Women Birth. 2022;35(3):e211-e220. doi:10.1016/j.wombi.2022.02.004 Henshall BI, Grimes HA, Davis J, East CE. What is 'physiological birth'? A scoping review. Midwifery. 2024;103964. doi:10.1016/j.midw.2024.103964
Eur J Midwifery 2026;10(Supplement 1):A1111

W60

The portal: Compassionate inquiry in the perinatal period. Reclaiming birth through embodied awareness, presence, and safety

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THE LEARNING OUTCOMES
By the end of this skills workshop, participants will be able to: 1. Understand how early perinatal experiences are stored as implicit memory in the body and influence our lives, short and long-term 2. Recognize the impact of their own birth story and patterns in their midwifery practice 3. Apply principles of Compassionate Inquiry to support clients in exploring and transforming early imprints 4. Facilitate emotional safety in the birth space through attuned presence and compassionate communication
THE PROCESS/ACTIVITIES
This 90-minute interactive session begins with a brief overview of Compassionate Inquiry, a psychotherapeutic approach developed by Dr. Gabor Maté and Sat Dharam Kaur, and its application to perinatal care. Laura Latina will introduce key concepts such as implicit memory, nervous system regulation, and the embodied impact of early relational and birthing experiences. This work is vital for midwives: our own birth stories, unresolved trauma, and early experiences shape how we show up in the birth space—impacting how we hold space, regulate stress, and connect with birthing people. Through embodied self-inquiry, midwives can deepen emotional presence and become more attuned, compassionate caregivers. Participants will engage in experiential exercises to explore their own perinatal narratives, followed by a somatic "rebirthing" process designed to gently access and integrate early memory held in the body. The session concludes with practical tools midwives can apply in clinical practice to support clients in processing unresolved experiences that may affect pregnancy, labor, and parenting.
AUDIENCE PARTICIPATION
Participants will engage in somatic practices, a rebirthing

sequence, and regulation techniques to ensure safety and integration.

ADDITIONAL READING

Maté G. The Myth of Normal: Trauma, Illness, and Healing in a Toxic Culture. Avery; 2022.
Emerson W. The vulnerable prenate. J Prenat Perinat Psychol Health. 1996;10(3):121-128.
Verny TR, Weintraub P. Tomorrow's Baby: The Art and Science of Parenting From Conception Through Infancy. Simon & Schuster; 2002.
Mead V. Adverse babyhood experience. Accessed May 31, 2026. https://chronicillnesstraumastudies.com/abes-introduction/

Eur J Midwifery 2026;10(Supplement 1):A1112

W61

Supporting conversations about fetal movements: Building confidence and clarity in midwifery practice

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THE LEARNING OUTCOMES

Through this workshop, participants will: Gain a deeper understanding of the evidence base associated with maternal awareness of fetal activity in pregnancy and links to perinatal outcome. Build confidence in sharing information and advice about what is normal or 'what to expect' in relation to fetal movements. Identify challenges in sharing information and advice about fetal movements and develop strategies to overcome them.

THE PROCESS/ACTIVITIES

Changes in fetal movements may be a sign that a baby is unwell and further assessment is needed. While most women who perceive changes in fetal activity go on to have healthy pregnancies and babies, reduced or altered movements can sometimes precede adverse outcomes, including stillbirth. Uncertainty about what 'normal' movements should feel like and fears of not being taken seriously may delay care-seeking and act as a barrier to timely care. Midwives play a key role in supporting women and pregnant people to recognize and respond to changes in fetal movements. However, challenges remain in sharing clear, detailed, culturally-sensitive information and advice. This interactive workshop, led by leaders in the field from research and Sands charity, will explore the application of the latest evidence around maternal awareness of fetal activity and its link to perinatal outcomes. Through participatory, clinical scenario-based activities, participants will reflect on their practice and, through small group discussion, develop skills to navigate fetal movement conversations confidently and effectively across diverse clinical and cultural contexts.

AUDIENCE PARTICIPATION

Through guided exploration of clinically based scenarios, the session will encourage self-reflection, shared learning, and practical strategies to support evidence-based, empathetic care for early recognition and appropriate responses to perceived changes in fetal movement.

ADDITIONAL READING

Bradford B, et al. Fetal movements: a framework for antenatal conversations. Women Birth. 2023;36(3):238-246.
Sands (Stillbirth and Neonatal Death Society). Improving Information and Guidance About Fetal Movements: An Horizon Scanning Project. Sands; 2025.

Eur J Midwifery 2026;10(Supplement 1):A1113

W62

Sharing knowledge production through a writing workshop. A QMNC Research Alliance collaboration

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THE LEARNING OUTCOMES

1. Increase participants' confidence with academic writing, particularly participants from low to middle-income countries who face challenges with publishing. 2. Provide strategies for participants to increase their frequency of writing 3. Provide guidance on choosing a peer-reviewed journal 4. Provide guidance on following authors' guidelines 5. Practice constructing the framework of a paper for publication 6. Practice writing an abstract 7. Peer review and feedback of the written structured abstract. 8. Provide guidance on managing common barriers to academic writing and publishing

THE PROCESS/ACTIVITIES

0-30 Minutes: activity - Overview of writing for publication, including the following: 1. Choosing a journal 2. Author's guidelines 3. How to construct sentences, paragraphs, and sections for a paper for publication, 4. How to write an abstract. 5. What happens when you submit a paper for publication, the peer review process 30-60 Minutes: activity practicing writing: 1. Producing an outline of a planned paper for publication, 2. Peer review and feedback of the publication outline 3. Writing time, Final 10 minutes- Wrap up and next steps

AUDIENCE PARTICIPATION

The workshop participation will include practicing the following activities: 1. Choosing a journal to submit an article for publication 2. Following the author guidelines 3. Constructing the outline of a paper for publication 4. Writing a structured abstract 5. Providing peer review with a buddy

ADDITIONAL READING

Busse C, August E. Addressing power imbalances in global health: Pre-Publication Support Services (PREPSS) for authors in low-income and middle-income countries. BMJ Glob Health. 2020;5(2):e002323. doi:10.1136/bmjgh-2020-002323
Croghan IT, et al. Writing groups for healthcare professionals in academic medicine. J Prim Care Community Health. 2024;15. Majid H, et al. Publication dynamics: what can be done to eliminate barriers to publishing full manuscripts by postgraduate trainees of a low- and middle-income country? BMC Res Notes. 2022;15(1):249. doi:10.1186/s13104-022-05987-4

Eur J Midwifery 2026;10(Supplement 1):A1114

W63

For the midwives who opt for physiological childbirth: Acupressure is a valuable addition to their daily practice in obstetrics

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THE LEARNING OUTCOMES

The benefits of acupuncture in obstetrics need no further demonstration. With over 15 years of experience in obstetric acupuncture, we would like to offer a practical and dynamic workshop providing a comprehensive introduction to the safe and effective integration of acupressure techniques into the continuum of obstetric care.

THE PROCESS/ACTIVITIES

Acupressure is used as a non-invasive (needle-free), low-risk adjunct to conventional obstetrics. This technique is rapidly becoming accessible to anyone - midwives, doulas, and other partners and healthcare professionals - looking to expand their knowledge and practical toolbox to support women throughout their maternity journey. The aim of this workshop is to provide participants with acupressure techniques that will enable them to improve birth preparation, comfort, and well-being during labor and in the post-partum period. We'll be running 90-minute workshops for a maximum of 20 people, and we'll need a room equipped with a table, chairs, and an examination table for practicing acupressure. Explanations about the principles of Chinese traditional medicine, the location of acupressure points, and the techniques of pressure

AUDIENCE PARTICIPATION

We are most comfortable in French, but can also lead in English if required. Interaction The audience will learn the location and indication of the acupressure points.

ADDITIONAL READING

Satas. Manuel d'acupuncture Satas. Maciocia G. Les Principes Fondamentaux de la Médecine Traditionnelle Chinoise.

Eur J Midwifery 2026;10(Supplement 1):A1115

W64

´MAG-TIT-HOAP´: Mindfulness and gentle touch in the hands of a professional. Implementing mindfulness and gentle touch in midwifery practice to enhance self-regeneration, facilitating the birth experience

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THE LEARNING OUTCOMES

Practical experiential workshop is focused on bringing self-awareness and gaining experience in full connection with self to ´enhance our inner capacity´ to ´provide help´ and ´to enhance professional skills as a midwife´. Supporting individual health of professionals is a meaningful solution to overcome the growing crisis of excessive workloads, emotional and psychological instability, burnout, trauma exposure, its post-traumatic consequences, and overall challenging environment. Acknowledging, nurturing, and encouraging one's own inner resources and overall biopsychosocial safety. Focusing attention and emphasizing efforts towards the health, prevention, and well-being of providers is a vital approach towards the sustainability of future Maternal and Child Health.

THE PROCESS/ACTIVITIES

As an introduction, we will show the importance of self-care and self-resourcing. Part of the practice will be an ´experiential guided relaxation journey´. Giving a brief theoretical background, we will ground our aim to experience ´deep inner connection´ in theoretical paradigms. The author will be sharing the basis of her expertise – focusing on the art of reflective practice, the basics of bodywork, slowing down into gentle and healing touch, and also revealing the relevance to today´s practice. The practical part will involve guided massage exploring, manifesting, and using our healing touch, transforming the ancient intuitive female wisdom into modern-day expertise.

AUDIENCE PARTICIPATION

All participants will be invited to join for an active, practical demonstration of basic techniques of mindfulness, focusing, and bodywork, including working in pairs or small groups. The program will also include experiencing a guided relaxation journey with music, exploring inner visioning. Hands-on workshop exploring the Art of Touch supports regaining Self-Health, activating our inner healer, showing inspirational tools for wellbeing and practice.

ADDITIONAL READING

De Jonge A. Watchful Attendance. 2021. Yates P. Shiatsu for Midwives. Smith. Nurturing Maternity Staff: Mindfulness. 2021.

Eur J Midwifery 2026;10(Supplement 1):A1116

W65

Understanding the publication process to achieve success

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THE LEARNING OUTCOMES

Introduction Writing for publication is a crucial way to share knowledge, innovative ideas, and best practices in midwifery. Despite its importance, many midwives lack the confidence or understanding of the publication process. For those conducting research, publishing is an expected outcome. Fortunately, writing for publication is a skill that can be developed. This workshop aims to demystify the process and equip midwives with strategies and resources to inspire and support them in becoming published authors. Learning Outcomes Describe the publication process Identify suitable journals for submission Locate and interpret journal author guidelines Critique the language of titles and abstracts

THE PROCESS/ACTIVITIES

The workshop begins with group discussions on the value of publishing midwifery research and practice. A short presentation will outline the essentials of writing for publication and journal submission requirements. Topics include selecting appropriate journals, understanding open

access, identifying predatory journals, and assessing impact factors. Participants will explore tips for successful writing, such as matching journal aims, following author guidelines, and using accurate, clear, and concise language. Examples will be used to support understanding. The publication process will be explained, with emphasis on what authors can expect. Attendees will then engage in a guided writing activity, starting with the development of a working title and drafting an abstract. Although abstracts are usually written last, beginning with one can help focus new writers and give them a tangible product to develop further post-workshop.
AUDIENCE PARTICIPATION
Brainstorming, selecting appropriate journals, exploring successful writing, and a guided writing activity.
ADDITIONAL READING
Sweet L, Borrelli S, Matvienko-Sikar K, Kuipers Y, Fox D. Writing for publication: The basics. Women Birth. 2025 Mar;38(2):101878. doi:10.1016/j.wombi.2025.101878
Eur J Midwifery 2026;10(Supplement 1):A1117

W66

Rest or arrest? A workshop to advance knowledge and skills to support women, families, and teams when dealing with a slowing or pausing of labor

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THE LEARNING OUTCOMES
By the end of this 90-min workshop, participants will be able to: Recognize the role of the autonomic nervous system in connecting the environment, emotions, and hormones during labor Differentiate between scenarios of physiological plateaus and labor dystocia (addressing the 'rest or arrest' dilemma) Identify and discuss similarities and differences in the intrapartum practices currently adopted to deal with a slow progress of labor across countries and birth settings, and practices that can help rebalance the autonomic nervous system Act as a catalyst for change by promoting a better understanding of physiological plateaus within multidisciplinary teams, identifying actions that can be immediately undertaken to implement practice in one's own context, and contributing to the enhancement of midwifery education and research.
THE PROCESS/ACTIVITIES
The workshop will start with an overview of the program, ice-breaking activities, and a discussion of the latest evidence on the subject. Participants will then be split into smaller groups and involved in a series of practical activities, including: reflective and mapping exercises on current paradigms, approaches, and practices related to care of women with slowing/pausing of labor demonstration and hands-on practice on techniques (e.g., polarity) aimed at balancing the autonomic nervous system during labor The workshop will conclude with final considerations, discussion on current gaps and needs in education, research, and practice, opportunities for further networking, and participants' feedback.
AUDIENCE PARTICIPATION
The audience will participate in all activities under the co-authors' facilitation and will be required to dress comfortably. Equipment needed includes resources to project slides, coloured pencils, flipchart paper, and post-its.
ADDITIONAL READING
Iannuzzi L. An exploration of midwives' approaches to the slow progress of labor in birth centers using case study methodology. PhD thesis. University of Nottingham; 2016. Weckend M, et al. Failure to progress or just normal? A constructivist grounded theory of physiological plateaus during childbirth. Women Birth. 2024;37(1):229-239.
Eur J Midwifery 2026;10(Supplement 1):A1118

W67

Evidence-based midwifery practice and interactive adult learning using the India-adapted WHO Essential Childbirth Care (ECBC) module

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THE LEARNING OUTCOMES
Objective: To introduce WHO ECBC teaching methods and apply them to provide respectful, quality care during the third stage of labor, immediate newborn care, and appropriate referrals. The participants will be able to: Apply teaching methodologies: Treasure hunt, Roleplay, Video analysis, Point of Care Quality Improvement Cycle (POCQI). Implement WHO Quality of Care (QoC) Standards to improve immediate care for newborns and care during the third stage of labor, including respectful referral.
THE PROCESS/ACTIVITIES
This workshop introduces the India-adapted WHO ECBC course, delivered through a blended learning approach. The content aligns with the WHO framework for quality maternal and newborn care. Participants will engage in interactive, scenario-based learning through the modules. The WHO country office for India and the Fernandez Foundation led adaptation and implementation in two states, training 79 professional midwives. Results showed improved knowledge of WHO recommendations and enhanced skills for improving maternal and newborn outcomes. The adaptation to India shows how global modules can be tailored to local contexts, encouraging other countries to adapt the course. Activities: • Introduction by the Government of India focal person on the Midwifery model of care in India (10 mins) • Introduce participants to the WHO ECBC Modules (3 mins) • Treasure Hunt: Identify WHO QoC standards 1, 4,5 and 6 (12 mins) • Roleplay: Implement respectful care for women and newborns during the third stage of labor and immediate care at birth using the WHO action plan (17 mins) Participants will enact the roleplay. • Video Analysis: Referring a sick

newborn (13 mins) • Introduce POCQI: Identify problem and quality improvement measures. (35 mins) • Feedback and Conclusion
AUDIENCE PARTICIPATION
Midwifery educators/ faculty, professional midwives, and Midwifery students
ADDITIONAL READING
World Health Organization. Standards for Improving the Quality of Maternal and Newborn Care in Health Facilities. World Health Organization; 2016. 3 Minute Presentations Labor and birth - PPH (including three-minute presentation competition)
Eur J Midwifery 2026;10(Supplement 1):A1119