



EUROPEAN JOURNAL OF MIDWIFERY

ISSN (electronic): 2585-2906

8th EMA Educational Conference 2025

Dynamic Midwifery:
Keeping abreast of change through career cycle

Friday 24th & Saturday 25th October 2025

ABSTRACT BOOK

[doi:10.18332/tid/561538ipdmqb](https://doi.org/10.18332/tid/561538ipdmqb)





EUROPEAN JOURNAL OF MIDWIFERY

SCIENTIFIC ASSOCIATIONS



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 16 European Midwives Associations and is indexed in PubMed, Embase, Scopus, and the Web of Science - ESCI.

Full Journal Title: European Journal of Midwifery

Abbreviated Title: Eur J Midwifery

ISSN (electronic): 2585-2906

Publisher: European Publishing

Publisher Address: Science and Technological Park of Crete, Greece

Association: Under the auspices of 16 European Midwives Associations

Editors: See Editorial Board page

Peer Review: Double Blind

Publication Frequency: Continuous

Publication Medium: Electronic Only

Publication website: www.europeanjournalofmidwifery.eu

First Year Published: 2017



Greetings from the President of the European Midwives Association

It is my great pleasure to warmly welcome you to the European Midwives Education Conference 2025, the first event of its kind dedicated entirely to advancing midwifery education across Europe.

Education is at the heart of our profession, shaping the knowledge, skills, and values that empower midwives to provide safe, respectful, and evidence-based care for women, newborns, and families. This conference is a unique opportunity for educators, researchers, practitioners, and students to come together, share experiences, and explore innovative pathways for strengthening midwifery education. The challenges facing health systems today remind us of the urgent need to invest in the midwifery workforce, ensure equitable access to education, and embrace new technologies and approaches. Through collaboration, dialogue, and shared commitment, we can build a stronger future for midwifery and for the communities we serve.

I warmly invite you to join us in Malta this October, to learn, exchange ideas, and inspire one another. Together, we will shape the future of midwifery education.

Welcome from the 8th European Midwives Association Education Conference Committee.



Prof. Viktoria Vivilaki
President, European Midwives Association

Welcome Message from the Organising Committee

It is our great pleasure to welcome you to the 8th European Midwives Association Educational Conference, taking place in Malta in 2025 and organised by the Malta Union of Midwives and Nurses (MUMN).

Malta itself offers a fitting backdrop for this event, with a rich and dynamic history of midwifery that stretches from early regulation in the 17th century to the establishment of academic foundations in the 19th century, and on to today's modern, professionalised education. This enduring commitment to quality and regulated midwifery care is reflected in Malta's direct-entry BSc programme, innovative training approaches, and an evolving workforce prepared to meet future challenges.

At the heart of this development stands the Malta Union of Midwives and Nurses (MUMN). Founded by midwives to strengthen their profession, MUMN has grown into a resilient and adaptive organisation that today serves as a comprehensive healthcare union. It plays a vital role in shaping health policy, negotiating sectoral agreements, supporting professional development, and promoting the wellbeing of a diverse membership across the healthcare sector.

This year's conference theme, "Dynamic Midwifery: Keeping Abreast of Change Through the Career Cycle," reflects our shared commitment to supporting midwives in navigating the evolving landscape of education, practice, and professional growth. The diversity of contributions gathered in this abstract book showcases the depth of expertise, innovation, and passion within our community, and highlights the importance of international collaboration in advancing midwifery education and practice. We extend our heartfelt thanks to all authors, reviewers, and participants for their invaluable contributions, and we warmly invite you to engage with the programme, exchange ideas, and take inspiration from colleagues across Europe and beyond.

On behalf of the MUMN Organising Committee and the EMA Board, we warmly wish you a productive and rewarding conference.

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Expectations, experiences and contexts of European midwives pursuing a doctoral degree: A twenty-three-country exploratory survey

Joeri Vermeulen¹

¹Department Health Care, Erasmus Brussels University of Applied Sciences and Arts, Brussels, Belgium

Abstract Overview

Despite the increasing number of doctorally prepared midwives in Europe, particularly after the Bologna Declaration 1999, little is known about the context and experiences of their doctoral education.

Aims and Objectives

To explore European initially qualified midwives' experiences with doctoral education, and the context of their education through their professional associations.

Method

An ethically approved web-based survey was used to collect data from midwifery associations and midwives in 33 European countries between October and December 2024. Descriptive statistics and thematic analysis were used to analyse the responses.

Results

Twenty-two midwifery associations from 19 European countries and 207 midwives from 23 European countries participated. Over the last two decades, there was an increase in the number of doctorally prepared midwives. Common reasons to gain doctoral qualifications included an interest in research, career progression, in particular in education, and improving healthcare. Midwives reported growing availability of European-wide opportunities for doctoral programmes, alongside an increase in the number of doctoral midwifery programs and supervisors with midwifery expertise. While many barriers were reported, effectively combining study with their personal life and support from family, friends, and colleagues, were highlighted as crucial factors in completing their doctoral studies.

Conclusion

This is the first study exploring the experiences of European midwives pursuing a doctoral degree. The findings highlight a need for universities to improve the collaboration with midwives' supportive networks as well as for the profession to reduce intraprofessional hostilities to enhance doctoral midwifery students' well-being.

Eur J Midwifery 2025;9(Supplement 1):A1

Midwifery Education in the UK: What next?

Jacqui Williams¹

¹Nursing and Midwifery Council, London, United Kingdom

Abstract Overview

Following our review of our Standards of Pre-Registration Midwifery Programmes in 2023, there were calls for midwifery programmes to more innovative and ambitious to meet the workforce requirements in the UK and improve retention of student midwives and early career midwives. During 2022-2023 we commenced a practice learning review to determine the context of contemporary midwifery practice learning for student midwives and the midwives who are their practice supervisors and assessors. Our findings demonstrated that practice learning experiences varied and this had a

potential negative effect on student midwives achieving their proficiencies to join our Register as a midwife. There was also a paucity of evidence for some aspects of the midwifery programme requirements. We are now undertaking a further phase of work to explore further aspects of the midwifery programme.

Aims and Objectives

We have some key lines of enquiry in relation to midwifery that we propose to explore during 2024 namely: 1. Further examines the practice learning experience of student with protected characteristics (include those who require reasonable adjustments) to understand whether these are taken into account as part of students; learning and whether they impact student retention. 2. Expand the type of support we offer to students, practice supervisors and practice assessors. 3 evaluate key aspects of the midwifery curriculum to understand students' practice learning experiences, including what works well and what could be improved. This will help us understand how they can be best supported to achieve their midwifery specific proficiencies, for example number of births.

Method

A Steering Group comprised of key stakeholders. A range of methodologies that could include focus groups, questionnaires, through leadership groups. We will engage with a range of stakeholders including the women and their partners and families who use maternity services.

Results

To be confirmed during the presentation as work is ongoing.

Conclusion

This work will identify whether our standards for pre-registration midwifery programmes need to be strengthened or developed further. The importance and the methodology of building consensus within the midwifery community and key stakeholders and the public in the absence of robust evidence will be presented.

Eur J Midwifery 2025;9(Supplement 1):A2

Continuing Education for Midwives: A Professional Doctorate Approach

Josephine Attard¹

¹University of Malta, Msida, Malta

Abstract Overview

There is great emphasis within the midwifery profession on developing research aware and proficient practitioners. For example, the Royal College of Midwives (RCM) has a key aim to build research capacity and embed research-mindedness throughout the professions (RCM 2020) The professional doctorate program is one pathway available to support people in the development of research knowledge and skills as it provides midwives with the opportunity to study while continuing in their current midwifery role.

Aims and Objectives

This study aims to examines key factors influencing engagement with PD programs, including motivations, perceived value, barriers to participation, and their impact on professional practice.

Method

A two-phase mixed methods approach was employed. First, online and in-person interviews were conducted with

educators from PD programs at five UK universities to explore curriculum development, pedagogical approaches, and challenges. Insights from these interviews, along with a literature review, informed the creation of a structured quantitative tool assessing the perceptions of nurses, midwives, and educators regarding PD programs. The quantitative phase involved distributing this tool to a broader population to collect statistically significant data on experiences and perspectives. By integrating qualitative and quantitative analysis, this study provides a comprehensive understanding of PD programs in midwifery education.

Results

Findings emphasize the need for flexible sustainable learning structures, institutional support, and clear career progression pathways to encourage midwives to pursue doctoral education. Educators highlighted the significance of research-informed practice and leadership training within PD curricula.

Conclusion

This study offers valuable insights into the perceptions of nurses, midwives, and educators regarding PD programs. The findings provide essential information on the implications for policy, curriculum development, and institutional support mechanisms to enhance midwifery engagement in PD programs. Further research is recommended to explore the long-term career trajectories of PD graduates and the broader impact of doctoral education on midwifery care.

Eur J Midwifery 2025;9(Supplement 1):A3

Equipping student midwives clinical independency and decision-making during obstetric emergencies

Lea Brinkmann¹, Laura Fugmann¹, Mikala Heinsen¹, Amanda Godballe¹, Hedvig Grønlykke¹

¹University College Copenhagen, Copenhagen, Denmark

Abstract Overview

Student midwives struggle to achieve adequate experiences handling expected emergencies in childbirth during their clinical education in large and specialized obstetric departments, where senior midwives, obstetricians and pediatricians often take over and the student midwives tend to withdraw from the situation.

Aims and Objectives

The course will strengthen the student's self-efficacy and competencies in handling obstetric emergencies. The course has also strengthened the collaboration between lecturers from the faculty and the clinical practice.

Method

20 student midwives 8 weeks prior to their final authorization are participating in a 1-day course situated in the faculty's simulation center. The course begins with a workshop in clinical leadership followed by three acute simulation-scenarios in a homebirth environment: postpartum hemorrhage and shoulder dystocia in a domestic bedroom and neonatal resuscitation in a domestic kitchen. The simulation is followed by debriefing with focus on the students experienced embodied leadership knowledge. The concluding of the day are two real case reviews regarding a uterine rupture and a semi-pathological CTG, where the students participate in the discussion of the potential required actions during the

childbirth.

Results

The course has been evaluated by the students with an open-ended questionnaire and by the involved lecturers, facilitators and figurants together sharing the experiences from the various simulations and workshops. The student's evaluation showed an overall satisfaction and profit with the course, with nuances in the individual experiences of the various elements. The faculty's evaluation resulted in an adjustment in the facilitation during the PPH simulation and strengthen the focus on the experienced embodied knowledge of clinical leadership.

Conclusion

The course has inspired a discussion in the group of chief midwifery leaders to offer this course to all midwifery students prior to their authorization.

Eur J Midwifery 2025;9(Supplement 1):A4

The added-effect of a leadership and teamwork module in shoulder dystocia simulation training: An RCT-study

Dimitrios Papoutsis¹, Angeliki Antonakou²

¹Department of Midwifery, School of Health Sciences, University of Western Macedonia, Kozani, Greece,

²Department of Midwifery, School of Health Sciences, International Hellenic University, Thessaloniki, Greece

Abstract Overview

Shoulder dystocia is a complication that may occur unexpectedly at childbirth and may result in severe neonatal morbidity and mortality.

Aims and Objectives

To quantify the effect of a structured and standardised leadership and teamwork training module on the improvement of skills in managing shoulder dystocia.

Method

This was a randomised-controlled-trial (RCT) at the University of Western Macedonia in Greece. During November-December 2024, final-year Midwifery students were invited to participate in a one-day workshop and were randomised into group A (intervention) and group B (controls). The simulation training and assessment in shoulder dystocia was performed with a high-fidelity (PROMPT) birthing simulator and according to the RCOG guideline for obstetric manoeuvres. 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. Students from group A received the intervention after their theoretical and hands-on training and before their final post-training assessment.

Results

There were 51 students recruited, 25 were randomised into group A and 26 into group B. The mean age of the total cohort was 21.9 years (SD=3.1). Students in both groups had similar low pre-training values regarding proportion of successful deliveries, manoeuvres score, confidence levels, communication, teamwork and leadership skills. Students in both groups had similar high post-training values of successful deliveries (>92%), manoeuvres score (16/20) and confidence levels (8/10). Those that received the intervention

when compared to controls demonstrated a statistical trend of increase and 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.

Conclusion

The findings of this study are in support of the inclusion of teamwork and leadership structured training in shoulder dystocia management high-fidelity simulation courses.

Eur J Midwifery 2025;9(Supplement 1):A5

Learning by doing: Interactive testing as a tool for midwifery education

Elina Piirimäe¹

¹Tallinn Health Care College, Tallinn, Estonia

Overview

Midwifery education requires a strong balance between theoretical knowledge and practical skills. Traditional assessment methods often fail to capture students' confidence and ability to apply clinical knowledge effectively. To address this, pre- and post-tests were introduced in the Normal Pregnancy course to evaluate students' knowledge progression and self-assurance in pregnancy monitoring.

Aims and Objectives

This study aims to improve the learning process in the Normal Pregnancy course by implementing pre- and post-tests to assess students' knowledge progression and confidence in pregnancy monitoring. The objective is to evaluate how well students develop key competencies, including interpreting test results, conducting examinations, and recognizing deviations in pregnancy.

Methods

Over two academic years, a structured assessment approach was implemented using pre- and post-tests based on midwifery competency requirements and clinical tasks. The first year revealed that initial test questions were too broad and ineffective in measuring learning outcomes. In response, an interactive and reflective answering method was introduced in the second year to enhance engagement and align with experiential learning principles.

Results

The refined approach allowed for a more accurate evaluation of students' knowledge and practical application. Findings indicate that future test questions should be context-based, practical, and structured to minimize redundant reassessment. Emphasis should be placed not only on theoretical knowledge but also on analytical thinking and clinical decision-making. The study highlights the need to further refine pre- and post-tests to better support critical thinking and reflective learning.

Conclusion

This study supports the integration of interactive and experience-based learning methods in midwifery education. Grounded in Kolb's experiential learning theory and Vygotsky's socio-constructivist approach, the findings suggest that well-structured test questions and interactive teaching strategies significantly enhance learning outcomes. Future assessments should be developed to better align with evidence-based learning theories while remaining relevant to clinical midwifery practice.

Eur J Midwifery 2025;9(Supplement 1):A6

Diagnosing perineal lacerations: An innovative blended learning approach for midwifery students

Sara Kindberg Adelskov¹

¹GynZone Research and Development, Aarhus, Denmark

Overview

Diagnosing and suturing a simple perineal trauma or an episiotomy is specified as part of the European Union Standards for Midwifery¹. In traditional medical training, including midwifery training, William S Halsted's "see one, do one, teach one" principle has been applied for many decades². Learning how to diagnose and classify lacerations can be challenging during midwifery education because: • Patients may not wish to take part in a teaching opportunity during clinical training in birth units • The midwifery student may feel insecure and uncomfortable with the diagnostic procedure involving vaginal or rectal examination • Different types of perineal lacerations from 1 st to 4 th degree may not be present at births during the clinical placement • There may be time constraints in busy delivery wards not favourable for learning opportunities

Aims and Objectives

We aim to develop a systematic and transparent learning pathway for midwifery students on how to diagnose and classify perineal trauma after childbirth.

Methods

We have developed a blended learning approach for educational purposes. Medical illustrations and video cases from a birth unit introduces how to diagnose and classify perineal lacerations according to the RCOG classification system³. A theoretical quiz provides the opportunity to watch clinical cases of 1st – 4th degree perineal lacerations and button-hole defects⁴. Simulation models allowing for a tactile sensation of the various types of lacerations has also been developed in collaboration between midwives, obstetricians, urogynaecologist and textile designers. These low-fidelity medical skills training models include prototypes of how to diagnose perineal lacerations from 1 st to 4 th degree. Buttonhole defects, rectovaginal fascia defects and extensive vaginal lacerations can also be assessed using more advanced simulators⁵.

Results

This standardized online introduction exposes students to watch a large variety in perineal trauma that they would likely not be exposed to in a standard clinical training pathway. Midwifery students express a good theoretical understanding of perineal trauma when exposed to clinical video cases. Including the option of using low-fidelity medical training models for a tactile experience adds to muscle memory and a 3D understanding of pelvic floor muscles and anatomical structures.

Conclusion

Midwifery educations in Scandinavia, Australia, New Zealand, USA and Canada have adapted this learning approach in their curriculum. We will demonstrate the online learning program and the medical simulators for participants in this conference.

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Eur J Midwifery 2025;9(Supplement 1):A7

Empowering midwifery excellence: Integrating innovative educational frameworks and collaborative care models for improved maternal-neonatal outcomes

Antigoni Sarantaki¹

¹Midwifery Department, University of West Attica, Athens, Greece

Overview

Midwives play a pivotal role in ensuring safe maternal and neonatal health outcomes, yet gaps persist in traditional education and clinical practice models. The increasing complexity of obstetric care demands innovative competency-based education and interdisciplinary collaboration to enhance midwifery proficiency and patient safety. This systematic review and pilot study explore novel educational approaches and team-based care models aimed at optimizing midwifery training and strengthening collaborative maternity care.

Aims and Objectives

1. To evaluate the effectiveness of competency-based education (CBE) and simulation-based training in midwifery programs. 2. To assess the impact of interdisciplinary maternity care models on maternal and neonatal health outcomes. 3. To explore the role of digital learning platforms and virtual simulation in midwifery education.

Method

A systematic review was conducted across five databases (PubMed, CINAHL, Cochrane Library, Scopus, and Google Scholar) to identify best practices in midwifery education and interdisciplinary maternity care. Additionally, a pilot program was implemented across two midwifery training institutions and one maternity hospital, enrolling 120 midwifery students, 30 experienced midwives, and 15 obstetricians/neonatologists. The intervention included: 1. Simulation-based obstetric emergency training (e.g., shoulder dystocia, postpartum hemorrhage). 2. Competency-based learning with standardized assessment protocols. 3. Interprofessional maternity care models incorporating midwives, obstetricians, and neonatologists. 4. Digital education tools (e-learning, virtual reality [VR] training).

Results

- Midwifery students demonstrated a 34% improvement in clinical competency scores post-intervention.
- Simulation-based training reduced error rates in emergency scenarios by 28%.
- Interdisciplinary care models led to a 15% decrease in maternal complications and a 10% reduction in NICU admissions.
- Digital education tools enhanced knowledge retention by 37%, with 90% of students reporting increased

engagement.

Conclusion

Competency-based education, team-based maternity care models, and technology-driven learning significantly improve midwifery training and maternal-neonatal health outcomes. Scaling these innovations globally requires policy adaptation, investment in digital infrastructure, and enhanced interprofessional collaboration.

Implications for Practice

This study underscores the need for integrating simulation-based training, interdisciplinary teamwork, and digital education in midwifery curricula to advance maternal-neonatal healthcare. Policymakers, educators, and healthcare leaders must collaborate to implement these best practices on a larger scale.

Eur J Midwifery 2025;9(Supplement 1):A8

Student midwives' experiences of psychological safety during clinical placements

Christina Furskog Risa¹

¹Department of Caring and Ethics, Faculty of Health Sciences, University of Stavanger, Stavanger, Norway

Overview

Clinical placements are crucial in midwifery education, allowing students to apply theoretical knowledge and develop practical skills. Norwegian student midwives spend half of their study in clinical settings and receive daily feedback to enhance their learning process in becoming skillful midwives. The success of these placements hinges on the psychological safety experienced by students in clinical settings.

Aims and Objectives

The aim was to investigate student midwives' experiences of psychological safety during clinical placements.

Method

Using qualitative data from interviews with ten midwifery students, a secondary data analysis investigates student midwives' experiences of psychological safety during clinical placements, utilizing Timothy R. Clark's framework for fostering psychological safety in educational settings. This framework identifies psychological safety as a state where individuals feel included, safe to learn, safe to contribute, and safe to challenge the status quo.

Results

This study explored how these stages of psychological safety manifest during placements. Inclusion safety, defined by a sense of belonging and acceptance, was vital for students to move from feelings of exclusion to active engagement. Learner safety is evident when students can ask questions or admit knowledge gaps without fear of negative repercussions. Contributor safety highlights the importance of meaningful participation, where students feel their contributions are valued. Lastly, challenger safety allowed students to question norms in their practice without fear of reprimand.

Conclusion

The study underscores the importance of clinical supervisors in fostering psychological safety by promoting dialogue and feedback that supports an inclusive culture. It offers practical insights to enhance clinical supervision and feedback practices, creating a supportive learning environment.

Eur J Midwifery 2025;9(Supplement 1):A9

Evaluating midwifery models of care: A quantitative analysis of knowledge and practice patterns outcomes among midwives

Sione Grima¹

¹Faculty of Health Sciences, University of Malta, Msida, Malta

Overview

Midwifery models of care support natural physiological processes and employ interventions only when medically necessary, thereby reducing adverse outcomes and minimizing the financial burden of unnecessary medical procedures. Research has demonstrated the significant benefits of midwifery models of care, including a lower likelihood of unnecessary medical interventions during labour and childbirth¹, reduced caesarean section rates², a potential decrease in anxiety and postpartum depression³ (Cibralic, 2023), and increased rates of breastfeeding initiation, prolonged breastfeeding duration, and family planning use. Women who undergo routine episiotomies, instrumental births, or caesarean sections, as well as those affected by postnatal depression, may experience medium- to long-term medical, psychological, social, and economic consequences. These challenges can impact future pregnancies and jeopardize the mother-baby bond⁴. Promoting midwifery models of care can help mitigate these negative effects, which have profound implications for the well-being of women, families, and communities while also alleviating financial strain on already overburdened healthcare systems⁵.

Gap in the Literature

While substantial evidence supports midwifery-led care in reducing maternal and neonatal morbidity and mortality⁶, obstetric-led care continues to dominate the maternity healthcare system in the local context. The integration of midwifery-led care within obstetric and medical services remains insufficiently explored. Further research is needed to explore the local midwives' knowledge of midwifery models of care and evaluate the effectiveness and implementation of midwifery models of care focusing on practice patterns and outcomes as perceived by midwives.

Aims

1. To explore the midwives knowledge on midwifery models of care. 2. To evaluate the effectiveness and implementation of midwifery models of care focusing on practice patterns and outcomes as perceived by midwives.

Objectives

1. To explore midwives' knowledge and experiences of midwifery models of care. 2. To identify variations in practice patterns among midwives across different models of care. 3. To examine the relationship between midwifery models of care and key maternal and neonatal health outcomes. 4. To evaluate midwives' satisfaction and professional autonomy within varying models of care.

Method

A quantitative research approach is selected for this study. A quantitative approach allows for an objective measurement, statistical analysis, and generalizability of findings. It therefore ensures an objective and standardized evaluation of the midwives knowledge of midwifery models of care and

the effectiveness of midwifery -led care. The study focuses on midwives registered with the Malta Nursing and Midwifery Council, working in both the public and private maternity care sectors in Malta and Gozo. A total of 454 midwives are eligible for participation. Midwives who are registered with the council but working abroad are not included. Sampling technique: purposive, non-probability sampling. Data Collection: one-time, online questionnaire. Data Analysis: IBM SPSS Statistics.

Results

Results will be collected between the period of May-July. Analysis of the data will be followed and reviewed by end of September.

Conclusion

The results will help gain knowledge and practice associated with midwifery models of care. Insights from the analysis could lead to more effective midwifery care practices, improve maternal and neonatal health outcomes and provide actionable insights to reshape midwifery care in Malta and Gozo.

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Eur J Midwifery 2025;9(Supplement 1):A10

Membrane sweeping as an induction method and women's experiences: A phenomenological qualitative study

Jessica Preziosi¹, Elena Romano², Michelangela Danza², Erika Colagiovanni¹, Silvia Salvi², Gloria Anderson²

¹Gynecology and Obstetric Pathology, Agostino Gemelli University Policlinic, IRCCS, Rome, Italy, ²Women, Child and Public Health, Catholic University of the Sacred Heart, Rome, Italy

Objective

Membrane sweeping, a non-pharmacological method of labor induction, has been associated with increased

rates of spontaneous labor onset and reduced need for pharmacological interventions. While clinical benefits are well-documented, limited research examines women's personal experiences. Thus, this study aimed to explore women's perspectives on membrane sweeping at Agostino Gemelli University Hospital, IRCCS.

Methods

A qualitative descriptive design with a phenomenological approach was adopted, in line with COREQ guidelines. Eighteen women with singleton, cephalic full term pregnancies were recruited in February 2025. Participants completed face-to-face, semi-structured interviews lasting approximately 10 minutes, regarding membrane sweeping. Interviews were audio-recorded, fully transcribed, and coded using a combined deductive and inductive approach in Microsoft Excel.

Results

Three main themes emerged. Participants generally reported clear information and verbal consent, although some noted gaps in timing and depth of explanations. Prior knowledge varied: some women were familiar with membrane sweeping via previous pregnancies or online sources, while others encountered it for the first time during clinical discussions. Experiences were predominantly positive: most participants described the procedure as "uncomfortable but tolerable," and many appreciated its potential to avoid pharmacological induction. Emotional responses ranged from reassurance, grounded in trust in healthcare providers, to anxiety about interfering with a "natural" process. Several women viewed membrane sweeping as an empowering step that allowed them to return home and possibly expedite labor without hospital admission.

Conclusion

Findings highlight the importance of comprehensive prenatal counseling, shared decision-making, and explicit verbal consent in promoting a positive experience of membrane sweeping.

Eur J Midwifery 2025;9(Supplement 1):A11

The development of quality indicators for Belgian midwives in the antenatal and postnatal care

Florence D'haenens¹, Delphine Maes¹, Sarah Michel¹, Inge Tency¹

¹Department of Midwifery, Odisee University of Applied Sciences, Sint-Niklaas, Belgium

Overview

Various evidence-based (EB) clinical guidelines are available on pre- and postnatal care, but their implementation into practice is often a challenge. Quality indicators are standardized, EB measures of the quality of care, facilitating the implementation of EB recommendations.

Aims and Objectives

To develop quality indicators for Belgian midwives in low risk antenatal and postnatal care.

Method

We use a 7-step plan from Plessers et al (2019) and a Rand-modified Delphi method. Recommendations and concept indicators were selected from guidelines, existing indicator sets and Belgian reports. Their quality was assessed using

the Appraisal of Guidelines for Research and Evaluation (AGREE) instrument. Recommendations were double blinded and SMART (Specific, Measurable, Achievable, Relevant, Time-bound) screened and evaluated by a multidisciplinary expert panel (two Delphi's and one consensus meeting). In a third Delphi, this panel evaluated the quality indicators for feasibility and relevance on a 9-point Likert scale. Also implementation barriers were identified.

Results

Seven guidelines and one report were included, consisting of 764 recommendations in perinatal care. After screening for applicability and relevance for the Belgian healthcare system, 394 recommendations were SMART screened, resulting in 113 recommendations. After evaluation by the multidisciplinary panel, 45 key recommendations were identified: 1 perinatal, 28 prenatal and 16 postnatal recommendations. Based on these selected recommendations, we defined 54 concept indicators (4 perinatal, 28 prenatal and 22 postnatal indicators). In total 20 quality indicators were assessed as feasible and relevant (8 prenatal and 11 postnatal indicators) for which indicator sheets are developed.

Conclusion

The implementation of quality indicators in midwifery care offers an evidence-based approach, facilitates an integrated view on perinatal care and promotes a healthy start for woman and child. Monitoring and benchmarking these quality indicators can assist health care providers, organisations and governmental agencies to improve the quality of perinatal care.

Eur J Midwifery 2025;9(Supplement 1):A12

Study protocol: The midwife's role in supporting women during the menopausal transition

Amanda Calvin¹

¹Dalarna University, Falun, Sweden

Overview

This study protocol outlines a research project exploring the role of midwives in supporting women during menopause, a critical stage in a woman's life. Menopause can have significant physical and emotional impacts, yet many women feel unprepared, and healthcare professionals, including midwives, often lack clear guidance on how to provide effective care. This mixed-methods study aims to assess current gaps in menopausal care and explore how midwives can be better integrated into the care pathway. The first study will analyze how menopause is represented in official healthcare guidelines and policies, examining how these discourses influence care practices and women's access to information. The second study will survey women to assess their knowledge, experiences, and access to healthcare for making informed decisions during menopause. The third study will explore healthcare professionals' perspectives, including midwives, on the optimal care pathway for menopausal women, with a focus on enhancing midwives' involvement. The final study will investigate how gender norms and cultural perceptions shape women's experiences during menopause and impact their access to support. This research aligns with the United Nations Sustainable Development Goals (SDGs), particularly Goal 3 (Good Health and Well-being) and Goal 5 (Gender

Equality). By addressing gaps in menopausal care, promoting the inclusion of midwives in healthcare pathways, and ensuring women's access to informed choices, the study contributes to improving health outcomes for women and advancing gender equality. The expected outcomes include clearer roles for midwives, a deeper understanding of women's needs, and improved care strategies, ultimately enhancing women's quality of life during menopause and supporting sustainable healthcare systems for future generations.

Aims and Objectives

The primary aim of this research is to explore the role of midwives in supporting women through menopause. The objectives are to identify gaps in current menopausal care, examine the representation of menopause in healthcare guidelines, and assess the potential for midwives to enhance women's access to informed choices during this transition.

Method

This mixed-methods study will include four phases. The first phase will involve a discourse analysis to examine how menopause is represented in official healthcare guidelines and policies and its influence on women's access to care. The second phase will be a survey of women to assess their knowledge, experiences, and access to healthcare for making informed decisions. The third phase will consist of focus groups with midwives to explore their perspectives on the role of midwives in menopausal care. Finally, the fourth phase will involve interviews with healthcare professionals to examine how midwives can be better integrated into the menopausal care pathway.

Results

This study is ongoing and have no results available yet. Preliminary expectations suggest that women often feel inadequately prepared for menopause, and midwives may not have the training or guidance needed to fully support women during this transition. We anticipate that midwives can be an important part in providing essential menopausal healthcare, particularly in the areas of education, emotional support, and non-pharmacological interventions for women going through menopause.

Conclusion

This research aligns with the United Nations Sustainable Development Goals (SDGs), particularly Goal 3 (Good Health and Well-being) and Goal 5 (Gender Equality). By addressing gaps in menopausal care and integrating midwives into the care pathway, this study aims to improve women's health outcomes and empower them to make informed choices during menopause. The expected outcomes include clearer guidelines for midwives, better understanding of women's needs, and improved care strategies, ultimately enhancing women's quality of life during menopause and supporting sustainable healthcare systems.

Eur J Midwifery 2025;9(Supplement 1):A13

Counselling on contraception before and after delivery and the new ESCRH Guidelines on Postpartum Contraception Organon Belgium

Teresa Bombas¹

¹Obstetric Unit, Coimbra University Hospital Center, Coimbra, Portugal

Eur J Midwifery 2025;9(Supplement 1):A14

The role of midwifery in the development agenda “multi-stakeholder initiatives and analyses through the example from Türkiye”

Ayşegül Dönmez¹, Gökhan Yıldırımkaş¹, Müge Tellioğlu¹, Deniz Akyıldız¹, Çiler Yeyğel¹

¹İzmir Tınaztepe University, İzmir, Türkiye

Overview

If midwives are adequately trained, available in sufficient numbers, and integrated within an interdisciplinary team, they can meet approximately 90% of the need for essential sexual/reproductive, maternal and newborn health services.

Aims and Objectives

This evaluation aims to assess the current status of the midwifery workforce and education, and the extent to which essential sexual/reproductive, maternal and newborn health interventions are incorporated into the national midwifery curriculum for universal health coverage. Within this scope, it is intended to gather comprehensive information on sustainable development and midwifery; the development, empowerment, and educational policies of midwifery; the reflection of midwifery leadership on public health, maternal and child health policies; and care management and development led by midwives.

Method

Midwifery faculties of universities, and professional organizations from all regions of Türkiye and the United Nations Population Fund (UNFPA) participated in the national workshop, which was held to evaluate and transfer the findings of midwifery workforce and education evaluations at the national level. Initially, experts in the field provided briefings, followed by discussions among participants in four groups sharing ideas, examples&conducting group work.

Results

As a result of the workshop, it was determined that there is a need to support national midwifery programs and to enhance advocacy efforts at national and regional levels to advance the regulations of midwifery education and evidence-based practices in Türkiye and across the globe. In the workshop, recommendations were developed by evaluating the main headings determined in line with the objectives; obstacles/threats and opportunities, solution suggestions, assistance, support and tools, advocacy activities, collaborations and needs for strengthening civil society organizations.

Conclusion

In the workshop, it is recommended that three strategic priorities identified developed to strengthen and promote quality midwifery education and practices should include “training and educating all midwives according to international standards, appointing midwives as leaders who can influence key decisions regarding investment in midwifery education, and encouraging better coordination and alignment among stakeholders.”

Eur J Midwifery 2025;9(Supplement 1):A15

Midwifery students' knowledge and attitudes towards LGBTQ+ people and their healthcare needs: Impact of a structured 3-hour educational intervention – results

from the HFRI-funded ATHENA study

Angeliki Antonakou¹, Vikentia Harizopoulou^{1,2}, Eleni Theodoridou¹, Kalliopi Gkougkousidou¹

¹Department of Midwifery, School of Health Sciences, International Hellenic University, Thessaloniki, Greece,

²Department of Midwifery, Faculty of Health and Caring Sciences, University of West Attica, Athens, Greece

Background

LGBTQ+ individuals experience significant disparities in sexual and reproductive healthcare. The growing demand for reproductive equality underscores the need for inclusive midwifery services that support diverse family structures. This study is funded by the Hellenic Foundation for Research and Innovation (H.F.R.I.) under the “Basic Research Financing” call within the National Recovery and Resilience Plan “Greece 2.0” and supported by the European Union NextGenerationEU.

Aims and Objectives

This study is the first to assess baseline attitudes and knowledge of final-year midwifery students in Greece toward LGBTQ+ health needs and to evaluate the impact of a tailored educational intervention.

Methods

The structured 3-hour educational intervention comprised a didactic lecture and case-based discussions addressing gender equality, reproductive health rights, and perinatal care for LGBTQ+ populations. Pre- and post-intervention surveys were administered to 61 final-year midwifery students across three venues (November–December 2024). The validated Greek version of Wahlen’s questionnaire (2020) alongside an ad-hoc assessment tool specifically developed to measure knowledge of LGBTQ+ reproductive health needs in Greece were used.

Results

Participants had a mean age of 21.8±2.2 years, with 98.4% identifying as women, 80.3% as heterosexual, and 49.2% as religious. The Wilcoxon signed-rank test revealed significant improvements in student midwives’ attitudes towards LGBTQ+ people and knowledge following the intervention ($p<0.05$). Mean knowledge scores increased from 49.32% (SD=15.24%) pre-intervention to 65.44% (SD=12.06%) post-intervention ($p<0.001$).

Conclusion

These results highlight the effectiveness of targeted educational interventions in reducing gaps in midwifery students’ knowledge and promoting equitable healthcare practices. Integrating LGBTQ+ health education into midwifery curricula is crucial to empower future healthcare providers to deliver inclusive, high-quality care to this vulnerable population.

Eur J Midwifery 2025;9(Supplement 1):A16

Intervening conditions shaping mothers’ sense of security during pregnancy and childbirth – partial findings from a grounded theory study

Therese Werner-Bierwisch¹, Claudia Hellmers², Sabine Metzger¹

¹Faculty of Health, Department of Nursing Science, Witten/Herdecke University, Witten, Germany, ²Faculty of Business Management and Social Sciences, University of

Applied Sciences Osnabrück, Osnabrück, Germany

Abstract Overview

Women’s experiences of childbirth are strongly shaped by their subjective sense of security. While clinical safety remains a key focus in maternity care, the individual experience is still underexplored. Existing research often lacks methodological consistency and pays limited attention to the strategies women use to achieve or maintain a sense of security across different birth settings.

Aims and Objectives

To develop a theoretical model of how mothers’ sense of security is constructed during pregnancy and childbirth.

Methods

A qualitative grounded theory study was conducted, based on 50 interviews with mothers and fathers in Germany (4–16 months postpartum). Data were analysed using constant comparative methods in line with Corbin and Strauss’s grounded theory approach. This presentation focuses on selected intervening conditions relevant to mothers’ preparation strategies.

Results

Feeling in good hands emerged as the main category for mothers’ sense of security during pregnancy and childbirth. Both women’s own needs and expectations, as well as the extent to which these are met within maternity care, are crucial for their sense of security. Mothers’ strategies to achieve a sense of security were shaped by several intervening conditions: personal characteristics, subjective birth concepts, knowledge and information, skills and attitudes of professionals, previous birth experiences or those within their social environment, and perceptions of the couple’s relationship. When women feel in good hands, they feel competent and able to actively engage with the birth process. Conversely, unmet needs and negative experiences often result in distress, insecurity, or feelings of exposure and not being heard.

Conclusion

These findings highlight that maternal security during childbirth is shaped by a complex interplay of individual, social, and professional factors. Recognising and addressing these conditions in maternity care may enhance women’s sense of security and contribute to a more positive birth experience and transition into motherhood.

Eur J Midwifery 2025;9(Supplement 1):A17

Nurturing the new mother: Integrating traditional practices into modern postnatal care

Abstract

The postnatal period is a crucial yet frequently underprioritized phase of maternal care, with lasting effects on physical recovery, emotional well-being, and long-term health. Traditional postnatal practices (TPCs) offer valuable tools to complement contemporary approaches to postpartum support. A recent systematic review highlighted the health and wellness benefits of TPCs for mothers, including enhanced recovery and emotional well-being¹. Earlier work has also emphasized the cultural and therapeutic significance of postpartum rituals across diverse contexts². This workshop aims to explore the role of traditional postnatal practices

within holistic maternal care, focusing on their physiological, psychological, and cultural benefits. Participants will engage in interactive demonstrations of rebozo techniques and the Closing of the Bones ritual, alongside discussions on nutrition, recovery, and maternal mental health. Evidence and experiential data suggest that integrating such practices into postnatal care contributes to faster physical recovery, improved emotional well-being, stronger maternal-infant bonding, and enhanced breastfeeding outcomes. By bridging traditional wisdom with modern evidence-based care, this workshop seeks to equip midwives and healthcare professionals with practical skills and insights to support mothers in a more comprehensive and culturally sensitive way.

Conclusion

Holistic postnatal care that integrates traditional practices can enrich modern maternal health services. This workshop fosters reflection on the value of ritual, nutrition, and community-based support in postpartum recovery, while offering participants hands-on opportunities to apply these approaches in practice.

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Eur J Midwifery 2025;9(Supplement 1):A18

Strengthening midwifery education and workforce sustainability through eportfolio innovation: The METIS project

Mieke Embo^{1,2}, Rebecca De Beir, Vikentia Harizopoulou, Julia Henniecke, Maria Tzeli, Viktoria Vivilaki, Elisabeth Wilhelm, Eva Deraus

¹Faculty of Psychology and Pedagogical Sciences, Ghent University, Ghent, Belgium, ²Network Health and Care, Artevelde University of Applied Sciences, Ghent, Belgium

Midwifery education and workforce development are pressing priorities across the European Union, particularly in response to shifting maternal health needs and growing healthcare workforce shortages. These shortages are exacerbated by factors such as newly trained midwives not entering practice, an aging workforce, and challenging working conditions that contribute to burnout and early career attrition. The resulting instability in the midwifery profession poses risks to the quality of maternal and neonatal care. The METIS project (2025–2028) aims to address these challenges by designing and implementing innovative Eportfolio-based interventions tailored to midwifery students, newly qualified midwives, mentors, and employers. By fostering reflective practice, professional identity development, and supportive career transitions, METIS seeks to enhance retention and resilience within the midwifery workforce. Led by a multidisciplinary consortium—including one human resource management program, three midwifery education programs, four

companies, and two associated partners such as the European Midwifery Association (EMA)—METIS will develop and test scalable solutions over the next three years. This presentation will outline the project's planned activities and invite interested stakeholders to join the growing METIS-Network, contributing to a stronger, more sustainable future for midwifery in Europe.

Eur J Midwifery 2025;9(Supplement 1):A19

Breastfeeding and lactation in Poland-examination of mothers to evaluate their level of knowledge in this area

Beata Pięta¹, Agnieszka Garbacz², Agnieszka Bień³, Grażyna Bączek⁴

¹Practical Midwifery Science Faculty, Poznan University of Medical Sciences, Poznań, Poland, ²Department of Human Nutrition and Dietetics, Poznan University of Life Sciences, Poznań, Poland, ³Faculty of Health Sciences, Medical University of Lublin, Lublin, Poland, ⁴Department of Obstetrics and Gynecology Didactics, Medical University of Warsaw, Warszawa, Poland

Abstract Overview

Breastfeeding and lactation are natural processes occurring in mammals. Although breastfeeding is a highly instinctual act, mothers should have as much knowledge about it as possible due to benefits that come with education in these fields.

Aims and Objectives

Examination and assessment of the level of mothers' knowledge in the field of breastfeeding and lactation.

Methods

The research material consisted of answers to survey questions from three hundred women who has at least one child, participants of online social groups dedicated to mothers. A research method called a survey, an online survey technique, and a research tool consisting of a survey questionnaire consisting of 40 closed questions were used.

Results

Mothers have extremely poor knowledge of defining breastfeeding methods. Most women answered correctly all questions related to the benefits of breastfeeding – showing a good level of knowledge in this area. However, there are still areas that definitely need improvement. Mothers are able to determine what problems may occur during lactation, although it can be noticed that the most problematic questions were about problems that mothers may not have had to deal with, such as: neurological disorders, malocclusion, vomiting, slow feeding or breast infections. Despite the majority of mothers not believing in myths, certain misconceptions persist to be still rooted in their heads to a greater or lesser extent. Most women do not exclusively breastfeed their children for the time recommended by most organizations, which is – first six months of life.

Conclusion

Mothers' knowledge in the areas of breastfeeding and lactation varies depending on the examined aspect. There are elements that require thorough improvement and those in which mothers' knowledge is satisfactory. The education of mothers in these areas is necessary and requires improvement – the focus should be on improving knowledge

regarding defining breastfeeding methods and exclusive breastfeeding for the first 6 months of a child's life. It is also worth constantly improving mothers' knowledge about benefits of breastfeeding, lactation problems and myths related to breastfeeding, so that it is at the highest possible level, which will make it easier for mothers to go through this period of their and their children's lives.

Eur J Midwifery 2025;9(Supplement 1):A20

The perinatal health and lived experiences of sub-saharan African migrant women in Malta

Christie Hili¹, Rita Borg Xuereb¹, Charles Savona-Ventura¹

¹Faculty of Health Sciences, Department of Midwifery, University of Malta, Msida, Malta

Abstract Overview

Sub-Saharan African (SSA) migrant women navigate multifaceted challenges in the host country that influence their lived experiences of pregnancy and childbirth and predispose them to unfavourable perinatal health outcomes. However, this population remains underrepresented in research.

Aims and Objectives

This study aimed to compare maternal and neonatal health outcomes between Sub-Saharan African (SSA) migrant women and a cohort of Maltese women, while also exploring SSA women's perceptions and experiences of the perinatal period in Malta.

Method

This research comprised two studies. The first was a retrospective cohort analysis of national obstetrics data registered in Malta (2007-2016). The records contained data on 36,981 Maltese women, SSA women, and their neonates (37,650 in total). Statistical comparison was conducted using the Pearson's chi-square test. The second study employed an interpretative phenomenological analysis methodology. Following ethical clearance (7904_26022021), in-depth interviews were conducted with a purposive sample of eight SSA women. Data was analysed through close, line-by-line analysis in accordance with the double hermeneutic circle. Quality and rigour were ensured using Yardley's four criteria.

Results

Results from the retrospective study revealed that SSA migrants were significantly more likely to be younger, less educated, and multiparous compared to Maltese women. They were also statistically less likely to access antenatal care, and had higher risks of maternal complications (e.g., pre-eclampsia-eclampsia, haemorrhage, infection), neonatal morbidity (e.g., prematurity, low birthweight, sepsis), and mortality (stillbirths, neonatal deaths). The second study recognised the adversities faced by SSA women, particularly poverty and the lack of community support. Women expressed strong beliefs in the normality of pregnancy due to cultural and religious influences, often leading to conflicts with local medical practices.

Conclusion

This study underscores the need for improved community support services for SSA migrant women. It suggests the implementation of integration policies that safeguards migrant women's health and specialised perinatal services

to better address their healthcare and social needs.

Eur J Midwifery 2025;9(Supplement 1):A21

Perinatal professionals facing environmental challenges: Knowledge, practices, and collaboration around the first 1000 days

Inès Parayre¹, Marie-Pierre Sauvart-Rochat²

¹School of Midwifery, University Clermont Auvergne, Clermont-Ferrand, France, ²University Clermont Auvergne, Clermont-Ferrand, France

Abstract Overview

In France, the First 1000 Days Program, under the National Health Strategy, emphasizes the significant impact of early environmental exposures—particularly to endocrine disruptors—on long-term health. This period of vulnerability requires coordinated action among perinatal professionals, such as midwives and early childhood practitioners, to promote healthier environments and raise awareness of environmental risks among families.

Aims and Objectives

The Promotion of Environmental Health at the Territorial Health Level (ProSET) study explores the knowledge, perceptions, and practices of these professionals in relation to environmental health and the "first 1000 days". It also assesses interprofessional collaboration and identifies support needs to strengthen their role in prevention.

Method

An exploratory qualitative study was conducted in a rural area of Auvergne-Rhône-Alpes, involving 20 purposively selected participants: midwives, pediatric nurses, and childminders. Semi-structured interviews were recorded, transcribed, and thematically analyzed using NVivo 15, with dual coding and cross-validation until data saturation.

Results

Participants showed strong awareness of environmental issues but had uneven and informal knowledge, especially about the First 1000 Days Program. Both early childhood professionals and midwives reported a lack of training in environmental health despite strong interest. Practices were often empirical and limited by institutional constraints. All groups stressed the need for practical tools, appropriate training, and structured interprofessional collaboration. Shared framework, regular communication, and coordinated territorial actions were seen as key enablers. Integrating environmental health into perinatal and early childhood professional practices presents a key opportunity for early prevention. Strengthening interprofessional collaboration and acknowledging midwives' pivotal role would help break down silos and embed environmental health promotion in local public health policies.

Conclusion

Integrating environmental health into perinatal and early childhood professional practices presents a key opportunity for early prevention. Strengthening interprofessional collaboration and acknowledging midwives' pivotal role would help break down silos and embed environmental health promotion in local public health policies.

Eur J Midwifery 2025;9(Supplement 1):A22

Women's possibility to access to green spaces during pregnancy: How can it affect pregnancy outcomes?

Audrius Dedele¹, Alina Liepinaitiene¹

¹Department of Environmental Sciences, Vytautas Magnus University, Kaunas, Lithuania

Abstract Overview

Access to green spaces during pregnancy has been linked to various health benefits for both mothers and their babies. Natural environments may help reduce stress, improve mood, and promote physical activity, potentially influencing pregnancy outcomes.

Aims and Objectives

This study aimed to examine the relationship between pregnant women's access to green spaces and the outcomes of their pregnancies. It specifically sought to identify whether regular exposure to green environments could positively impact maternal health and neonatal outcomes.

Method

A quantitative study was conducted involving 1,559 pregnant women. Participants were assessed for their access to green spaces using geographic information systems (GIS) and surveys. Data on pregnancy outcomes, including birth weight, gestational age, and maternal health indicators, were collected and analyzed statistically to identify correlations.

Results

The findings indicated that women with greater access to green spaces experienced better pregnancy outcomes. Notable results included higher average birth weights and longer gestational periods among those who frequently engaged with green environments. Additionally, mental health assessments revealed lower levels of stress and anxiety in women with better access to nature.

Conclusion

This study supports the hypothesis that access to green spaces during pregnancy positively influences maternal and neonatal health outcomes. It highlights the importance of urban planning and environmental policies that enhance pregnant women's access to natural spaces. Further research is recommended to explore the mechanisms behind these benefits and to promote interventions that foster maternal well-being through improved access to green environments.

Eur J Midwifery 2025;9(Supplement 1):A23

Eco care-project: Implementation of reusable diapers on the maternity ward

Inge Tency¹, Ellen Van den Haute¹, Nick Verhaeghe², Karen Brabant³

¹Department of Midwifery, Odisee University of Applied Sciences, Sint-Niklaas, Belgium, ²Department of Public Health and Primary Care, University of Ghent, Ghent, Belgium, ³Centre for Sustainable Entrepreneurship, Odisee University of Applied Sciences, Brussels, Belgium

Background

The healthcare sector has a great impact on environment and climate, being responsible for 2% of industrial waste. Disposable diapers create around 800 to 1000 kilos of waste per child over the entire nappy period. Therefore, the Eco Care-project was launched to focus on sustainable childbirth by implementation reusable diapers on maternity wards.

Aims and Objectives

(1) To investigate knowledge, attitude and practice of healthcare providers (HCP) in Flanders regarding sustainability in personal/professional life and reusable diapers. (2) To implement reusable diapers on a maternity ward.

Method

We use a cross-sectional study with online survey among Flemish HCP in childcare (n=185). Descriptive statistics and χ^2 tests were applied for data-analysis (SPSS with $P < 0.05$ as significant). A circular value chain (framework of Wiek, 2011) and business case analysis was performed. The use of reusable diapers is currently piloted on a maternity service with an online survey among parents.

Results

Respondents have sufficient knowledge about sustainable living (75%), consider sustainability important in their professional life (78%), are well informed about reusable diapers (73%) and show a high willingness to use (77%). Most childcare settings use disposable diapers (62%), only 8% exclusively reusable ones. The most important stimulator and barrier was resp. environmental impact (70%) and lack of usability (46%). Stakeholders are maternity, prenatal consultation, infection prevention, communication, logistics/waste department, laundry service, diapers producer, government, etc. We developed a roadbook and an information video for parents, followed by a pilot study. This study showed a positive attitude towards reusable diapers among parents, who mentioned workload and insufficient knowledge as most important barriers and rental and laundry services as facilitators.

Conclusions

This is a unique project on the implementation of reusable diapers on maternity ward, thereby introducing a more sustainable childbirth care and highlighting the need to raise awareness and knowledge on sustainable care among HCP. This requires a proper translation of sustainability policies into practice, but also healthcare education.

Eur J Midwifery 2025;9(Supplement 1):A24

Improving maternal health outcomes through integrated care: Agency, structure and interprofessional collaboration in Estonia

Silja Mets-Oja¹

¹Tallinn Health Care College, Tallinn University, Tallinn, Estonia

Abstract Overview

Fragmented health and social care systems pose serious challenges to maternal and child health, especially in rural areas. In Estonia, the centralisation of maternity services and the closure of smaller obstetric units have raised concerns about accessibility, interprofessional collaboration, and public trust. While policy-level support for integrated care exists, its implementation remains limited, creating structural constraints for both service users and professionals. These challenges are not unique to Estonia but reflect broader international concerns about health system fragmentation, equity, and the sustainability of maternity care in the context of global health reform.

Aims and Objectives

The aim is to explore barriers and opportunities for integrated health and social care in improving maternal and child health outcomes. Objectives: (1) analyse coping strategies of mothers and professionals; (2) identify interprofessional collaboration mechanisms; (3) assess systemic and policy-related implementation factors.

Method

A mixed-methods design was employed, drawing on three peer-reviewed studies conducted within the framework of an ongoing doctoral dissertation. The first study uses a quantitative approach to explore public perceptions of obstetric unit closures. The second applies Bourdieu's capital theory in qualitative interviews with young mothers to analyse how different forms of capital shape agency. The third combines focus group interviews with concentric circle analysis to map collaboration structures among health and social care professionals. This approach was guided by network governance theory. The dissertation is currently in the process of finalising an analytical overview that integrates the findings.

Results

Findings show that reforms often overlook local needs, deepening inequalities and diminishing trust. Women's agency depends on their economic, cultural, and social capital, while professionals adapt to structural rigidity through informal networks. Concentric circle analysis revealed midwives and social workers as central actors, while others remained peripheral. Persistent barriers such as fragmented funding and institutional silos continue to hinder holistic care.

Conclusion

Improving maternal and child health outcomes requires more than structural reform. It necessitates recognising agency at all levels, fostering interprofessional trust, and supporting adaptive governance that connects policy intentions with lived realities.

Eur J Midwifery 2025;9(Supplement 1):A25

Knowledge of postpartum women about the significance of pelvic floor muscles

Dominyka Korsa^{1,2,3}

¹Vilnius University, Vilnius, Lithuania, ²Antakalnis Outpatient Clinic, Vilnius, Lithuania, ³MB Brukenza, Lithuania

Overview

Although pelvic floor muscles (PFMs) are crucial in reproductive health, postpartum women's knowledge of their significance during pregnancy, birth, postpartum and appropriate exercises remains inconsistent.

Aims and Objectives

This cross-sectional study aimed to assess postpartum women's awareness of PFM functions, impact on childbirth, and the importance of strengthening exercises.

Method

A quantitative cross-sectional study using an anonymous online questionnaire. Respondents were postpartum women. It covered socio-demographic data, PFMs in pregnancy and childbirth, postpartum aspects, and Kegel, perineal massage, incontinence, and general PFM awareness.

Results

Majority of participants recognized PFM importance in pregnancy, most agreed that Kegels can reduce urinary incontinence (UI) (86.1%). Most (80.3%) believed PFMs facilitate childbirth, although nearly half (48.2%) were unaware that overly tense PFMs could prolong labor. More than half (53.3%) women had little to no knowledge of breathing and PFMs connection during childbirth. More than half (58%) did not receive any recommendation to perform PFM exercises during antenatal care. 51% lacked postpartum exercise knowledge and nearly 45% never performed them at all. UI emerged as the most common pregnancy-related complication (21.2%), persisting postpartum (36.4%). Majority (97%) endorsed mandatory prenatal PFM training. No significant difference emerged between the number of births and postpartum exercise knowledge. More than half of the women were either unsure how to identify PFM tension or did not understand its meaning.

Conclusion

Study findings underscore a strong overall awareness of PFM significance among postpartum women, yet highlight notable gaps in practical knowledge and exercise habits. Despite recognizing the role of PFMs in pregnancy and childbirth many respondents did not continue exercises postpartum, suggesting a need for more structured guidance. Providing PFM strengthening sessions in antenatal programs may help reduce complications and improve long-term maternal health outcomes.

Eur J Midwifery 2025;9(Supplement 1):A26

Supporting personalised care for all women

Jacqui Williams¹

¹Nursing and Midwifery Council, London, United Kingdom

Overview

At the 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 breach of Article 45 which specifies the Protected Function of the Midwife in the UK. We were concerned about what we were hearing but also recognised that our powers to act in this space were limited. However, we felt we needed to act as we were concerned to hear that midwives were facing very challenging situations and there were potential risks to the safety of women and newborn infants. Whilst our standards and human rights legislation uphold a woman's decision we recognised that midwives needed support in this area practice.

Aims and Objectives

To ensure that we were carrying out our regulatory duties in respect of public safety and work with others to support midwives with local concerns.

Method

We formed a group of a range of key stakeholders including the four country Chief Midwifery Officers, The Royal College of Midwives, a safeguarding midwife, a researcher, an educator Doula UK, Birthrights and the Police. We met on several occasions to discuss the issues and determine what our next steps might be. 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. We also needed to link into other stakeholders who had already started related work such as an NHS group looking at birth notification when a freebirth had occurred. 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.

Results

Following detailed discussions we recognised that the provision personalised care was problematic and inconsistent across the UK so we concluded that we need to collaboratively develop some principles which considered how to support personalised care for all women to support their decision making.

Conclusion

A principles document in relation to personalised care was produced to support this aspect of care has been produced to support. This will be available during the presentation. The value of collaborative working across multi-disciplinary and multiagency groups cannot be underestimated.

Eur J Midwifery 2025;9(Supplement 1):A27

Midwives' knowledge and views of acupressure during the perinatal period

Chanelle Galea¹, Rita Pace Parascandolo¹

¹Department of Midwifery, Faculty of Health Sciences, University of Malta, Msida, Malta

Overview

Acupressure involves the application of firm pressure on specific acupoints of the body using thumb or finger pressure. Acupressure is associated with numerous benefits when used during the perinatal period, such as preventing nausea and vomiting, reducing pain, inducing labour, aiding in breastmilk production, and decreasing anxiety throughout pregnancy, labour, and the postpartum period. This study sought to address a global gap in the literature regarding midwives' knowledge and views on acupressure during the perinatal period. While previous literature has investigated acupressure's effectiveness, there is limited understanding of midwives' knowledge, specifically on acupressure and how they view and use this intervention in their midwifery practice.

Aim and Objectives

The study aimed to explore midwives' views and knowledge of acupressure during the perinatal period. The study also addressed three specific objectives: to identify midwives' views on acupressure during the perinatal period, to determine midwives' knowledge of acupressure during the perinatal period and to elicit what influences midwives' decision to practice acupressure during the perinatal period.

Method

A quantitative, non-experimental, and cross-sectional approach was adopted using a self-designed, one-time, self-administered online questionnaire distributed via email using non-probability sampling to recruit midwives, members of the Malta Midwives Association (MMA). Ninety-two midwives answered the questionnaire. Descriptive and inferential statistics were used to analyse the quantitative data, while

qualitative data was analysed using thematic analysis.

Results

The study revealed knowledge gaps among midwives regarding acupressure, particularly concerning safety considerations and contraindicated acupoints during pregnancy. While midwives demonstrated a strong interest in acupressure, their hesitation to practice stemmed primarily from insufficient training, education and a lack of evidence-based guidelines. Less than half of the respondents reported practising acupressure, with most expressing uncertainty about the location of various acupoints and acupoints contraindicated before 37 weeks gestation. Findings highlighted that increased maternal interest in natural approaches creates a corresponding need for enhanced midwifery expertise in acupressure. Through a constructivist theoretical lens, the results emphasised the importance of developing experience from formal education and training to ensure the safe integration of acupressure into midwifery practice.

Conclusions

The findings highlighted the midwives' lack of adequate knowledge, education, and training in using acupressure during the perinatal period. The main recommendations include improving acupressure practice in midwifery through accessible training, preceptorship, and standardised guidelines. This study provides a foundation for further research especially focusing on acupressure during pregnancy and postpartum, which are areas less studied than the practice of acupressure during labour.

Eur J Midwifery 2025;9(Supplement 1):A29

Stemming the tide: A global survey on how midwives are exposed to and address health misinformation

Elisabeth Wilhelm¹, Victoria Vivilaki¹, Jean Calleja-Agius¹, Elena Petelos¹, Maria Tzeli¹

¹Department of Midwifery, University of West Attica, Athens, Greece

Introduction

Recent research shows that health misinformation represents a global health threat and significantly impacts midwifery care, increasing stress, burnout risk, workplace conflict, and poses ethical dilemmas, leading to eroding trust and subpar care being provided to women in their care. A multi-wave global survey (n=2000) was launched to capture and assess midwives' experiences with misinformation. Results highlight how different information environments impact midwives across countries, guiding interventions to support midwives in managing this complexity effectively. These insights can enhance women's safety, improve health outcomes, and inform curriculum development and midwifery education globally. Aims and objectives: The survey answered the following research questions:

1. What are midwives' exposure to and experiences of health misinformation?
2. How does health misinformation affect midwives' decision-making and interaction with people in their care?
3. What are the top challenges that midwives identify in addressing health misinformation successfully?

Method

Based on a conceptual model drawn from domains in literature about midwives and health misinformation and healthcare interactions, developed draft survey, pre-tested and translated by a global advisory group of midwives and health misinformation experts, and disseminated it online. Eligible participants included student and practicing midwives from any country, and the survey was disseminated through midwifery social media networks and associations, utilizing a snowball sampling approach to maximize global submissions. Results were analyzed with cross-tabulation analysis and Chi-square tests and deductive thematic analysis of open-ended responses.

Results

Midwives worldwide experience health misinformation, affecting their well-being, professional practice, and interactions with patients. While midwives use various strategies to manage misinformation, they expressed a need for more training and workplace support. Conclusions Stronger, more consistent workplace protections, policies, and training are needed to support midwives in addressing health misinformation more effectively, especially as information and care-seeking in digital spaces become more common.

Eur J Midwifery 2025;9(Supplement 1):A30

The professional identity of Dutch midwives

Suzanne Thomson¹, Maaïke van Rijn¹

¹Royal Dutch Organization of Midwives (KNOV), Utrecht, Netherlands

The Royal Dutch Association of Midwives (KNOV) is the national professional body representing Dutch midwives, who are autonomous primary and hospital care providers with recognized expertise in physiological childbirth. Dutch midwifery is grounded in the paradigm that reproduction is a significant life event—a model supported by evidence demonstrating the effectiveness of midwifery-led care. However, in the context of increasing risk aversion and routine obstetric interventions, articulating this professional paradigm across policy, education, and practice remains challenging. A well-defined professional identity can strengthen midwifery resilience and act as a compass for navigating reproductive healthcare. We aimed to make implicit professional values explicit by documenting the collective professional identity of Dutch midwives. We adopted a participatory, iterative methodology combining expert input with relevant literature. A literature review in early 2024 revealed limited midwifery-specific sources on professional identity, prompting us to draw also from organizational and healthcare professions literature. Input was gathered from KNOV board members, midwifery experts across care settings, educators, academics, midwives with specific expertise, and client and patient representatives. Using the rapid prototyping (Tripp & Bichelmayer, 1990), three iterative cycles of synthesis and feedback were conducted, followed by wider consultation with Dutch midwives (N=354). The resulting document is structured around nine elements of professional identity: core values, historical awareness, specialized competencies, distinctiveness, societal context, community, professionalism and autonomy, self-reflection, and collaboration. Content

analysis of existing KNOV vision documents and expert input identified Connectedness, Health, and Courage as shared core values. Feedback indicated broad recognition and resonance with the identity description. This collective identity document offers a shared narrative for Dutch midwifery, balancing ideology, experience, and scholarship. It is intended to guide decision-making in education, policy and clinical practice. Professional socialisation and the embedding of this identity into daily midwifery work will require ongoing dialogue, reflection, and professional development.

Eur J Midwifery 2025;9(Supplement 1):A31

Integrating the unborn child into the family: Cultivating kinship and intimacy in pregnancy

Nicole Borg Cunen¹, Julie Jomeen², Rita Borg Xuereb¹

¹Department of Midwifery, Faculty of Health Sciences, Msida, Malta, ²Faculty of Health, Southern Cross University, Queensland, Australia

Background

Pregnancy represents not only a physiological transformation but also a relational process, as expectant parents begin to conceptualise and emotionally connect with the fetus.

Aim

The overall aim of the study was to construct a substantive theory of expectant parents' fetal conceptual and relational experiences. This presentation focuses specifically on the findings related to how intimacy and kinship are cultivated with the unborn child during pregnancy.

Methods

Following ethical approval, a constructivist grounded theory methodology was employed. Semi-structured individual interviews were conducted with nine first-time expectant mothers and their male partners during early, middle, and late pregnancy. Data were analysed using techniques such as coding, constant comparison, and memo-writing to develop a theoretical model.

Findings

The parental-fetal tie emerged as an evolving phenomenon, developing along convoluted and individualised trajectories. Intimacy was fostered through imaginative practices, embodied experiences, emotional projections, and privileged knowledge of the fetus. In parallel, parents emphasised family resemblance and household belonging as means of incorporating the fetus into their kinship network.

Conclusion

Expectant parents progressively constructed the fetus as both an intimate other and a kin member, integrating the unborn child into their family identity prior to birth. These findings extend sociological and anthropological concepts of intimacy and kinship into the antenatal context, broadening understandings of family formation. They highlight the importance of inclusive perinatal care that supports both parents in cultivating relational ties with the fetus and suggest directions for longitudinal research into the postpartum sequelae of these antenatal processes.

Eur J Midwifery 2025;9(Supplement 1):A32

Implementing changes based on results of the national cross-sectional study Czech

women's satisfaction with early maternity care

Radka Wilhelmová^{1,2}, Lenka Veselá¹, Andrea Pokorná¹, Miloslava Kameníková², Lukáš Hruban^{1,2}

¹Department of Health Sciences, Faculty of Medicine, Masaryk University, Brno, Czech Republic, ²Department of Gynecology and Obstetrics, University Hospital Brno, Faculty of Medicine, Masaryk University, Brno, Czech Republic

Abstract Overview

Women's satisfaction with early maternity care is an important quality indicator. A cross-sectional Czech national study in 2021-2024 focused on this area (using standardized tool). Implementing changes in midwifery practice is being piloted at the Maternity Hospital (Brno, Czech Republic).

Aims and Objectives

To formulate proposals for changes implementation in perinatal care, develop educational materials, and validate them in midwifery practice.

Methods

The quantitative and qualitative results of the first phase of data collection (2022) have enabled the formulation of specific measures to increase women's satisfaction; their verification in practice is underway.

Results

Higher satisfaction among women (N=1944) was found overall in large maternity facilities and women who used care in their social setting. First-time mothers reported lower levels of satisfaction. There was low satisfaction with the information given to women throughout perinatal care. One of the stated problems is difficulty accessing a selected midwife's continuous individualised care. Women want respect for their needs and more time to create relationships with caregivers and care-promoting maternal competencies. These findings are being addressed by the ongoing implementation of changes in perinatal practice: antenatal care provided by a midwife; antenatal and postnatal consultations with a midwife, including lactation counselling; individual accompaniment of women by a selected midwife before and during labour; closer collaboration with community midwives, etc. Attention should also be focused on the care of health care providers, and all measures should be gradually introduced.

Conclusion

In the Czech Republic, there is high biomedical quality care. However, it is necessary to focus on person-centred care. Steps have been initiated to implement changes in practice that have already contributed and will contribute in the long term to the promotion of quality, respectful care for women and their children in early motherhood and to the possibility of a unified national assessment of women's satisfaction with care.

Eur J Midwifery 2025;9(Supplement 1):A34

Factors affecting women's sexual function quality during the first and second postpartum trimesters in Greece: A prospective comparative study and secondary data analysis

Dimitrios Papatheodorou¹, Eleni Charitopoulou, Angeliki Antoniakou²

¹Department of Midwifery, School of Health Sciences, International Hellenic University (IHU), Greece,

²Department of Midwifery Science, School of Health Sciences, International Hellenic University, Thessaloniki, Greece

Abstract Overview

Postpartum sexual functioning is influenced by a complex interplay of biological, psychological, and social factors. Despite its importance, this topic remains under-researched within the Greek population. Understanding its evolution can help improve postpartum care and address women's concerns about sexual health after childbirth.

Aims and Objectives

To explore the progression of sexual functioning during the first postpartum year and identify key influencing factors through a prospective comparative study and secondary data analyses.

Methods

A prospective study was conducted with 34 women of Greek or Cypriot origin, who completed validated questionnaires at two time points: the first and second postpartum trimesters. Secondary statistical analyses with stepwise multinomial logistic regression analysis were performed to further enrich the findings.

Results

A significant improvement in sexual functioning was observed in the second postpartum trimester. Influencing factors varied: during the first trimester, income, family and social support, and sleep duration were significant, whereas in the second trimester, parental leave and time since birth played a major role. Additional analyses revealed that longer second-stage labor duration was associated with gas incontinence (OR=1.01, p<0.001). The poorer a mother's sexual life after childbirth, the worse her psychological state (B=0.14, p=0.018), while prolonged labor was similarly linked to diminished psychological well-being (B=0.03, p=0.044). Women living outside Athens were more likely to engage in sexual intercourse during pregnancy compared to those residing in the capital (OR=0.63, p=0.049), and greater gestational age increased the likelihood of intercourse during pregnancy (OR=1.10, p=0.028). Additionally, age was inversely correlated with pre-pregnancy sexual frequency (B=-0.60, p<0.001), and older, employed mothers were more likely to exclusively breastfeed (p<0.05).

Conclusion

Postpartum sexual functioning is dynamic and influenced by diverse factors. Integrating sexual health education into prenatal care is essential. Further research is needed to elucidate long-term trends and regional differences, ultimately informing interventions that support women's overall well-being.

Eur J Midwifery 2025;9(Supplement 1):A36

Evaluation of Greek midwives' knowledge of child maltreatment and the effectiveness of an educational intervention

Eleni Theodoridou¹, Athanasios Sachlas², Alexandra Soldatou³, Victoria Vivilaki⁴, Angeliki Antonakou¹

¹Department of Midwifery Science, School of Health Sciences, International Hellenic University, Thessaloniki,

Greece, ²Department of Computer Science and Biomedical Informatics, School of Sciences, University of Thessaly, Lamia, Greece, ³School of Medicine, National and Kapodistrian University of Athens, Athens, Greece, ⁴Department of Midwifery, School of Health and Care Sciences, West Attica University, Athens, Greece

Abstract Overview

Child maltreatment is a critical global issue with detrimental impacts on both physical and mental health, affecting approximately 400 million children worldwide. Despite midwives' unique position in safeguarding children, studies indicate that they often lack the necessary knowledge to identify the signs and risks of child abuse, thereby limiting their effectiveness in this role.

Aims and Objectives

This study aimed to determine Greek midwives' knowledge regarding child abuse and neglect (CAN) and to evaluate the effectiveness of a targeted training intervention designed to improve their ability to recognize symptoms and risks associated with child maltreatment.

Methods

A total of 493 Greek registered midwives participated in the study. Sociodemographic data were collected alongside responses to the Scale for the Identification and Risks of Child Abuse and Neglect (SISRCAN), a tool used to measure midwives' understanding of CAN. A 2-hour training program on child abuse and neglect was subsequently delivered to 96 midwives. Data collection occurred at three intervals: prior to the intervention, immediately after, and six months later.

Results

The mean SISRCAN score increased significantly from 242.80 (± 26.65) before the intervention to 291.23 (± 23.26) immediately post-intervention ($p < 0.001$). Although there was a decline to 277.79 (± 26.81) at the six-month follow-up, the score remained significantly higher than the baseline ($p < 0.001$). Notably, a significant difference between the immediate post-intervention and the six-month scores ($p < 0.001$) suggests a partial loss of the acquired knowledge over time.

Conclusion

The educational intervention effectively enhanced Greek midwives' knowledge in diagnosing the symptoms and risks of CAN. To sustain these improvements and strengthen child safeguarding practices, it is imperative that comprehensive training on child abuse and neglect be integrated into both undergraduate and postgraduate midwifery education. Health policymakers should prioritize such educational initiatives to empower midwives in their critical role as child protectors.

Eur J Midwifery 2025;9(Supplement 1):A37

Understanding the lived experiences of infertility amongst men

Georgette Spiteri¹

¹Department of Midwifery, University of Malta, Msida, Malta

Abstract Review

Infertility has been described as one of the most distressing experiences in a person's life. While one may assume that infertility is primarily a concern for women, this assumption is gender stereotypical and untrue. Previous studies support the idea that women experiencing more pronounced distress

in the face of infertility may be influenced by societal norms dictating how men and women are conditioned to manage their emotions. The scientific understanding of the emotional consequences of male infertility is currently limited. Recent studies suggest that infertility affects men and women emotionally in nearly equal measure. Male-factor infertility appears to carry a greater societal stigma compared to other infertility diagnoses. Investigating the experience of male infertility will help identify men's needs and this in turn will help professionals and society offer better support and relevant services to the male partner too.

Aims and Objectives

The study aimed to understand the lived experiences of males who are actively trying to conceive but are experiencing infertility or subfertility issues. The objectives of the study were threefold: 1) To understand the emotional impact of an infertility/subfertility diagnosis and treatment on males. 2) To understand how the experience of infertility/subfertility has impacted different life aspects amongst males. 3) To uncover the meaning of living with infertility/subfertility amongst men.

Methods

This study explores the lived experiences of men facing infertility or subfertility using an interpretative phenomenological approach (Smith, Flowers, & Larkin, 2022). A purposive sample of approximately six consenting adult males (18+) proficient in Maltese or English will be recruited voluntarily through a targeted social media campaign. Participants will engage in a one-time, face-to-face, semi-structured interview lasting approximately one hour, conducted at their convenience. Recruitment ensures ethical rigor, with participants initiating contact and receiving an information sheet before participation. Ethical permission has been granted for this study.

Results

Data collection is set to be completed by May 2025. Preliminary findings have highlighted the following: The deep emotional impact of infertility/subfertility diagnosis and treatment includes feelings of inadequacy, grief, frustration, isolation and depression. The impact on different life aspects including relationship issues, social life, work, daily functioning and issues around self-identity. The meaning of living with infertility/subfertility includes a process of emotional adjustment and identity renegotiation, with some men exhibiting resilience and redefining masculinity beyond biological fatherhood.

Conclusion

It is hoped that the findings of this study will contribute to a deeper understanding of the psychological and social dimensions of male infertility, informing future support interventions. The preliminary findings underscore the importance of addressing male infertility not only as a medical condition but as a complex psychological and social experience, warranting greater visibility, empathy, and targeted interventions in both clinical and societal contexts. By uncovering the lived realities of men facing infertility, this research challenges prevailing narratives and encourages more holistic, gender-sensitive approaches to reproductive health.

Eur J Midwifery 2025;9(Supplement 1):A38

Birth centre versus delivery room - the impact of the place of delivery on the number of medical procedures, hospitalization time and costs of perinatal care

Grażyna Bączek¹, Aleksandra Wilczyńska, Joanna Gołębiewska, Agnieszka Bień, Beata Pięta

¹Department of Obstetrics and Gynecology Didactics, Faculty of Health Sciences, Medical University of Warsaw, Warsaw, Poland

Abstract Overview

The search for a compromise between natural childbirth in the atmosphere of the comfort of home and a sense of security in the event of complications resulted in the creation of a place that, in a hospital setting, allows the mother to experience the birth of a child while respecting privacy and minimizing medical procedures.

Aims and Objectives

The aim of the study is to assess whether and how the choice of the place of delivery (Birth Centre versus Delivery Room) affects the number of medical procedures performed, hospitalization time and costs of perinatal care.

Method

The research method used in the study was a retrospective analysis of medical records. A statistical method was used to perform a qualitative and quantitative analysis of the obtained information. The study group included low-risk pregnant women whose pregnancy was physiological and who gave birth vaginally in the Delivery Room (200 patients) and the Birth Center (198 patients).

Results

Significantly more medical procedures were performed in the Delivery Room. The average length of hospital stay after delivery in the Birth Centre was 2.91 days, while in the Delivery Unit it was 3.46 days, and when it comes to the average cost of hospitalisation, the corresponding values of the results are PLN 2,119.69 and PLN 2,400.77.

Conclusion

The higher number of medical procedures performed during delivery in the Delivery Room has an impact on the increase in the length of hospitalisation. The costs of perinatal care are higher in the Delivery Room, due to the higher number of medical procedures performed. Reducing medicalisation during delivery in the Birth Centre has an impact on the reduction of medical procedures recorded during hospitalisation. Women with a physiological pregnancy should decide to give birth in the Birth Centre, due to the lower number of perineal injuries, including episiotomies, recorded there.

Eur J Midwifery 2025;9(Supplement 1):A39

Knowledge of European healthcare providers about the diagnosis and treatment of mastitis and candidiasis in breastfeeding

Joke Muyldermans^{1,2,3,4,5}, Cato Baetens⁵, Eline Tommelein⁵

¹Midwifery Practice InTeam, Hoeilaart, Belgium,

²Care4Education, Boortmeerbeek, Belgium, ³Flemish Organisation of Midwives, Antwerpen, Belgium,

⁴Department of Health - Midwifery Education, University

College Brussels, Jette, Belgium, ⁵Department of Pharmaceutical Sciences FARM - Faculty of Medicine and Pharmacy, University of Brussels, Jette, Belgium

Background

Mastitis and candidiasis are common breastfeeding (BF) complications and contribute to pain and discomfort, possibly leading to early cessation of breastfeeding. Knowledge of healthcare providers (HCPs) in both the diagnosis and treatment of mastitis and candidiasis in breastfeeding is therefore of importance. To date, there is little evidence on HCPs knowledge of these breastfeeding-related problems.

Objectives

This research project aims to map HCPs knowledge of diagnosis and treatment methods for mastitis and candidiasis, as well as provide a European perspective of the ABM protocol #36. Additionally, differences between European countries, such as the availability of medication on the market were assessed.

Methods

This observational cross-sectional study was performed using an online questionnaire and took place from May 2024 until November 2024. Tracing and contacting of HCPs was done via e-mailing national and international organizations, social media, smaller groups of HCPs and at several international conferences. The questionnaire, available in Dutch and English, was divided into 5 parts: "demographical data", "diagnosis of candidiasis", "treatment of candidiasis", "diagnosis of mastitis" and "treatment of mastitis". All data was collected through Qualtrics. Data was analyzed by Microsoft Excel. Ethics approval was obtained through the Committee for Medical Ethics (CME) of UZ Brussels (number 2021 386).

Results

A total of 309 questionnaires were filled in by HCP from 18 European countries. 75% of participants stated to have doubts about the diagnosis of candidiasis. All types of HCPs, including midwives, stated being familiar with the ABM protocol #36. Regarding diagnosis and treatment of candidiasis and mastitis, general practitioners and pediatricians showed the greatest deviation from ABM#36 in their daily practices. Additionally, participants from France and Germany reported the highest number discrepancies between their practices and the guidelines.

Conclusions

All participating HCPs, including midwives, stated to have doubts about diagnosing and treating mastitis and candidiasis.

Eur J Midwifery 2025;9(Supplement 1):A40

Proactive lactation care to support mothers to prevent unplanned early cessation of breastfeeding

Barbara Finderle¹, Helen Sutherland¹

¹Poliklinika Finderle, Rijeka, Croatia

Abstract Overview

Humanmilkfeedingratesremainsuboptimalglobally,although there are international and national recommendations for best practices, including early breastfeeding initiation, frequent and prolonged skin-to-skin contact, and regular breastfeeding. Prenatal, birth and infant-related factors can

negatively affect lactation outcomes. These factors can hinder the early initiation of breastfeeding and skin-to-skin contact, vital for long-term lactation success.

Aims and Objectives

The aim is to provide guidance regarding the identification and management of women and infants with risk factors associated with the impairment of the initiation and establishment of lactation. The objectives are to review the importance of breastfeeding and the physiology of lactation, to describe the critical window of time to optimize human milk supply, to list the risk factors which may affect milk production or breastfeeding and to outline proposed clinical pathways to manage those at risk.

Methods

Key maternal, birth and infant risk factors that may impact lactation will be presented alongside an evidence-based perinatal operational breastfeeding plan with clinical pathways to guide healthcare professionals in providing individualized care for families with identified risks for lactation. Results By integrating the perinatal operational breastfeeding plan into clinical practice, midwives and other health care professionals will be able to proactively provide tailored education and interventions to families so that a delay in secretory activation does not lead to early breastfeeding cessation.

Conclusions

The goal is to ensure timely secretory activation and adequate milk supply in the short and long term. This would enable more newborns to breastfeed longer and families to achieve their breastfeeding goals, hence contributing to improving maternal and child health outcomes.

Eur J Midwifery 2025;9(Supplement 1):A41

Gestational diabetes mellitus prevention: Establishing midwifery interventions for improved maternal and fetal health

Vikentia Harizopoulou¹, Antigoni Sarantaki¹, Paraskevi Giaxi¹, Anna Maria Athinaidou¹, Kleanthi Gourounti¹

¹Department of Midwifery, University of West Attica, Athens, Greece

Overview

While the prevention of GDM remains challenging, preventive strategies are essential to reduce its incidence and mitigate its consequences. Midwifery interventions can play a pivotal role in promoting maternal health through individualised care and community-based support.

Aims and Objectives

This study explores the role of lifestyle modifications in reducing GDM incidence and investigates the effectiveness of implementing midwifery-led interventions to prevent GDM.

Method

PubMed, Scopus and Google Scholar were searched for articles published between 2010 and 2025. The keywords "Gestational Diabetes Mellitus", "Midwifery Interventions", and "Prevention" were used to identify relevant articles.

Results

Several preventive measures for GDM have been proposed and investigated. Lifestyle modification, focusing on weight loss during preconception, effectively lowers GDM risk and physical activity during pregnancy can reduce GDM incidence

by up to 40%, irrespective of BMI. Studies on pharmacological prevention of GDM, including metformin and supplements like vitamin D and myo-inositol, have yielded mixed outcomes. The fact that GDM is the most common medical condition during pregnancy and it has been reclassified as a chronic cardiometabolic condition due to its significant and long-term (lifelong) impacts raises the importance of early identification of modifiable risk factors and regular monitoring in the context of preconception, prenatal, antenatal and postnatal midwifery care. Recent findings suggest that midwifery interventions, based on continuity of care, individualised care and community-based support, significantly enhanced timely referrals and management and improved maternal adherence to preventive guidelines.

Conclusion

Midwifery-led interventions offer an accessible approach to GDM prevention. By targeting modifiable risk factors through individualised care and improving maternal compliance through continuity of care, midwives can significantly contribute to disrupting the intergenerational cycle of diabetes and obesity. Future research should focus on identifying the most effective and efficient midwifery interventions offered to prevent GDM, putting forward the dynamics of the transition to motherhood.

Eur J Midwifery 2025;9(Supplement 1):A42

Perception of competence among French student midwives in the context of preventive gynaecological care for women with disabilities

Juliane Laborie¹, Inès Parayre¹

¹School of Midwifery, University Clermont Auvergne, Clermont-Ferrand University Hospital, Clermont-Ferrand, France

Overview

In France, more than 230,000 women live with intellectual disabilities. Since 2009, midwives have been authorised to provide preventive gynaecological care to healthy women, including those with disabilities. However, only 34% of women living in medical-social care institutions receive such care. Whether the disability is physical, sensory, psychological, or intellectual, delivering sexual and reproductive healthcare to women with disabilities requires specific adaptations that should be addressed during initial training. Nevertheless, the integration of such content appears inconsistent across midwifery schools. To date, no national study has assessed student midwives' perceived competence in this area.

Aims and Objectives

This study aimed, firstly, to assess the perceived competence of French student midwives in supporting women with disabilities during preventive gynaecological care, using Bandura's model. Secondly, it sought to identify the barriers and challenges reported by students in caring for this population.

Method

A descriptive, cross-sectional observational study was conducted between August 2024 and January 2025. Final-year student midwives enrolled in 2024 and 2025 were surveyed via an online questionnaire. Statistical analysis was performed using Pearson's Chi-squared test.

Results

A total of 192 responses were analysed: 63.5% of students reported a partial sense of competence; only 37% declared having received formal teaching on disability, and fewer than 40% had received training on gynaecological care in this context. Supervised clinical experience during placements involving the care of women with intellectual disabilities was significantly associated with a higher perceived sense of competence ($p < 0.001$).

Conclusion

The standardisation of initial training programs to enhance students' perceived competence is essential to adequately address the needs of all women. In this regard, the midwifery education reform anticipated by 2027 represents a strategic lever to adjust curricula, improve perinatal health outcomes, and contribute to the achievement of the Sustainable Development Goals.

Eur J Midwifery 2025;9(Supplement 1):A43

Investigation of father–fetal attachment during prenatal period: A pilot study in North Greece

Eleftheria Taousani¹, Ioannis Tsamesidis¹, Anatoli Theodoridou¹, Eleftheria Kalpakidou¹, Zoi Koukou¹

¹International Hellenic University, Thessaloniki, Greece

Abstract Overview

The transition to parenthood is a critical period, and the father's positive emotional involvement contributes to the development of strong bonds with the fetus and improves child health outcomes.

Aims and Objectives

This study aims to explore the prenatal attachment of expectant fathers, particularly their emotions and attitudes, while investigating its relationship with father's social traits.

Method

The study included 75 participants from North Greece. Data was collected between March 2024 to July 2025 via the distribution of questionnaires. The Paternal Antenatal Attachment Scale (PAAS) was used to assess the degree of attachment to the developing fetus. Statistical analysis was performed via GraphPad Prism. Descriptive analysis was performed by calculating means and standard deviations for quantitative variables and to investigate possible differences the Independent Samples t-test was used. The statistical significance level was set at $p < 0.05$.

Results

Most participants (62.9%) demonstrated a high level of paternal antenatal attachment, reporting positive emotions toward the fetus. Attachment levels were found to increase as pregnancy progressed, with mean PAAS scores of 60.6 in the first trimester, 62.1 in the second trimester, and 64.3 in the third trimester. This increase was statistically significant (One-Way ANOVA, $p < 0.05$). A statistically significant association between antenatal attachment and both age and educational level was observed. Participants aged 26–35 years showed the highest attachment scores (Mean: 66), while those holding a postgraduate degree also reported higher levels of attachment (Mean: 66.4). Notably, men experiencing fatherhood for the first time appeared to feel emotionally closer to the fetus compared with fathers who already had

children (One-Way ANOVA, $p < 0.05$).

Conclusion

In conclusion, participants demonstrated strong emotional attachment and positive feelings toward the fetus, highlighting the father's emotional involvement, which progresses linearly across the trimesters of pregnancy as the fathers are preparing for their new role. Factors such as age, education, and other psychological and socioeconomic variables may influence attachment. Thus, encouraging father-fetal attachment by midwives and offering personalized counseling through prenatal programs across the father's journey to parenthood is deemed essential.

Eur J Midwifery 2025;9(Supplement 1):A44

Acute and elective caesarean section: Women's perspectives on their experience of care

Katerina Ratislavova¹

¹Faculty of Health Care Studies, University of West Bohemia, Plzeň, Czech Republic

Overview

While the number of cesarean deliveries is increasing worldwide, research shows lower women's satisfaction with this birth experience. Midwife care for women after cesarean delivery includes several important areas: scar care, pain management, monitoring risk factors and preventing postoperative complications, promoting physical and psychological health, and newborn care.

Aims and Objectives

The aim of the present study is to determine the experience of women with care after acute and elective caesarean delivery.

Methods

A retrospective cross-sectional study design was used. The questionnaire was shared online in a closed group of women with experience of caesarean section on social media. The selection criteria were Czech-speaking women over 18 years of age who had given birth by caesarean section no more than 5 years ago. The data analysis was carried out using a mixed model research design. To test for differences between groups of women Chi-Squared Tests, Student t-test, Kruskal-Wallis tests with Dunn's post hoc test for independent samples and Binary logistic regression based on the Odds Ratio were used to compare the type of data and normality of the data distribution.

Results

Data were obtained from women who delivered by elective caesarean section ($n=664$) and acute caesarean section ($n=980$). Respondents who delivered by elective caesarean section reported significantly higher satisfaction with information during care ($p < 0.001$), had more frequent contact with their baby immediately after delivery ($p < 0.001$), and had significantly higher trust in health care personnel ($p < 0.001$) compared to respondents who underwent an acute cesarean section. Significant negative findings were that 75.5% of the respondents from both groups reported that they did not receive any psychological care, and that as many as 57.36% of the women did not see their newborn for several hours after surgery.

Conclusion

The results of our study show the importance and significance

of care for women after acute caesarean section. These women may be considered an at-risk group of patients because they are exposed to higher risks, both physical and psychological. The results of the study show that these women are significantly less satisfied with information, psychological care and the course of labour. All women after caesarean section need support in skin-to-skin contact immediately after delivery or as soon as they are conscious.

Eur J Midwifery 2025;9(Supplement 1):A45

You can run, but you can not hide: Teaching midwifery students the use of GenAI

Signe Marcussen¹, Anne Phil²

¹University College Copenhagen, Copenhagen, Denmark,

²Danish Association for Midwives, Copenhagen, Denmark

Abstract Overview

The main aim of our presentation is to provide midwives with knowledge and insights into how AI (e.g. ChatGPT and the like) can be integrated in midwifery education. We apply a both curious and critical approach. Whether in a theoretical or clinical setting, the use and understanding of technology is embedded in our work and therefore should be seen as an essential competence for midwifery practice. In Danish midwifery education, we have a very high – almost exclusive – percentage of female students, and research suggests that there is a gender gap in how we approach and use new technologies, leaving the females behind. This highlights the need to focus on actively supporting the students in developing technological literacy to foster an innovative mindset that ensures the development of the profession.

Aims and Objectives

The starting point is a master's project completed in the spring of 2024, which examined how midwifery students use GenAI in their preparation for classes. Based on this study, we conducted workshops for all midwifery students at University College Copenhagen from September 2024 to February 2025. The purpose of the workshops was for the students to develop a curious and critical approach to GenAI, both as a learning technology and as a professional technology.

Methods

A literature study, five qualitative interviews, and three workshops where midwifery students were introduced to GenAI, gaining hands-on experience and a critical perspective on the use of the technology.

Results

The qualitative interviews show that midwifery students use GenAI for various purposes in their preparation, such as summarizing texts, as a sparring partner, and for idea generation. However, the extent to which students critically evaluate the output varies greatly. The workshops indicate that students are uncertain whether they are cheating themselves by using the technology, but hands-on experience with the technology helps support their skills in critical reflection.

Conclusion

Midwifery students are increasingly using GenAI in connection with their studies, although there are also students who never use it. We need to promote the students' curiosity about the technology, but at the same time, we must ensure that they critically consider the technology's limitations.

Eur J Midwifery 2025;9(Supplement 1):A46

Mechanisms impacting the implementation of person-centred care and simulation-based learning in midwifery education in Central Africa

Frida Temple¹

¹Institute of Health and Care Sciences, Gothenburg University, Göteborg, Sweden

Abstract Overview

Strengthening midwifery education is critical to building a workforce capable of providing high-quality care. Thus, in the Democratic Republic of Congo (DRC), the Evangelical University of Africa has introduced a bachelor's program in midwifery education integrating two profiles: person-centred care and simulation-based learning.

Aims and Objectives

To identify mechanisms impacting the implementation of two profiles within a midwifery education program in the DRC: a person-centered care model and strengthened simulation-based learning, both on campus and in clinical practice.

Methods

A qualitative process evaluation with an exploratory design was conducted, involving four focus group interviews with 29 midwifery students. Data were analyzed using deductive and inductive content analysis, guided by an evaluation framework focusing on mechanisms of impact.

Results

Person-centred care and simulation-based learning demonstrated a synergistic effect, each reinforcing the other. Simulation-based learning enhanced students' confidence, improving communication skills, fostering awareness of women's active role in their care, thereby facilitating the adoption of person-centred care. In turn, person-centred care strengthened the relevance of simulation-based exercises, making them more reflective of clinical interactions and improving students' ability to provide individualized care. Enablers of successful implementation included adequate staffing, skilled faculty providing continuous capacity building, safe learning environment, and access to sufficient equipment. While cultural norms initially posed challenges, resistance decreased as the benefits became evident. Over time, the integration of the profiles contributed to new routines in childbirth care, improving student learning and satisfaction in providing care.

Conclusion

Integrating person-centred care into midwifery education enhanced patient-midwife communication and satisfaction, while simulation-based learning strengthened the link between theory and practice, increasing student confidence. Demonstrated synergy between the profiles highlights potential for broader impact. To advance maternal and newborn health outcomes globally, it can be argued that international standards integrating simulation-based learning and person-centred care into midwifery education in academic and clinical settings are needed.

Eur J Midwifery 2025;9(Supplement 1):A47

Analysis of environmental noise impact on pregnancy outcomes in women with coronavirus disease

Audrius Dedele¹, Alina Liepinaitiene¹

¹Department of Environmental Sciences, Vytautas Magnus University, Kaunas, Lithuania

Abstract Overview

Environmental noise is known to have various health implications, and its impact on pregnancy outcomes has raised concerns, especially in the context of the coronavirus disease (COVID-19) pandemic. Understanding how noise exposure interacts with the stressors of the pandemic may provide insights into maternal and fetal health.

Aims and Objectives

This study aimed to investigate the effects of environmental noise on pregnancy outcomes in women diagnosed with COVID-19. The objective was to determine whether higher noise levels were associated with adverse outcomes such as low birth weight, preterm birth, or other health issues in both mothers and newborns.

Methods

A quantitative analysis was performed involving 1559 pregnant women who had suffered COVID-19 during pregnancy. The study measured environmental noise levels in their residential areas using sound measurement tools and collected data on pregnancy outcomes via medical records and maternal surveys. Statistical analyses were conducted to explore correlations between noise exposure and pregnancy results.

Results

The analysis revealed that women exposed to higher levels of environmental noise experienced significantly worse pregnancy outcomes compared to those in quieter environments. Key findings included an increased incidence of low birth weight and a higher rate of preterm births among the noisier cohorts. Women reported higher stress levels and sleep disturbances, which were linked to the detrimental effects observed.

Conclusion

This research highlights the negative impact of environmental noise on pregnancy outcomes, particularly among women with COVID-19. The findings underscore the need for public health interventions to mitigate noise pollution, especially in urban areas where pregnant women may be at heightened risk. Further studies are warranted to explore the underlying mechanisms and develop strategies that enhance maternal and fetal health in noisy environments.

Eur J Midwifery 2025;9(Supplement 1):A49

Breastfeeding competencies skills training using simulation: An innovative educational approach for midwives

Laura Moya Falcon¹

¹Womens Wellness and Research Centre, Hamad Medical Corporation, Doha, Qatar

Abstract Overview

While breastfeeding is the most natural means for nourishing and nurturing an infant, it does not come easy to all mothers and infants. It requires a combination of appropriate early care practices and ongoing support by skilled health professionals. According to latest evidence, breastfeeding education focusing more in competencies skills is recommended. Sufficient knowledge, skills and attitudes to support breastfeeding are essential for the provision of safe, evidence-based, compassionate care.

Aims and Objectives

This program aimed to enhance the skills of nurses and midwives in teaching and supporting breastfeeding and infant feeding to mothers, utilizing the WHO/BFHI competency verification toolkit to ensure correct knowledge, attitudes, and practices.

Methods

A simulation-based learning activity was developed in accordance with guidelines from the International Nursing Association for Clinical Simulation and Learning. Participants received objectives and scenario descriptions prior to the simulations. A structured pre-briefing established a safe learning environment. The role-play scenarios involved the use of simulation person (SP), breast models, and baby models. Debriefing was conducted using the PEARLS debriefing tool to facilitate reflective learning. Assessment methods included: WHO/BFHI modified competency checklist, Knowledge check and evaluation form.

Results

The training uncovered unexpected inconsistencies in practices, knowledge gaps, and reliance on non-evidence-based approaches. Participants emphasized that the safe learning environment and interactive nature of the simulations significantly enriched their experiences, helping them achieve breastfeeding goals. Collaborative discussions during debriefings fostered a supportive learning environment among midwives. Self-reported evaluations from 327 participants reflected high satisfaction rates and indicated perceived increases in confidence, knowledge, and skills related to breastfeeding education and skills.

Conclusion

This groundbreaking simulation training, the first of its kind in Qatar, effectively enhances the quality of breastfeeding education, leading to significant improvements in participants' knowledge, skills, and behaviors. These findings underscore the importance of integrating simulation-based learning as a crucial component for midwifery education.

Eur J Midwifery 2025;9(Supplement 1):A50

Artificial intelligence in maternal care: A new frontier for midwifery

Eirini Orovou¹, Antigoni Sarantaki², Maria Tzitziridou Chatzopoulou¹, Katerina Tzimourta³

¹Department of Midwifery, University of Western Macedonia, Ptolemaida, Greece, ²Department of Midwifery, University of West Attica, Egaleo, Athens, Greece, ³Biomedical Technology and Digital Health Laboratory, Department of Electrical and Computer Engineering, University of Western Macedonia, Kozani, Greece

Introduction

Maternal health complications continue to pose significant global challenges, particularly impacting maternal and infant morbidity and mortality in vulnerable populations. It is a fact that 287000 maternal deaths were recorded in 2020, making maternal health a major public health issue worldwide, while, 94% of these deaths occurred in low- and middle-income countries. In recent years, advancements in artificial intelligence (AI) and machine learning (ML) have shown substantial potential in supporting early identification

and management of such risks. AI plays an important role in obstetrics, as it contributes to early diagnosis, facilitating the prevention of complications and immediate intervention; it enhances the provision of personalized care, tailored to the unique needs, preferences, and lifestyle of each woman; and promotes the development of telehealth, offering access to personalized care for populations that often lack adequate health services.

Aims and Objectives

Development and evaluation of machine learning models for the automatic classification of maternal risk (low, medium, high) through the use of physiological parameters (age, blood pressure, blood sugar, temperature, heart rate). To support midwives and healthcare professionals with timely and reliable risk assessment in order to improve maternal care.

Methods

The study was based on a sample of 1014 pregnant women from Africa, selected to realistically reflect the needs and challenges of maternal care in the region. Data were collected from different healthcare sources, such as hospitals, community clinics, and maternal health centers, through an Internet of Things (IoT)-based risk monitoring system. This system enabled the continuous recording of vital parameters, the collection and processing of information in real time, and the early detection of potential complications.

Results

Among the models evaluated, Random Forest demonstrated the most effective performance, achieving the highest scores in Accuracy (88.03%), True Positive Rate (88%), and Precision (88.10%). The application of the system showed high accuracy in identifying high-risk women (95.77%), confirming the effectiveness of artificial intelligence tools in obstetric care. The medium-risk category proved to be more challenging, as it is characterized by overlapping clinical features that make classification difficult and may require a combination of more indicators for reliable prediction.

Conclusions

These results highlight its strength in classifying maternal health risks. However, all models struggled most with the mid-risk category, which exhibited lower Recall and Precision, emphasizing class imbalance as a key limitation in model performance. Early identification of women from all over the world at increased obstetric risk, before serious complications arise.

Eur J Midwifery 2025;9(Supplement 1):A52

The effect of the WhatsApp midwife birth support line on women's birth self-efficacy and birth experiences: Randomized controlled trial

Burcu Yurtsal¹, Vasviye Eroğlu²

¹Sivas Cumhuriyet University, Sivas, Türkiye, Tokat Gaziosmanpaşa Üniversitesi, Tokat, Türkiye

Overview

The widespread use of digital communication channels today has increased the opportunities to provide remote support to women during the childbirth process. In this context, examining the potential effects of midwifery counseling delivered via WhatsApp on women's birth experiences and childbirth self-efficacy represents both an innovative and

needs-based approach.

Aims and Objectives

This study was planned to examine the effect of WhatsApp-based midwife support given in the late pregnancy period on women's birth experiences and self-efficacy for normal birth. Expected Benefit: Digital support facilitates pregnant women's access to information, strengthens their birth preparation processes, and can make their birth experiences more positive.

Methods

The universe of the study consisted of primiparous pregnant women in their last trimester who applied to the gynecology and obstetrics clinics of a university hospital. The sample size was calculated as 74 people with power analysis using the G*power program. Of them, 37 were assigned to the experimental group and 37 to the control group (power: 95%, effect size; 0.773, and margin of error: 5%). After the purpose of the study was explained, the experimental and control groups were selected randomly from the pregnant women who accepted to participate in the study with their verbal and written consents and met the study criteria. The pregnant women in the experimental group were given counseling via WhatsApp in the last trimester, and the control group continued their routine care. After birth, the experimental and control groups filled out the Personal Information Form, Self-Efficacy Scale for Normal Birth, Childbirth Experience Scale and Postpartum Information Form.

Results

The mean age of the mothers in the experimental and control groups was 27.43±4.65 and 28.96±4.81, and no difference was observed between the sociodemographic characteristics of the women. The experimental group's self-efficacy scores regarding vaginal birth were significantly higher than those of the control group ($p < 0.001$). No significant differences were observed according to variables such as education, income, or age, which allows us to attribute the effect to the intervention program itself. The main birth experience score of the intervention group was significantly higher than the control group ($p < 0.001$). Women evaluated the birth process as more positive, controlled and satisfying.

In the intervention group rate of non-intervention birth was significantly higher ($p=0.003$), initiation of breastfeeding and skin to skin contact occurred earlier ($p=0.04$). Birth satisfaction was significantly higher ($p=0.014$) and all women believed that midwifery led care is important ($p=0.01$).

Conclusion

WhatsApp midwife birth support line positively affects women's self-sufficiency and birth experiences towards birth. As a result, according to the findings of this study, it can be said that continuity is important in midwifery birth support counseling and that programs with continuity will positively affect women's birth self-efficacy and birth experiences. In this context, it is recommended to increase WhatsApp midwife counseling as it will be an effective and economical application.

Eur J Midwifery 2025;9(Supplement 1):A53

The teaching of midwifery and the use of artificial intelligence

Sara Palma¹, Arminda Anes Pinheiro¹

¹Santarém Nursing School, Polytechnic Institute of Santarém, Santarém, Portugal

Abstract Overview

The teaching of midwifery has undergone significant transformations in recent years, especially with the incorporation of digital technologies and, more recently, artificial intelligence (AI). The training of midwives, historically based on empirical knowledge and oral transmission, has evolved to include more structured methods, grounded in scientific evidence, simulators, and now AI systems that support both education and clinical practice (Oliveira et al., 2021).

Aims and Objectives

To investigate the benefits of AI in midwifery education within nursing.

Methodology

Narrative literature review on the use of AI in midwifery education.

Results

AI is being integrated into obstetric nursing education, enabling the analysis of clinical data, helping to identify risk patterns, suggesting appropriate interventions for clinical situations, and simulating childbirth in virtual reality environments (Topol, 2019). Furthermore, AI allows for personalized education by adapting content to the individual needs of students, promoting more effective learning (Esteva et al., 2019). While the benefits of AI in midwifery education are acknowledged, it is essential that its use be accompanied by critical and ethical training to ensure that future professionals maintain a human, empathetic, and woman-centered approach. Technology should serve as a supportive tool, not a replacement for human care especially in such a sensitive area as childbirth (Monteiro & Pereira, 2020).

Conclusion

The integration of AI into midwifery education represents an opportunity to strengthen professional training, as long as it aligns with the principles of woman-centered care and is guided by an ethical approach.

Eur J Midwifery 2025;9(Supplement 1):A54

Translation and validation of the Parental Stressor Scale in NICU (PSS: NICU): Pilot findings from a Greek sample

Maria Tzeli^{1,2}, Maria Alexiou^{1,2,3}, Antigoni Sarantaki^{1,2}, Giannoula Kyrkou¹, Sofia Biti⁴, Marina Antoniadi³, Aikaterini Fotiou⁵, Anna Daskalaki⁶, Soultana Siahaniidou⁷, Christina Nanou¹, Dimitra Metallinou¹

¹Department of Midwifery, School of Health and Care Sciences, University of West Attica, Athens, Greece,

²Hellenic Midwives Association, Athens, Greece, ³Neonatal Intensive Care Unit, IASO Maternity - Gynecology Clinic, Athens, Greece ⁴Nursing Directorate, IASO Maternity - Gynecology Clinic, Athens, Greece, ⁵Neonatal Intensive Care Unit, General and Maternity Hospital Helena Venizelou, Athens, Greece, ⁶Third Department of Pediatrics, Medical School, National and Kapodistrian University of Athens, Athens, Greece, ⁷First Department of Pediatrics, Medical School, National and Kapodistrian University of Athens, Athens, Greece

Abstract Overview

Admission to the Neonatal Intensive Care Unit (NICU) is widely recognized as a highly stressful and emotionally overwhelming experience for parents. The Parental Stressor Scale: NICU (PSS: NICU) is an established instrument used internationally to assess stress in parents of hospitalized neonates. Although translated and validated in multiple languages, a Greek version is currently lacking, limiting its clinical utility in Greek NICU settings.

Aims and Objectives

This study aimed to translate, culturally adapt, and conduct a preliminary validation of the PSS: NICU for use among Greek-speaking parents of hospitalized neonates.

Method

The scale was translated using a standard forward-backward method, reviewed by a multidisciplinary expert panel, and pretested with NICU parents. The final version was administered to parents whose neonates had been hospitalized ≥ 7 days in Greek NICUs. Data were collected via paper or online questionnaires. Analyses included descriptive statistics, internal consistency (Cronbach's alpha), and Pearson's correlations to assess convergent validity. SPSS v27.0 was used; $p < 0.05$ was considered significant.

Results

Sixty parents participated in the study. The majority were female (68.3%), aged 31–40 (51.7%), married (78.3%), high school graduates (31.7%), and employed in the private sector (53.3%). The highest stress levels were reported for "Sudden monitor alarms" (mean=3.45; SD=1.26), "When my baby seemed to be in pain" (mean=4.11; SD=1.03), and "Being separated from my baby" (mean=4.17; SD=1.11). Reliability was acceptable across subscales ($\alpha=.82-.90$) and total ($\alpha=.91$). Corrected item-total correlations exceeded .30 for most items; no items were removed. Mean subscale scores ranged from 2.56 to 3.60. All subscales were positively and significantly intercorrelated ($r=0.39-0.92$; $p < 0.05$).

Conclusion

Preliminary findings support the reliability and cultural relevance of the Greek PSS: NICU. The tool can assist healthcare teams in identifying sources of parental stress in NICU settings and guide family-centered care interventions.

Eur J Midwifery 2025;9(Supplement 1):A55

Self-efficacy as a moderator in the relationship between body image and health behaviors in pregnant women

Agnieszka Bieł¹, Joanna Grzesik-Gąsior¹, Dorota Ćwiek¹, Beata Pięta¹, Bożena Kulesza-Brończyk¹, Grażyna Bączek¹

¹Faculty of Health Sciences, Medical University of Lublin, Lublin, Poland

Overview

During pregnancy, women often experience shifts in their body image perspective. Health behaviors significantly influence pregnancy outcomes and fetal development. Self-efficacy may serve as a moderator in the relationship between body image perception and positive health behaviors.

Aims and Objectives

This study aimed to determine whether self-efficacy among pregnant women moderates the relationship between body image and their health behaviors.

Method

The study was conducted from December 2023 to July 2024, involving 921 pregnant women in Poland. A diagnostic survey method using a questionnaire technique was applied. The research instruments included the Generalized Self-Efficacy Scale, Body Esteem Scale, Positive Health Behavior Scale, and a standardized interview questionnaire.

Results

The mean body esteem (BES) score in the domain of sexual attractiveness was 44.11 ± 7.90 , weight concern was 32.44 ± 7.32 , and physical condition was 29.20 ± 6.71 . The mean positive health behaviors (PHBS) score was 50.50 ± 14.98 , while the mean self-efficacy (GSES) score was 30.52 ± 4.46 . Pregnant women with a more positive attitude toward their bodies demonstrated a greater tendency to engage in positive health behaviors during pregnancy ($p < 0.001$). For sexual attractiveness, a positive association with positive health behaviors was maintained across all levels of self-efficacy ($p < 0.001$). Concerning weight concerns ($p < 0.001$) and physical condition ($p = 0.013$), the positive impact on positive health behaviors was evident only at moderate and high levels of self-efficacy.

Conclusion

Positive body image is a factor influencing health behaviors in pregnant women. Those who view their bodies more positively are more likely to adopt healthier behaviors during pregnancy. Self-efficacy plays a moderating role in the relationship between body image and positive health behaviors. The impact of body image on positive health behaviors is more pronounced in women with higher levels of self-efficacy, though this relationship varies across different aspects of body image.

Eur J Midwifery 2025;9(Supplement 1):A56

Examination of fear of birth and affecting factors in nulliparous women

Ayşe Çataloluk¹, Ebru Solmaz²

¹Department of Midwifery, Faculty of Health Sciences, Tokat Gaziosmanpaşa University, Tokat, Türkiye,

²Department of Midwifery, Faculty of Health Sciences, Ağrı İbrahim Çeçen University, Ağrı, Türkiye

Purpose

Fear of childbirth manifests itself with phobias, nightmares, physical problems and lack of concentration related to the birth event. It has been an important phenomenon for women worldwide in recent years. This study was conducted descriptively to examine the fear of childbirth and the factors that may affect it in nulliparous women.

Aims and Objectives

Birth, which is considered a critical event in a woman's life, is a natural process. Still, sometimes complications can develop for both the mother and the baby due to unforeseen circumstances, and even death can occur. The physical and psychological changes and the effects of hormones during this period can also affect women's thoughts and emotions. These emotions can be happiness and confidence, but they can also be seen as anxiety and fear.

Method

The universe of the descriptive and cross-sectional study (March 15 2024 - September 15, 2024) consisted of women

without children. The sample of the study consisted of 250 women who agreed to participate in the study voluntarily. The socio-demographic characteristics introduction form prepared by the researchers and the Childbirth Fear–Prior to Pregnancy Scale were used to collect data. The study was collected online between March–September 15, 2024 using a form prepared by the researchers using a social networking site. In the evaluation of the research data, the analysis of descriptive characteristics was done in the SPSS 22.0 package program. Ethical approval was obtained from Ağrı İbrahim Çeçen University Scientific Research Ethics Committee (Number: E-95531838-050.99-95949, Date: 01.03.2024).

Results

The total mean score of fear of childbirth in nulliparous women was 39.62 ± 11.46 . A statistically significant difference was found between the variables of the participants' employment status, marital status, future birth method plan, fear of childbirth, and desire for pregnancy and the mean scores of the pre-pregnancy fear of childbirth scale ($p < 0.05$). Accordingly, the pre-pregnancy fear of childbirth was found to be higher in unemployed women who married, planned their future birth as cesarean section, and were undecided about pregnancy ($p < 0.05$). According to the results of the multiple linear regression analysis, it was determined that the future birth method preference and fear of childbirth were significant predictors of pre- pregnancy fear of childbirth ($p < 0.05$).

Conclusions

It was observed that the level of fear of childbirth in nulliparous women before pregnancy was above average. The interaction between fear of childbirth and choice of birth method emphasizes the importance of addressing psychological factors, especially in prenatal care. Effective interventions such as counselling and psychological support are thought to alleviate childbirth-related fears and potentially move women towards vaginal birth.

Eur J Midwifery 2025;9(Supplement 1):A57

Trauma: Informed approaches in childbirth: A phenomenological study on midwives

Sinem Ceylan¹, Süheda Çıfci¹, İlknur Münevver Gönenç²

¹Department of Midwifery, Faculty of Health Sciences, Ankara Medipol University, Ankara, Türkiye, ²Department of Midwifery, Faculty of Nursing, Ankara University, Ankara, Türkiye

Background

Childbirth may be a vulnerable experience, especially for women with prior trauma. Trauma-Informed Care (TIC) provides a framework to ensure safety, dignity, and empowerment in maternity care, yet its application in midwifery practice remains underexplored.

Aim and objectives

This phenomenological inquiry explores midwives' experiences of TIC in birth settings and how they conceptualize this paradigm in their clinical practice, aiming to contribute to the development of culturally sensitive trauma approaches and highlight the importance of cultural context in maternity care.

Method

Using an interpretative phenomenological approach, in-

depth interviews were conducted with 10 midwives working in public maternity units in Turkey (April-August 2025). Data were analyzed using Braun & Clarke's thematic analysis.

Results

Four themes emerged:

1. Building Safe Spaces in Cultural Context and Dignity-Preserving Practices.
2. Cognitive-Emotional Empowerment and Autonomy-Supporting Communication Strategies.
3. Knowledge-Based Therapeutic Approaches in Transforming Traumatic Experiences.
4. Systemic Approaches and Professional Reflection in Complex Trauma Cases.

Midwives highlighted the importance of cultural sensitivity, psychosocial safety, autonomy-supportive communication, non-pharmacological support methods, and interdisciplinary collaboration in cases of trauma.

Conclusion

The findings demonstrate that trauma-informed care can be effectively adapted to cultural contexts, with Turkish midwives' practices illustrating how universal principles of maternity care can be integrated with local values. The empowerment strategies and non-pharmacological support methods employed by midwives may serve as inspiration for practitioners working across diverse cultural settings. Furthermore, the study underscores the pressing need for enhanced training in the care of sexual trauma survivors, as well as greater institutional support for the implementation of trauma-informed care.

Eur J Midwifery 2025;9(Supplement 1):A58

The transition from student to midwife: Uncovering the meaning of early practice experiences

Jeanette Gauci¹, Rita Pace Parascandalo¹

¹Department of Midwifery, Faculty of Health Sciences, University of Malta, Msida, Malta

Abstract Overview

The transition from a student to newly qualified midwife (NQM) is a formative and often challenging period that significantly influences professional development and care quality. Experiences in high-intensity environments such as the Central Delivery Suite (CDS) play a key role in shaping the new midwife's confidence, competence, and identity.

Aims and Objectives

This study aimed to explore the lived experiences of NQMs caring for women during labour and birth. The study objectives included understanding the meaning of these experiences, identifying challenges NQMs faced, and highlighting the support systems valued during this transition period.

Method

The study adopted a Heideggerian hermeneutic phenomenological approach. Ten NQMs, within two years post-qualification and working in the CDS at Malta's main public hospital, were purposively selected. Data were collected through one-time, semi-structured audio-recorded interviews conducted in private settings. The research process followed van Manen's six-step method, with analysis informed by hermeneutic philosophy and William Bridges' transition model.

Results

Two main themes emerged from the data: Baptism of Fire and Containing the Fire. The first theme described feelings of being overwhelmed, underprepared, and emotionally stretched. The second theme reflected the gradual development of coping strategies, increased confidence, and growing professional identity. Participants emphasized the value of prior CDS exposure during training and strong collegial support during their transition. Unique findings revealed that working in the CDS gave NQMs a sense of fulfilment and a belief that they were becoming "true midwives."

Conclusions

This study highlights the importance of structured support systems, including extended CDS placements during midwifery training and mentorship of NQMs by senior midwives, qualification. Supporting NQMs through this critical period has implications for improving midwifery education, practice environments, and workforce retention.

Eur J Midwifery 2025;9(Supplement 1):A62

Birth Plans: An opportunity for women to be autonomous, seek choice and feel in control of their childbirth experiences: An integrative literature review

Ruth Marie Xuereb¹

¹University of Central Lancashire, Preston, United Kingdom

Overview

Birth plans are tools to facilitate women to write down, negotiate and communicate their needs. Birth plans help women to participate in informed decision-making and maintain control in their childbirth experience. The World Health Organization (WHO), goes on to classify the use of birth plans in the top category of recommended practices for making pregnancy safer. However, despite such recommendations, there seems to be a lack of consensus on the impact of birth plans on women's physical and psychological outcomes of childbirth.

Aims and Objectives

The aim of this review was to collect, analyse and summarise results of studies that might indicate that the formulation of a birth plan in the antenatal period can potentially empower women to feel autonomous, in control and thus able to participate in shared decision-making during childbirth.

Method

Guided by the inclusion and exclusion criteria, a comprehensive literature review was carried out involving 15 primary literature. The selected studies were critically analysed using specific critical appraisal tools with the aim to answer the research question.

Results

Findings from this review were drawn from the 2078 participants of which 1231 were primiparous and 621 were multiparous. No details on parity was given on the remaining 226 participants. Two themes emerged: Theme One of the experiences of completing a birth plan with 4 further sub-themes: maternity care system, multidisciplinary team relationship and philosophy of birth, personal education and preparedness and feeling of empowerment and control. Theme Two- the experiences of using a birth plan in labour with 3 further sub-themes: health professionals mindfulness

to women's birth plan, implementing the birth plan during labour and healthcare professional attitude towards the birth plan. Findings from this review suggests that the potential positive outcomes of completing a birth plan antenatally might not match the outcomes of women using a birth plan in labour. One might say that there could be a gap between what the birth plan is meant to be offering women (a sense of empowerment and feeling of control enabling them to participate in decision-making) and what in effect they are might experiencing (a secondary effect of negative emotions circling around unrealistic expectations, disappointment and dissatisfaction with their experience).

Conclusion

There is reason to believe that birth plans are not limited to midwifery practice alone but are in fact becoming common occurrence in obstetric care. Hence, rather than being the exception, there is evidence to suggest incorporating the birth plan as part of the woman's maternity care. This review reinforces findings of other studies in that even when birth events do not go according to the birth plan, because women are given the opportunity to negotiate changes to their birth plan and voice their needs, regardless of the birth outcome women will recall a positive birth experience. This review proposes further research on midwives and obstetricians' views on the concept of the birth plan, and highlights the need to organised Continuous Professional Development (CPD) study days for all maternity care providers on the use and importance of birth plans to help disseminate and bridge the gap between misconception and evidence-based practice.

Eur J Midwifery 2025;9(Supplement 1):A63

Ultrasound training for midwives in European Union member states: A comparative study

Elisabet Márquez Nicuesa¹, Berta Serrano Ejarque²

¹Catalan Health Institute, Barcelona, Spain, ²Official College of Nurses of Barcelona, Barcelona, Spain

Overview

Technological evolution in the healthcare sector requires midwives to adapt and update their skills in order to provide efficient and high-quality care in line with the current healthcare system. Current legislation regulating the competencies of midwives includes the integration of available technology in the monitoring of low-risk pregnancies and births. The use of ultrasound aims to address common situations encountered by patients during the follow-up of low-risk pregnancies and normal births, either confirming normal development or detecting anomalies that require further investigation.

Aims and Objectives

This study aims to analyze the current availability of pre- and postgraduate ultrasound training for midwives in the twenty-seven member states of the European Union.

Methods

A descriptive study is conducted on the current availability of ultrasound training for midwives in the different member states of the European Union (EU). Updated data is obtained from the main midwifery associations and professional colleges in each country.

Results

Although approximately two-thirds of EU member states offer some type of basic ultrasound training for midwives, fewer than half of the countries surveyed provide extensive postgraduate training with a high theoretical and practical content, enabling midwives to perform not only basic ultrasounds but also screening ultrasounds included in prenatal care protocols.

Conclusion

This analysis shows that the vast majority of pre-graduate midwifery studies do not include ultrasound training, despite it being a useful tool in the daily practice of midwives. On the other hand, significant training differences between countries are evident. These data support the need to establish a homogeneous training framework that enables midwives to develop this skill inherent to their profession, thereby improving obstetric care without requiring the involvement of other professionals in the prenatal monitoring of normal pregnancies and normal childbirth.

Eur J Midwifery 2025;9(Supplement 1):A64

Exploration of the lived experiences and effectiveness of midwives providing trauma-informed care

Sofia Thomaidi¹, Antigoni Sarantaki², Kleanthi Gourounti², Dimitris Papoutsis¹, Eirini Orovou¹

¹University of Western Macedonia, Kozani, Greece,

²University of West Attica, Athens, Greece

Overview

Traumatic experiences, in addition to the serious and chronic effects they have on a woman's mental health, such as depression, chronic anxiety and post-traumatic stress disorder (PTSD), are also associated with negative effects on overall health, including chronic illness, premature aging and premature death. In addition, traumatic experiences in a woman's life negatively impact the perinatal period, affecting perinatal outcomes, mother-child bond development, and child mental health, resulting in perinatal care professionals (midwives/midwives) often experiencing traumatic situations as part of their daily clinical practice. Therefore, the need arose to further investigate the effectiveness of trauma care (informed or uninformed) provided by midwives to mothers, by exploring their practices and lived experiences, with the aim of documenting needs and developing an educational model of perinatal trauma care. However, the use of trauma-informed care can ensure a healthy interaction between the health professional and the woman through supportive and non-abusive interventions that prevent re-trauma and therefore promote the woman's mental health and well-being. This review presents the importance of educating midwives in trauma-informed care as it has the potential to help improve the health of both mother and infant.

Aims and Objectives

This review aimed to assess how education on trauma-informed care influences midwives' attitudes toward this approach, in order to make the midwifery care provided more effective.

Methods

To fulfill the purpose of the study, a review of the international literature was planned through PubMed, Google Scholar, PsycINFO from 15 January 2025 to 15 March 2025. The

literature search utilized specific keywords, such as the following: “trauma-informed care”, “midwifery”, “obstetrics”. These terms search were used in conjunction with the use of conjunctions such as “OR” and “AND” per case. Of the three databases used, a number of 35 surveys emerged, from which were selected appropriate, based on specific inclusion and exclusion criteria. Specifically, English articles, research articles, complete and from valid and scientific journals. A total of 19 studies emerged from the literature search, which address midwives’ education on trauma-informed care.

Results

The study indicates that midwives who received training in trauma-informed care developed a significantly more positive outlook toward its principles compared to those who did not. The positive shift was noticeable across all areas, underscoring the program’s success. Integrating trauma-informed care into midwifery practice can reduce the risk of negative outcomes and create lasting positive changes in the lives of both mothers and their children. As a global community, midwives are in a strong position to collaborate and develop effective strategies to support the women they care for.

Conclusion

This review enhances the understanding of trauma-informed care (TIC) education for midwives and its role in shaping and maintaining positive attitudes toward TIC. To bring about a cultural shift within healthcare organizations that reduces perinatal trauma for mothers, infants, and perinatal care providers, comprehensive TIC education is crucial. This study suggests that educating midwives in TIC serves as a fundamental step toward integrating a trauma-informed framework across the entire maternity care system.

Eur J Midwifery 2025;9(Supplement 1):A65

Breast cancer awareness at the Greek border: A women’s health study

Giannoula Kyrkou¹, Maria Deligianni¹, Anna Deltsidou¹, Victoria Vivilaki¹, Anastasia Bothou¹

¹Department of Midwifery, School of Health and Care Sciences, University of West Attica, Athens, Greece

Overview

Breast cancer stands as a significant global health concern, representing one of the most frequently diagnosed cancers among women worldwide. While its exact etiology remains complex and multifactorial, established risk factors include age, family history, genetic predispositions, hormonal influences, and lifestyle choices. Understanding these factors is crucial for developing effective strategies aimed at reducing the incidence and improving outcomes associated with this disease. Given the substantial impact of breast cancer, research and public health efforts increasingly emphasize preventive measures. These encompass a range of approaches, including lifestyle modifications such as maintaining a healthy weight, engaging in regular physical activity, limiting alcohol consumption, and adopting a nutritious diet. Furthermore, for individuals at higher risk, interventions like chemoprevention and prophylactic surgery may be considered. Early detection through regular screening, including mammography and clinical breast exams, also plays a vital role in improving the prognosis by identifying the disease at its more treatable

stages.

Aims and Objectives

This study is designed with the primary aim of investigating and evaluating the existing level of knowledge among bordering women of Greece concerning breast cancer and its preventative measures.

Method

In this study was conducted women from the winder area of the border district of Evros. Convenience sampling was applied as the sampling method of the study. Tsiaris’s validated questionnaire was used after permission. The statistical analysis was performed with S.P.S.S.

Results

The present study included 149 women. The largest percentage of women were in the 40-49 (31.5%) age group and 60% of them were married. 94 (63.1%) stated that they have had a mammogram, 60 (40.3%) stated that they do it every year and 99 (66.4%) that they visit the doctor every year. 64.4% of the participants stated that they do not self-examine their breasts regularly. 75% knew the age to start breast examination and annual mammography as well and they were aware of risk factors and heredity. 8.7% of participants correctly answered the steps they can take to prevent breast cancer.

Conclusion

This study underscores the critical need for enhanced efforts in breast cancer prevention. It strongly suggests the implementation of systematically organized health education programs, delivering up-to-date information on contemporary prevention methods. Furthermore, it highlights the potential for this female population to significantly improve their understanding through consistent access to relevant information and by fostering a stronger cultural emphasis on the importance of regular screening practices.

Eur J Midwifery 2025;9(Supplement 1):A66

Prevalence and associated factors of postpartum PTSD after emergency cesarean deliveries: Considerations for perinatal mental health services

Eirini Orovou¹, Evangelia Antoniou¹, Antigoni Sarantaki²

¹Department of Midwifery, University of Western Macedonia, Kozani, Greece, ²University of West Attica, Athens, Greece

Introduction

As awareness grows regarding the psychological impact of emergency cesarean sections (C-sections), their significant role in the development of postpartum post-traumatic stress disorder (PTSD) has become increasingly evident.

Aims and Objectives

This systematic review and meta-analysis aim to examine the prevalence and key contributing factors of PTSD following emergency C-sections, while also exploring the broader implications for maternal mental health and well-being.

Method

An extensive literature search was conducted across Scopus, PubMed, PsycINFO, and Google Scholar, focusing on studies published from 2013 onward that investigated the incidence of PTSD following emergency cesarean sections. The review concentrated on assessing PTSD prevalence between 6 weeks

and 12 months postpartum. Study quality was appraised using the Newcastle-Ottawa Scale (NOS) and the Centre for Evidence-Based Medicine (CEBM) Critical Appraisal Tools.

Results

A total of 10 studies encompassing 4,995 participants were included in the analysis. The reported prevalence of postpartum PTSD following emergency C-sections ranged from 2.2% to 41.2%, notably higher than the 0–20% observed in elective procedures. Meta-analytic results demonstrated a significantly elevated likelihood of PTSD among individuals who underwent emergency C-sections compared to those who had elective procedures, both at six weeks postpartum (OR = 2.74; 95% CI = 1.13–6.64; $p = 0.03$) and between six weeks and 12 months postpartum (OR = 3.68; 95% CI = 2.63–5.15; $p < 0.00001$). Moreover, women in the emergency cesarean group exhibited higher PTSD prevalence compared to those who experienced vaginal births during the same timeframe (OR = 3.16; 95% CI = 1.51–6.60; $p = 0.02$). Identified risk factors included limited social support, obstetric or neonatal complications, and pre-existing mental health conditions.

Conclusion

Emergency C-sections are strongly linked to a heightened risk of developing postpartum PTSD, highlighting the urgent need for specialized psychological care and early intervention strategies. Future investigations should prioritize the use of standardized diagnostic frameworks and further examine the enduring mental health consequences associated with emergency cesarean births.

Eur J Midwifery 2025;9(Supplement 1):A67

Knowledge of cervical cancer and attitudes toward screening among women in Thesprotia Prefecture, Greece: A call for awareness campaigns

Pinelopi Tsagka¹, Victoria Vivilaki¹, Giannoula Kyrkou¹, Anastasia Bothou¹, Maria Dagla¹, Maria Iliadou¹

¹University of West Attica, Athens, Greece

Overview

Cervical cancer is one of the most common cancers affecting women worldwide. Despite preventive efforts such as vaccination at the primary level and screening through Pap tests at the secondary level, cervical cancer incidence and mortality rates remain high.

Aims and Objectives

The purpose of this study is to examine the knowledge and attitudes of the female population in Thesprotia towards cervical cancer screening.

Method

This cross-sectional study was conducted by using self-administered questionnaires. The study population consisted of 100 women recruited from the obstetrics and gynecological clinic at the Health Center of Igoumenitsa, between July and December 2024. Data was analyzed by using IBM SPSS-Statistics. The study followed ethical guidelines, and informed consent was obtained from all participants.

Results

According to the results, 53% (n=53 women) stated that it is important to undergo a Pap test for the prevention of cervical cancer. A statistically significant correlation was found, between the level of education of the women surveyed and

their knowledge of what the Pap test is ($p=0,02$). Additionally, 31% (n=31) associated cervical cancer with viral infections, and 54% (n=54) believed it could be prevented by the Pap smear. There was a correlation between the respondents' educational level and the view on what is mainly causally associated with cervical cancer ($p=0,007$). Almost all of them (n=95), stated that they regularly undergo Pap tests. Finally, 81% (n=81) of respondents expressed their desire for more information about the Pap test, with most (54%) (n=54) considering Primary Health Care as the most appropriate source for this information.

Conclusion

Although a high percentage of women regularly undergo gynecological screening, the study underscores the ongoing need for continuous information and awareness campaigns. Ensuring that women are well-informed about cervical cancer prevention and the benefits of regular screening is essential for improving public health outcomes.

Eur J Midwifery 2025;9(Supplement 1):A68

Impact of pre-existing type 1 diabetes and continuous glucose monitoring on pregnancy outcomes: A systematic review

Lisa Karatza¹, Angeliki Sarella¹, Victoria Vivilaki¹, Maria Dagla¹, Kleanthi Gourounti¹, Athina Diamanti¹, Maria Iliadou¹

¹Department of Midwifery, University of West Attica, Egaleo, Greece

Introduction

Type 1 Diabetes Mellitus (T1DM), an autoimmune disorder requiring continuous glucose regulation, induces significant metabolic and physiological adaptations that affect maternal health and fetal development. Poor glycemic control is associated with an increased risk of complications such as preeclampsia, intrauterine growth restriction, and congenital anomalies. This study explores two primary research questions: 1) What are the effects of pre-existing T1DM on pregnancy outcomes? 2) Does continuous glucose monitoring (CGM) improve perinatal outcomes in pregnant women with T1DM?

Methodology

A systematic search was conducted using the keywords "T1D, incidence, neonate, pre-existing T1D, pregnancy, maternal, gestation" and the Boolean logic search algorithm (AND/OR/NOT) as follows: ("Type 1 Diabetes" OR "T1DM" OR "insulin-dependent diabetes") AND ("pregnancy" OR "maternal" OR "gestation" OR "pregnant women") AND ("effects" OR "outcomes" OR "impact") NOT ("Type 2 Diabetes" OR "gestational diabetes" OR "GDM"). The systematic review was carried out following the PRISMA guidelines. The initial search yielded a total of 2,264 records from PubMed and Google Scholar databases. The evaluation of studies led to the inclusion of 11 articles that addressed the research questions. Results Findings emphasize that strict glycemic control, particularly through the use of CGM, reduces glucose fluctuations, improves perinatal outcomes, and minimizes the risk of complications such as preeclampsia, macrosomia, and neonatal hypoglycemia.

Conclusions

The conclusions highlight the importance of perinatal care for

women with T1DM and the use of innovative technologies. The review demonstrated that while CGM significantly enhances glucose monitoring and management, as evidenced by improved HbA1c levels, Time in Range (TIR), and reduced glycemic variability, its direct impact on perinatal outcomes has yet to be fully established.

Keywords

type 1 diabetes mellitus, pregnancy, delivery, pregnancy complications, perinatal care, continuous glucose monitoring, macrosomia.

Eur J Midwifery 2025;9(Supplement 1):A69

Teamwork for safer care: A challenge-based education for continuing professional development

Liisi Mägi¹, Janne Kommusaar¹

¹University of Tartu, Tartu, Estonia

Overview

Midwives are a key to ensuring safe, holistic maternity care within interprofessional teams. Yet, continuing education often lacks alignment with their clinical realities and evolving professional roles. In addition to clinical competencies, there is a need to develop non-technical competencies—such as communication, teamwork, assertiveness, and negotiation. Interprofessional education, which includes a broad range of healthcare professionals, is essential to promote collaborative, patient-centred care.

Aims and Objectives

To design, pilot, and evaluate the feasibility of a challenge-based, interprofessional course for teamwork and patient safety among healthcare professionals and master's students.

Method

To identify the training needs of healthcare professionals, we conducted a cross-sectional study among midwives and nurses, using the Health Professional Education in Patient Safety Survey. Based on the results we developed a course to build competencies in interprofessional communication, shared leadership, conflict management, and ethical practice, with a focus on real-world application. A mixed methods evaluation will be used to assess the course through quantitative assessment of learning outcomes and qualitative exploration of participants' experiences.

Results

The course has been fully developed and is ready for delivery. It equips participants with knowledge and practical tools to enhance patient safety and address challenges in interprofessional practice. The pedagogical design integrates collaborative learning in asymmetrical groups (mixing different professional backgrounds and experience levels), drama-based simulations, and challenge-based learning, focusing on real-world clinical and ethical challenges. The curriculum prioritises non-technical skills essential for safe and collaborative care and also supports the development of future competencies through active, challenge-based learning.

Conclusion

Midwives need tailored interprofessional education to navigate the complex challenges of contemporary healthcare. This innovative course addresses those needs by promoting patient safety, teamwork, and practical problem-solving

across professional boundaries, supporting competency development in both midwifery and the broader healthcare workforce.

Eur J Midwifery 2025;9(Supplement 1):A70

Bridging the gap: Advancing midwifery training for inclusive maternity care in women and families with disabilities

Panagiota Dourou¹, Aikaterini Sousamli¹, Chrysoula Rozalia Athanasiadou¹, Antigoni Sarantaki¹

¹Research Lab PEARL (Perinatal Care and Counseling for Special Populations), Midwifery Department, University of West Attica, Athens, Greece

Overview

Midwives are central to the provision of safe, respectful, and holistic maternity care. However, women with disabilities—and women who give birth to a child with a disability—often encounter stigma, inadequate support, and systemic barriers throughout the perinatal journey. These disparities are exacerbated by gaps in midwifery education, where disability-related content is frequently limited, optional, or theoretical.

Aims and Objectives

To explore how midwifery education and training can better prepare practitioners to provide inclusive, competent, and compassionate care for women with disabilities and mothers of children born with disabilities.

Methods

A systematic review was conducted following PRISMA guidelines. Six databases (MEDLINE, CINAHL, Scopus, PsycINFO, ERIC, and Web of Science) were searched for studies published between 2000 and 2024. Eligible studies included those evaluating pre-registration or continuing professional development (CPD) initiatives aimed at enhancing midwives' knowledge, skills, or attitudes in caring for women with disabilities or those navigating disability within their families. A thematic synthesis was conducted, and quality was appraised using CASP and JBI tools.

Results

Twenty-three studies met the inclusion criteria. Training programs were highly variable in scope and depth. Most focused on raising general awareness rather than building practical skills. However, impactful models shared common features: Co-design with people with lived experience Simulation and scenario-based learning Emphasis on communication, empathy, and ethical reflection Integration of disability content across the full maternity care continuum Few programs address the emotional and psychosocial needs of mothers whose babies are diagnosed with a disability. Long-term evaluation and formal curricular integration were often lacking.

Conclusion

Midwifery education must move beyond awareness to embed disability competence as a core professional skill. Training should reflect the diversity of disability experiences, challenge stigma, and prepare midwives to provide emotionally intelligent, rights-based care. This includes not only supporting women with disabilities but also equipping midwives to respond sensitively when a child is born with a disability—an area often overlooked in current curricula. Disability-inclusive training should be experiential, co-

produced, and interwoven across theory and practice placements. By reimagining how we educate midwives, we can foster a more inclusive, equitable, and responsive maternity care system.

Eur J Midwifery 2025;9(Supplement 1):A71

Do attitude towards disability affects reproductive choices? A quantitative study in decision making about invasive prenatal diagnosis

Panagiota Tzela¹, Kleanthi Gourounti¹

¹Department of Midwifery, University of West Attica, Athens, Greece

Background

Attitudes toward disability significantly influence how individuals perceive quality of life and approach decision-making, especially in the context of invasive prenatal diagnosis. Understanding the impact of these attitudes on women's responses to potential fetal abnormality is essential for ensuring ethical, empathetic, and well-informed prenatal counseling.

Aims and Objectives

This study investigates the relationship between women's attitudes toward disability and their willingness to terminate pregnancy in four hypothetical scenarios of prenatal diagnosis: a genetic syndrome, a mental disability, a motor disability, and a severe condition associated with neonatal death or significant impairment.

Method

Forty-three women who underwent amniocentesis due to advanced maternal age or personal request participated in the study. They completed the Attitudes Toward Disabled Persons Scale (ATDP), which includes both positively and negatively worded items rated on a 7-point Likert scale. Participants also indicated whether they would consider terminating a pregnancy under the four scenarios. Data were analyzed using Pearson correlation and multiple linear regression to explore associations and predictive relationships between attitude scores and termination intentions.

Results

Positive attitudes toward disability were significantly associated with lower willingness to terminate pregnancy in cases of genetic syndromes ($r = -0.45$, $p = .003$), mental disabilities ($r = -0.47$, $p = .001$), and severe impairments ($r = -0.57$, $p < .001$). Regression analyses confirmed that positive attitudes significantly predicted termination intentions in these scenarios ($p < .01$). Negative attitudes, however, did not emerge as significant predictors. No significant associations were found in the case of motor disabilities.

Conclusion

The findings suggest that positive attitudes toward disability may serve as a protective factor against pregnancy termination following amniocentesis. These results highlight the importance of incorporating attitudinal and psychosocial dimensions into prenatal counseling to support informed and value-aligned decision-making.

Eur J Midwifery 2025;9(Supplement 1):A72

Navigating the strain: Social, emotional, and relationship challenges in women facing

infertility

Lucija Šerjak¹, Metka Skubic¹, Tita Stanek Zidarič¹

¹Faculty of Health Sciences, University of Ljubljana, Ljubljana, Slovenia

Overview

Infertility presents significant social, emotional, and partnership challenges for women, yet it remains largely taboo, especially in societies where motherhood is seen as an ideal. Women facing infertility often experience social challenges such as stigma, isolation, and being misunderstood. Furthermore, infertility can strain relationships, causing emotional distance due to the stress infertility places on the couple. The experience of infertility not only impacts individuals but also tests relationships and becomes central to one's identity, leading to mental and emotional struggles.

Aims and Objectives

This study aims to explore the social, emotional, and partnership challenges faced by women in infertile relationships in Slovenia. It also investigates how women perceive the support provided by healthcare professionals during their treatment and the coping strategies they employ.

Method

A qualitative approach was used, combining a literature review and semi-structured interviews. The study included six women aged 29 to 35, all in long-term infertile relationships, selected through purposive sampling via the snowball method. Data were analyzed using thematic analysis after transcribing the interviews.

Results

The findings revealed that women in infertile relationships experience a wide range of negative emotions, including sadness, guilt, shame, and anger, which significantly affect their emotional well-being. Some women reported positive experiences, such as increased emotional support from partners, while others experienced emotional distancing. Society's challenges around infertility exacerbated feelings of isolation and misunderstanding. Coping strategies included seeking information, positive reframing, pursuing hobbies, and professional psychological help.

Conclusion

The study emphasizes the importance of healthcare providers adopting a more empathetic, holistic approach to infertility treatment. Offering both emotional and informational support can significantly improve the emotional well-being of women and help alleviate relationship strain. Addressing the social and emotional aspects of infertility is crucial for providing better care and support for those affected by infertility.

Eur J Midwifery 2025;9(Supplement 1):A73

Management of abnormal findings in Pap test results of women vaccinated with the cervical cancer vaccine

Giannoula Kyrkou¹, Aikaterini Charpantidou¹, Anastasia Bothou¹, Anna Deltsidou¹, Antigoni Sarantaki¹

¹Department of Midwifery, School of Health and Care Sciences, University of West Attica, Athens, Greece

Overview

Cervical cancer, historically prevalent in women, has witnessed a decline in incidence and mortality rates with the introduction of Pap tests and screening programs. Human

Papillomavirus (HPV) vaccination, a primary preventive measure, offers further promise in reducing the burden of cervical cancer. However, global variations in screening and vaccination coverage persist, necessitating a comprehensive understanding of the effectiveness of these preventive measures. This study aims to compare cervical cytology findings between vaccinated and unvaccinated women, addressing critical research questions related to age, vaccination barriers, infections, and cancer staging.

Aims and Objectives

This study aims to assess and compare cervical cytology findings, including cytology and colposcopy, among vaccinated and unvaccinated women. Specific research questions explore the impact of age on cervical cancer screening awareness, the correlation between infections and cervical cancer risk, and factors contributing to the stage of cervical cancer at diagnosis.

Method

Data for this study were obtained from medical records and cervical cytology findings of 98 women collected from a gynecology clinic. The sample included both vaccinated and unvaccinated individuals, and the analysis employed statistical tools within the SPSS software. Variables such as age, vaccination status, time since vaccination, further testing, other infections, and the stage of cervical cancer at diagnosis were examined.

Results

The study revealed a concentration of individuals in the 15–35 age group, with 49% of the sample over the age of 35. Vaccination coverage was encouraging, with 65.3% having received the vaccine. However, 34.7% remained unvaccinated, indicating potential gaps in awareness. Further analysis highlighted a significant proportion (40.8%) diagnosed with stage 1 cervical cancer, reinforcing the importance of regular screening. Vaccinated individuals were more likely to undergo further testing, suggesting a proactive health approach.

Conclusion

The research underscores the effectiveness of vaccination and regular cervical cancer screening in reducing the risk of cancer progression. While encouraging vaccination rates were observed, the study identifies areas for improvement, including increased education and awareness. The correlation between vaccination and the stage of cervical cancer emphasizes the importance of proactive preventive measures. Overall, the findings contribute valuable insights for informing and enhancing cervical cancer prevention and screening strategies, particularly in regions with varying healthcare infrastructure and awareness levels.

Eur J Midwifery 2025;9(Supplement 1):A74

Career opportunities for midwives: A literature review

Liisi Mägi¹, Maarja Sukles¹, Kadri Madar¹, Kaire Sildvere¹, Grete Tamm¹

¹University of Tartu, Tartu, Estonia

Abstract Overview

Midwifery is a unique profession within healthcare systems, providing essential and holistic care for women and newborns. Despite their critical role, midwives often encounter limited opportunities for career progression, which can negatively

influence job satisfaction, professional identity, and retention. A clear understanding of the current career development landscape is essential to strengthen the midwifery workforce, promote the sustainability of the profession, and ultimately improve health outcomes.

Aims and Objectives

The aim of this study was to explore the career and development opportunities available to midwives, as reported in the scientific literature.

Method

A scoping review of the literature published in English between 2014 and 2024 was conducted using the CINAHL, PubMed, and Web of Science databases. The search strategy incorporated keywords such as 'career choice', 'career mobility', 'professional development', 'career', 'ladder' and 'midwi*', combined using Boolean operators. Predefined inclusion and exclusion criteria guided the selection of relevant studies. Thematic analysis was used to synthesise the findings.

Results

Seven studies were included. The findings highlight a lack of clearly defined career pathways for midwives, which may undermine the attractiveness and retention of the profession. Transitioning from clinical practice to academia presents challenges due to insufficient support and role ambiguity. Effective mentorship is a key facilitator for development, though its availability and quality are inconsistent. Formal leadership roles within healthcare systems as a career opportunity remain limited, indicating a need for greater representation at strategic decision-making levels.

Conclusion

There is a critical need to establish structured and supported career development pathways for midwives across clinical, academic, and leadership domains. Implementing such strategies is essential to advance professional growth, enhance workforce satisfaction and ensure the long-term sustainability of the midwifery profession.

Eur J Midwifery 2025;9(Supplement 1):A75

Listening beyond words, seeing beyond sight: Enhancing midwifery training for inclusive maternity care in sensory disabilities

Chrysoula Rozalia Athanasiadou¹, Aikaterini Sousamli¹, Panagiota Dourou¹, Antigoni Sarantaki¹

¹Research Lab PEARL (Perinatal Care and Counseling for Special Populations), Midwifery Department, University of West Attica, Athens, Greece

Abstract Overview

Pregnant women with sensory disabilities—particularly those who are Deaf, hard of hearing, blind, or visually impaired—face unique barriers in accessing safe, respectful, and effective maternity care. Communication challenges, limited provider training, and inaccessible clinical environments can contribute to poorer maternal outcomes and experiences. Midwives, as frontline maternity care providers, require targeted training to bridge these gaps.

Objective

This systematic review examines the scope, content, delivery, and effectiveness of midwifery training programs designed to

improve care for pregnant women with sensory disabilities. **Methods:** A systematic literature search was conducted across MEDLINE, CINAHL, PsycINFO, and Scopus for studies published between 2000 and 2024. Inclusion criteria were empirical studies and pilot programs that assessed pre- or post-registration midwifery training specifically addressing Deafness, hearing loss, blindness, or visual impairment in maternity contexts. Quality appraisal followed PRISMA guidelines using the CASP and JBI tools. **Results:** Out of 2,481 records screened, 17 studies met the inclusion criteria. Training interventions were rare, often short-term, and typically focused on basic awareness rather than clinical competency. Programs co-developed with individuals with lived experience and those incorporating sign language basics, tactile communication methods, and assistive technology use significantly improved midwives' confidence and patient satisfaction. However, a lack of formal assessment tools and long-term evaluation remains challenging. **Conclusion:** There is an urgent need for structured, experiential, and co-designed training programs that embed communication accessibility, cultural competence (e.g., Deaf culture), and assistive technology use into midwifery education. Such training is vital to ensuring that pregnant women with sensory disabilities receive equitable, empowering, and dignified maternity care. **Keywords:** Sensory disabilities, Deaf health, Visual impairment, Midwifery education, Maternity care, Inclusive practice, Communication accessibility, Pregnancy

Aims and Objectives

To systematically review existing educational and training interventions for midwives that address the care of pregnant women with sensory disabilities (Deafness, hearing loss, blindness, and visual impairment). To evaluate the content, delivery methods, and effectiveness of these training programs in improving midwives' knowledge, confidence, and ability to provide inclusive maternity care. To identify gaps in current midwifery education and make recommendations for future training that supports accessible, equitable, and respectful maternity care for women with sensory disabilities.

Methods

A systematic review was conducted following the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines to identify and synthesize relevant literature. **Databases Searched:** MEDLINE, CINAHL, Scopus, PsycINFO, Web of Science **Search Strategy** Search terms included combinations of: midwife*, midwifery, training, education, pregnancy, maternity care, sensory disabilities, Deaf, hearing loss, blind, visual impairment, and inclusive care. Searches were limited to peer-reviewed articles published between 2000 and 2024 in English. **Inclusion Criteria** Studies that evaluated or described midwifery education or professional development related to caring for pregnant women with sensory disabilities. Both pre-registration and continuing professional development (CPD) programs included. Qualitative, quantitative, mixed-methods studies, and program evaluations. **Exclusion Criteria** Studies not specific to midwifery (e.g., general nursing or obstetrics-only). Studies focusing on non-sensory disabilities. Non-empirical literature (e.g., editorials, opinion pieces, or commentaries). **Screening and Selection** Titles and abstracts were screened independently by two reviewers. Full-text

articles were retrieved and assessed against eligibility criteria. Discrepancies were resolved through discussion or third-party adjudication. **Data Extraction** Extracted data included: study design, location, training content, delivery method, participant group, outcomes measured, and key findings. **Quality Appraisal** Included studies were appraised using: CASP (Critical Appraisal Skills Programme) for qualitative and cohort studies JBI (Joanna Briggs Institute) checklists for cross-sectional and mixed-methods studies **Data Synthesis** A narrative synthesis approach was used to group findings thematically according to: Type of sensory disability addressed Training format (e.g., workshop, simulation, online) Reported outcomes (knowledge, attitudes, confidence, clinical practice).

Results

Search Outcome • Total records identified: 2,481 • After duplicate removal: 2,000 • Full-text articles assessed: 200 • Studies included in the final review: 17 **Study Characteristics** • Geographical spread: UK, Australia, USA, Canada, Sweden, South Africa, and others • Study designs: Qualitative (n = 7), Quantitative (n = 5), Mixed-methods (n = 5) **Training Types and Focus Areas** • Deafness & Hearing Loss: 12 studies • Blindness & Visual Impairment: 5 studies • Combined sensory disability training: 4 studies included both.

Conclusion

Training in sensory disability-inclusive maternity care remains inconsistent, underdeveloped, and often optional across midwifery education systems. Midwives report low confidence and limited preparedness when caring for women who are Deaf, hard of hearing, blind, or visually impaired—largely due to insufficient exposure, resources, and support in their training. Programs that include co-design with disabled people, communication tools, and simulation-based learning show the most promising outcomes, improving midwives' knowledge, empathy, and clinical communication skills. There is a critical gap in standardized, evidence-based curricula focused on sensory disability in pregnancy care, particularly within pre-registration education and continuing professional development (CPD). Embedding experiential, co-produced, and accessibility-focused training in midwifery education can play a transformative role in: Reducing health inequities Improving maternal outcomes Enhancing respectful, person-centred care for women with sensory disabilities.

Eur J Midwifery 2025;9(Supplement 1):A76

Fit for practice - a cross-semester training session

Sandra Grieder¹

¹School of Health Sciences, ZHAW Institute of Midwifery and Reproductive Health, Winterthur, Switzerland

Overview

The training session "Fit for Practice" aims to consolidate and strengthen all midwifery competencies learned by students in the Midwifery Bachelor's Program at ZHAW. By working on obstetrically relevant case studies in cross-semester groups, students deepen various contents from all modules of the first and third semesters. This peer learning event aims to promote the theory-practice transfer and to reflect on what has been learned.

Aims and Objectives

Students simulate predetermined situations from the areas

of pregnancy, childbirth, and postpartum with actors in cross-semester teams. They observe the experienced situations and reflect on the options for action from the perspective of their different levels of training. Students identify the necessary actions in midwifery practice situations.

Methods

As part of this synthesis event, students work in groups on various obstetrically relevant case studies. The case studies are based on topics from pregnancy, childbirth, and postpartum and include focuses on ethics, communication, clinical assessment, and obstetric care. Students perform actions in simulation situations as a team according to their level of training and then reflect on their actions and communication in the group.

Results

The “Fit for Practice” training session promotes joint learning at different levels of training. The actions and reflections enable students to identify physiological and pathological processes, initiate measures, and question them. It becomes clear that learning at different levels of training stimulates reflection and strengthens physiological processes.

Conclusion

The insights and experiences gained in the synthesis event are intended to help students further develop and consolidate their midwifery competencies. The derived implications for practice provide valuable insights and recommendations for action for future professional situations. Through continuous reflection and application of what has been learned, a sustainable improvement of practical skills is sought. This will be reviewed in further iterations and in exchange with practice institutions.

Eur J Midwifery 2025;9(Supplement 1):A77

Navigating dual roles: Midwifery students' experiences in delivering virtual and in-person antenatal education

Metka Skubic¹, Lucija Šerjak¹, Tita Stanek Zidarič¹

¹Faculty of Health Sciences, University of Ljubljana, Ljubljana, Slovenia

Background

Midwifery education requires students to develop both clinical skills and the ability to educate future parents. A key component of this project-based learning is having students independently design and deliver antenatal education courses. A particular challenge lies in students balancing dual roles—learning as students while simultaneously acting as educators, delivering both virtual and in-person education to future parents.

Aim and objectives

This study aimed to explore midwifery students' perceptions and experiences of balancing the roles of learner and educator in virtual and in-person antenatal classes. The objective was to understand students' feelings, challenges, and overall experiences in executing these roles.

Methods

This qualitative empirical study involved 29 third-year midwifery students who delivered both virtual and in-person antenatal classes as part of their curriculum. Data were collected through a survey with open-ended questions, and thematic analysis was conducted using MaxQDA software.

Results

Findings revealed that students felt a significant sense of responsibility, recognizing the extensive work required for each antenatal class. In addition to content preparation, students faced challenges managing technology for virtual classes and the dynamics of in-person engagement. Anticipating parents' questions in both formats contributed to feelings of anxiety. However, mentorship provided by teachers was highly valued, offering continuous support. Despite challenges, students reported a sense of pride and accomplishment after completing their classes.

Conclusion

This study emphasizes the importance of integrating project-based learning and real-world teaching experiences into midwifery curricula. The dual role of student and educator, particularly in virtual and in-person settings, offers valuable learning opportunities. Incorporating such experiences can better prepare future midwives for their roles as educators in their future midwifery practice.

Eur J Midwifery 2025;9(Supplement 1):A78

Critical appraisal of a case of fetal ovarian cyst diagnosed at 29+3 weeks of gestation

Panagiota Karavangeli¹, Anastasia Tsiligkiri¹, Zoi

Koukou¹, Angeliki Antonakou¹

¹Midwifery Department, School of Health Sciences, International Hellenic University, Sindos, Greece

Overview

Fetal ovarian cysts are rare, with an estimated incidence of 1 in 2500 live births. Diagnosis typically occurs in the third trimester via ultrasound or fetal MRI. Cysts are classified as simple or complex and are thought to result from maternal estrogens, fetal gonadotropins, and placental chorionic gonadotropin. Risk factors include maternal diabetes, Rh isoimmunisation, and pre-eclampsia, though no standardized prenatal or neonatal management exists. This report discusses a case involving a 31-year-old multigravida, primipara woman with an IVF-conceived female fetus. A large, complex fetal ovarian cyst was diagnosed via ultrasound at 29+3 weeks. Labour was induced at 37+6 weeks due to cyst size and complexity. Postnatal surgery led to the loss of the neonate's left ovary.

Aims and Objectives

To critically appraise the management of this case according with the most recent international guidelines and evidence-based practices.

Method

A literature review was conducted using MEDLINE and Cochrane databases to identify current evidence-based management options for fetal ovarian cysts.

Results

Evidence suggests that fetal ovarian cysts alone should not influence the timing or mode of delivery. While the Fetal Medicine Foundation suggests considering induction at 38 weeks, there is no clear consensus. The Italian Society of Videosurgery in Infancy offers the only formal guidelines, outlining options including observation, in utero aspiration, or postnatal surgery, depending on cyst features. In this case, no known risk factors were present, and IVF as a potential contributor remains unstudied. The indication for induction

was not supported by obstetric necessity.

Conclusion

Fetal ovarian cysts represent a rare prenatal finding. Their presence alone does not typically necessitate changes in the timing or method of delivery. The primary objective in managing such cases should be the preservation of ovary and fertility. Decisions regarding intervention should be individualized, guided by cyst characteristics, symptomatology, and evolving evidence-based recommendations.

Eur J Midwifery 2025;9(Supplement 1):A79

Navigating crisis and providing quality midwifery care amidst the COVID-19 pandemic in Malta

Joanne Farrugia Imbroll¹, Josephine Attard¹

¹Mater Dei Hospital, Msida, Malta

Background

Healthcare crises such as pandemics disrupt the maternity care landscape, often challenging midwives' ability to provide quality, woman-centred care. This study explores how midwives in Malta navigated care provision during such a crisis, with a focus on preparedness, resilience, and support.

Aim and objectives

To explore the perspectives of Maltese midwives on the provision of quality midwifery care during a healthcare crisis, using the coronavirus disease 2019 (COVID-19) pandemic as a case study. Objectives included examining midwives' views on altered care provision and its effects on families; identifying challenges in balancing safety and quality; and exploring strategies to improve future resilience and preparedness.

Methodology

A quantitative, cross-sectional study using a self-administered questionnaire was conducted. Purposive sampling targeted 117 midwives at Malta's general hospital, with 81 responses received (69.2% response rate). Data were analysed using descriptive and inferential statistics, alongside thematic analysis of open-ended responses.

Results

Crisis conditions impacted midwifery care through altered protocols, reduced in-person contact, and limited holistic care. Midwives reported unclear and rapidly changing policies, emotional strain, and moral distress. Organisational challenges included staff shortages, insufficient training, poor management, and lack of professional recognition. Personal difficulties ranged from physical exhaustion to psychological stress. Despite this, some positive outcomes emerged: improved teamwork, increased infection control awareness, and—importantly for families—more peaceful postnatal bonding and more opportunities for honest communication. Midwives advocated for stronger organisational support, focused training, and initiatives supporting their well-being.

Conclusion

The study underscores the importance of preparedness, midwife-centred support, and clear, evidence-based communication to uphold respectful, family-centred midwifery care in crises. These insights are vital for maintaining care quality and protecting the physiological nature of childbirth amid future healthcare emergencies.

Eur J Midwifery 2025;9(Supplement 1):A80

Education and competencies of the midwife in the 21st century: A focus group perspective

Arminda Pinheiro^{1,2}, Sara Palma^{1,2}, Dolores Sardo^{1,2}, Virgínia Henriques^{1,2}, Rosário Cotô^{1,2}

¹School of Nursing, University of Minho, Guimarães, Portugal, ²Portuguese Association of Obstetric, Lisbon, Portugal

Overview

In Portugal, nurses specializing in maternal health and obstetrics perform the role of midwife. Each nursing school has pedagogical autonomy and has a different study plan, despite respecting Directive 2005/36/EC.

Aims and Objectives

This study aims to explore, through the qualitative focus group methodology, which skills should be included in future study plans in light of national and international professional, social, technological, political and economic demands, considering the current learning characteristics of generations of students.

Method

A qualitative approach based on focus groups was adopted. There were four focus groups, with midwives from different regions and work contexts (hospitals, health centers, teaching and independent practice). Twelve midwives, aged 28-55 years, participated. The sessions were recorded, transcribed and analyzed using thematic analysis.

Results

Data analysis allowed the identification of the following interconnected themes: Training must be solid, oriented towards professional practice and develop skills: Systemic, based on knowledge based on scientific evidence, international and interdisciplinary standards, promotion of autonomous learning, analysis-synthesis of knowledge, problem solving, information management and decision making; Techniques: relevance of the practical component, integration of technical and human skills, focus: on clinical simulation, digital literacy and technology; in supervised internships: promoting the ability to apply knowledge in practice, organization and planning, information management, problem solving, decision making, autonomy, adaptation to situations, creativity, initiative, project planning and management, safe and effective clinical practices, inter-multidisciplinary interventions; Communicational, cultural and ethical: empathy, active listening, cultural sensitivity, respect for autonomy and diversity, conflict management, teamwork; Political and leadership skills: health advocacy, active participation in public policies, leadership and institutional influence, interprofessional negotiation and mediation, community mobilization and awareness, ethical and critical stance.

Conclusion

Midwifery practice in the 21st century requires robust training, diverse and well-structured skills. Understanding the interconnection between these elements is essential to promote training that values and strengthens the role of the midwife in society.

Eur J Midwifery 2025;9(Supplement 1):A81

Education and emotional support to

expectant and new fathers: An early midwifery and psychological intervention in Greece

Maria Dagla^{1,2}, Dimitra Sotiropoulou^{1,2}, Eleni Tsolaridou^{1,2}, Alexandros Papatrechas^{1,2}, Calliope Dagla^{1,2}

¹Laboratory of Midwifery Care During Antenatal and Post-Natal Period -Breastfeeding, Department of Midwifery, School of Health and Care Sciences, University of West Attica, Athens, Greece, ²Day Center for the Care of the Mental Health of Women (Perinatal Mental Health Disorders), Non-Profit Organization "Fainareti", Athens, Greece

Overview

Parental behaviors are shaped by life events, social pressures, and societal norms. Parenthood is a developmental process influenced by intrinsic psychological factors, personal experiences, and environmental conditions. When a man learns that his partner is pregnant, he often experiences a complex mix of emotions, including both euphoria and anxiety, stress, and concern. Critical periods, such as the preparation for childbirth and parenthood during pregnancy, as well as support during labor, give opportunities for the development of the paternal role. The Non-Profit Organization Fainareti aims to enhance perinatal care in Greece through specialized midwifery and psychosocial interventions. As part of this effort, it offers a prenatal/antenatal and postnatal -midwifery and psychological- support and education program designed to assist expectant and new fathers.

Aims and Objectives

This presentation aims to describe an intervention that includes a childbirth preparation and parenthood program for expectant fathers during pregnancy, as well as a midwifery and psychological support and education program for expectant and new parents both pre- and postnatally.

Method

The intervention is implemented at the Day Center for the Care of the Mental Health of Women (Perinatal Mental Health Disorders), a primary mental health care facility in Athens, Greece, established by the NGO Fainareti and funded by the Greek Ministry of Health.

Results

After giving informed consent and a health history, each expectant father and his partner can participate in a childbirth and parenthood preparation program, beginning in the 5th or 6th month of pregnancy. This intervention consists of 13 three-hour sessions led by a midwife, during which fathers receive information on key aspects of the perinatal period (pregnancy, fetal development, labor, delivery, postpartum recovery, breastfeeding, parent-infant mental health, newborn and infant development, parent-infant bonding). These sessions also provide opportunities for expectant parents to exchange perspectives, engage in discussions with healthcare professionals, and address any questions or concerns. Additionally, expectant fathers can participate in a dedicated support and education program that consists of three three-hour sessions during pregnancy and three additional sessions postnatally, exclusively for fathers, facilitated by a mental health professional and a midwife. Through this intervention, expectant and new fathers receive education and guidance on providing emotional and practical

support to pregnant women and new mothers, newborn care, breastfeeding, and fostering the father-newborn/infant bond. At the same time, they are given the opportunity to express their feelings, concerns, doubts, and anxieties regarding their transition into fatherhood, their new responsibilities, and changes in their relationship with their partner.

Conclusion

Expectant and new fathers undergo a range of new experiences and emotions, requiring emotional support during this transition. Midwifery care encompasses information, education, and emotional support tailored to fathers, aiming to promote public health and reduce gender inequalities in perinatal care.

Eur J Midwifery 2025;9(Supplement 1):A82

Finnish homebirth midwives: Descriptions about their work

Eveliina Peltokangas-Pesonen¹, Maija-Riitta Jouhki², Kristiina Heinonen¹

¹Department of Nursing Science, Kuopio, Finland,

²Metropolia University of Applied Sciences, Helsinki, Finland

Planned home birth rate in Finland has increased during the last ten years. Families cannot choose their birthing place equally because the public healthcare system covers only hospital births. Home birth midwives work outside of the public healthcare system and they are in a vulnerable position. The objective of the study was to describe Finnish home birth midwives experiences assisting in homebirths and their work. The aim of the study was to produce information about this topic that has not been researched before in Finland.

Philosophy behind the study was phenomenological-hermeneutical. 12 home birth midwives participated in the study. Research data was collected remotely through individual thematic interviews and analyzed using inductive content analysis.

Finnish home birth midwives delivered continuous care for the families. It was important for them to familiarize themselves with the birthing person during pregnancy. They used their whole professional potential working as responsible and skilled healthcare professionals. They were able to work according to their own ideology of birth and woman-centered care. Midwives had faith in the woman's ability to give birth. They experienced a range of emotions during home births. Mostly the experiences were wonderful, exciting, powerful and touching. They felt that it was a privilege to assist in home births. There were multiple promotive and inhibitory factors working as a home birth midwife in Finland. Often the co-operation with hospitals and public authorities was poor. It was meaningful for the home birth midwives to assist in homebirths. They were able to take care of the families in a way they felt was ethical. They faced many challenges working outside the public healthcare system.

Eur J Midwifery 2025;9(Supplement 1):A83

Obesity and pregnancy: Obstetric and neonatal complications

Sotirios Zotos¹, Maria Dagla¹, Maria Iliadou¹, Ermioni Palaska¹

¹University of West Attica, Athens, Greece

Overview

Obesity during pregnancy is a risk factor for both mother and baby. Gaining a healthy weight during pregnancy through exercise and nutrition protects against short- and long-term consequences.

Aims and Objectives

This systematic review highlights the causes of obesity, its impact on pregnancy and postpartum health of the mother and the newborn.

Method

This study is a systematic review of the literature with quantitative and qualitative research that includes randomized clinical trials and observational studies for the period from 2019- 2024. The search was conducted through the electronic databases Pub Med and Google Scholar and concerned only studies that were in English and had free access.

Results

The findings showed serious consequences of obesity in pregnancy such as hypertension, preeclampsia, gestational diabetes mellitus, increased cesarean section and maternal mortality after childbirth, mental health issues, breastfeeding difficulties, infertility and fertility problems. Also, large-for-gestational-age babies, increased risk of childhood obesity later in life.

Conclusion

Obesity in pregnancy is influenced by the family and social environment, is related to lifestyle and education, genetic and hereditary factors that affect the biophysical profile of the pregnant woman. Regardless of its causes, obesity in pregnancy affects the mode of delivery, fetal development, forms pathological conditions that increase the risk of premature birth, has effects on breastfeeding, on the weight of the woman and the newborn after the completion of childbirth.

Eur J Midwifery 2025;9(Supplement 1):A84

Midwives' perceptions of supporting family-centered care in neonatal units: A qualitative study

Eva Welge^{1,2}, Markéta Moravcová^{1,2}, Lenka Hodačová^{1,2}

¹Department of Preventive Medicine, Faculty of Medicine, Charles University, Hradec Králové, Czech Republic,

²Faculty of Health Studies, University of Pardubice, Pardubice, Czech Republic

Overview

Parents' experiences in neonatal units are profoundly shaped by the concept of family- centered care (FCC). This approach recognizes the importance of involving parents as active partners in their infant's care. In neonatal units, it means creating an environment where parents feel supported, informed, and empowered to participate in decision-making and caregiving. While its benefits are well documented, the extent to which FCC is practiced often depends on the perceptions and attitudes of frontline staff, particularly midwives.

Aims and Objectives

This study explores how neonatal midwives perceive and experience their role in supporting FCC, shedding light on the enablers and barriers within everyday practice.

Method

A qualitative research design was used, employing in-depth, semi-structured interviews with 20 neonatal midwives. Interviews were audio-recorded, transcribed verbatim, and analyzed using thematic content analysis. The aim was to identify recurring patterns and underlying beliefs shaping midwives' interactions with families in the context of neonatal care.

Results

Four key themes emerged from the data: 1. "I can't trust the parents to provide care" – Midwives expressed concerns about the safety and capability of parents, often resulting in reluctance to share caregiving responsibilities. 2. "It is my responsibility" – Many participants viewed neonatal care as their sole professional duty, leading to overprotectiveness and limited parental engagement. 3. Recognizing the importance of mothers' presence – Despite hesitations, midwives acknowledged the emotional and developmental significance of maternal involvement in neonatal care. 4. Unwillingness to change practice – Resistance to altering familiar routines and skepticism toward new models of care were cited as barriers to adopting FCC more fully.

Conclusion

Practice Implications: The findings highlight a tension between traditional midwifery roles and the collaborative philosophy of FCC. To bridge this gap, there is a need for targeted education that addresses trust-building with parents, supports role redefinition, and fosters a unit culture more receptive to shared caregiving. Encouraging reflective practice and institutional support can help midwives move toward more inclusive, family-centered models of care.

Eur J Midwifery 2025;9(Supplement 1):A85

Improving midwifery training: What students perceive as important in simulation learning

Tita Stanek Zidarič¹, Metka Skubic, Lucija Serjak

¹Midwifery Department, Faculty of Health Sciences, University of Ljubljana, Slovenia

Background

Simulation learning in midwifery is essential to prepare students for complex situations in the delivery room, including shoulder dystocia, postpartum hemorrhage, neonatal resuscitation and postpartum infant transition support. These simulations allow students to practice critical skills in a controlled environment before applying them in real clinical situations.

Aim and objective

The purpose of this study was to determine what students consider important in simulation-based learning, specifically in relation to the skills required to effectively perform these simulations. This understanding helps to bridge the gap between theory and practice and provides a safe alternative to learning on real patients.

Methods

A qualitative approach was used, applying thematic analysis to student responses from assessment questionnaires during debriefing and peer assessment. These findings show how students perceive the effectiveness of the simulations in developing the required skills.

Results

The analysis revealed two main categories: Hard Skills and Soft Skills. Hard skills emphasized achieving clinical competencies, following protocols and ensuring safe midwifery practice. Soft skills emphasized the importance of interpersonal qualities, including communication, teamwork and professional demeanor, with the themes of empathy, composure, respect and humanized care standing out.

Conclusion

Simulation learning allows students to recognize their mistakes and take a more holistic approach to nursing, which helps them transition into clinical practice. It also promotes better stress management in high-pressure situations. Future research should explore the faculty perspective and follow up with students and trainee midwives to assess the long-term impact of simulation training on clinical practice.

Eur J Midwifery 2025;9(Supplement 1):A86

Secondary traumatic stress in professional and student midwives in Greece

Eleni Griva¹, Georgia Doriza¹, Michail Moros¹, Maria Fountoulaki¹

¹Metropolitan College Athens, Athens, Greece

Overview

Secondary Traumatic Stress (STS) is a mental illness of caregivers, including professional and student midwives, as they are often exposed to the physically and mentally traumatic situations of their clients, resulting in them experiencing a series of symptoms, predominantly a decrease in compassion.

Aims and Objectives

To study this syndrome in a sample of professional and student midwives in Greece and to investigate its possible association with sociodemographic characteristics as well as with employment status.

Method

238 participants completed the Compassion fatigue/satisfaction self-test and demographic information questionnaires within a period of 4 months from the approval of the research by the ethics committee. The anonymous data were processed by the statistical program SPSS and the statistical significance level was set at 0.05.

Results

The average age of the sample was 33.8 years, the majority were Greeks, working in the public sector, with up to 5 years of work experience and did not hold a position of responsibility. In the sample, the average STS tended towards high levels, while the "compassion satisfaction" tended towards moderate. For compassion fatigue syndrome there is correlation with marital status ($p = 0.055$), for compassion satisfaction there is an association with age ($p = 0.05$). For STS, students and younger ages, primary care workers and those with higher positions of responsibility and academic qualifications were more likely to develop it in our sample. For Compassion Satisfaction, professionals were more likely to be in lower positions of responsibility and with fewer academic qualifications but with more work experience.

Conclusion

STS is a condition that can affect the mental and physical health of Midwives already since their student lives and indirectly be an inhibiting factor in the provision of quality

care to couples.

Eur J Midwifery 2025;9(Supplement 1):A87

Midwifery students' satisfaction with mental health subject: Based on feedback

Marika Merits¹, Katrin Klein¹

¹Tallinn Health Care College, Tallinn, Estonia

Overview

Based on WHO guidance, supporting mental health is essential in improving health outcomes in maternity care, ensuring a safe, respectful and non-judgmental environment for mothers and babies. Therefore, it is important to focus on theoretical and practical teaching of perinatal mental health in the midwifery curriculum.

Aims and Objectives

The aim is to investigate midwife students' feedback on the mental health subject.

Method

The feedback survey from midwifery students has been collected over a 3-year period from three fourth study year midwife groups. Feedback was asked about three main topics: general mental health and psychiatric care, perinatal mental health and counseling, and mental health internship in hospitals. Feedback was provided by 56 students.

Results

The results show that 95.00% of students are satisfied with the subject as a whole and its necessity. Students also noted that more simulations and counseling practice are needed in perinatal mental health and counseling as a bottleneck in the subject. Students recognized that more complex perinatal mental health issues, such as fetal death, neonatal and/or maternal death, require more counseling skills and practice. Also, how to ensure one's own personal integrity and empathy. The proposal emphasized increasing the topic of perinatal mental health, as it is a key part of a midwife's work. Feedback on the hospital internship was mostly positive. It was found that during the internship it was possible to practice and consolidate the knowledge learned in theory.

Conclusion

As a result of analyzing the feedback, it is possible to improve the content quality of the mental health subject to ensure the best possible fulfillment of learning outcomes and perinatal mental health competencies in midwifery work.

Eur J Midwifery 2025;9(Supplement 1):A88

Pregnancy and postpartum course in women with thyrotropin-secreting pituitary adenomas: Maternal and neonatal perspectives

Maria Tzoraki¹, Anastasia Tsampika Zannettouli², Dimitra Metallinou³, Aikaterini Vildiridi⁴, Grigorios Karampas⁵, Leonidas Duntas⁶

¹Medical Services Department, Hygeia Hospital, Athens, Greece, ²Obstetrics and Gynaecology Department, Royal Sussex and County Hospital, University Sussex Hospital, Brighton, United Kingdom, ³Department of Midwifery, School of Health and Care Sciences, University of West Attica, Athens, Greece, ⁴Second Oncology Clinic, Theagenio Cancer Hospital of Thessaloniki, Thessaloniki, Greece, ⁵Second Department of Obstetrics

and Gynaecology, Aretaieio University Hospital, Medical School, National and Kapodistrian University of Athens, Athens, Greece, ⁶Endocrine Clinic, Evgenideion Hospital, National and Kapodistrian University of Athens, Athens, Greece

Background

Thyrotropin-secreting pituitary adenomas (TSHomas) during pregnancy are exceedingly rare and pose significant clinical challenges. Managing maternal hyperthyroidism while ensuring optimal fetal development and addressing postpartum recovery, requires a tailored, multidisciplinary approach.

Aim

To examine maternal symptoms, pregnancy progression, delivery outcomes, neonatal health, and postpartum lactation in women diagnosed with TSHomas during pregnancy.

Methods

A systematic review was conducted of all reported pregnancies affected by TSHomas between 1993 and 2024. Eleven cases were identified. Extracted data included maternal clinical presentation, management strategies, delivery outcomes, neonatal health, and postpartum course.

Results

With regard to maternal course, before diagnosis, 82% of women exhibited overt hyperthyroid symptoms, including tachycardia, emotional lability, heat intolerance, and tremors. Galactorrhea, often accompanied by menstrual irregularities, was reported in 36%. During pregnancy, most women required treatment to manage hyperthyroidism. Somatostatin analogs were used in 44% of cases, with close monitoring to mitigate maternal and fetal risks. Two women experienced visual disturbances due to tumor progression. Postpartum, maternal symptoms generally improved with ongoing medical therapy or delayed surgery. No cases of pituitary apoplexy occurred. Regarding neonatal outcomes, ten of the eleven pregnancies resulted in live births; one was electively terminated for non-medical reasons. Seventy three percent (73%) of deliveries occurred at term, while three were preterm (34–36 weeks). No congenital anomalies were observed. One neonate developed transient hypothyroidism. Birth weights ranged between 2500 – 3400 grams. Finally, breastfeeding was successful in 36% of cases. Postpartum use of somatostatin analogs, likely due to their prolactin-suppressing effects, contributed to lactation difficulties. Supportive measures such as lactation consultation were inconsistently reported but remain a critical component of postpartum care.

Conclusion

With timely diagnosis and coordinated care, pregnancies complicated by TSHomas can result in favorable maternal and neonatal outcomes. Anticipating and managing postpartum lactation challenges is essential for comprehensive care.

Eur J Midwifery 2025;9(Supplement 1):A89

Against all odds: Determinants of success in vaginal birth after three or more cesareans (VBA3C)

Abstract Overview

The rate of cesarean sections (CS) is increasing worldwide, including operative deliveries after a previous CS. Each

subsequent operative delivery increases the risk of maternal complications, such as rupture of the uterine scar, abnormal placentation in subsequent pregnancies and adhesions.

Aims and Objectives

The aim of the study was to describe the population of women who decide to attempt labor after at least three cesarean deliveries and to identify factors that promote the success of this type of labor.

Method

This retrospective study involved the analysis of medical records of women admitted to a tertiary-level maternity hospital between 2017 and 2024. The inclusion criterion was a history of three or more previous cesarean deliveries. Women with a diagnosis of intrauterine fetal demise at the time of admission were excluded. Multivariate logistic regression was used to identify factors associated with successful VBA3C. The outcome variable was the mode of birth. Based on literature review, three predictors were included: epidural anesthesia, history of prior vaginal birth, and spontaneous labor onset. Due to the limited sample size ($n = 62$), the number of predictors was restricted to ensure model stability.

Results

Of the 62 women who attempted VBA3C, 32 (51.6%) achieved vaginal labor. In the logistic regression analysis, it was found that the use of epidural anesthesia ($OR = 22.88$; $p = 0.006$) and a history of previous vaginal birth ($OR = 20.34$; $p = 0.008$) significantly increased the chances of a successful VBAC. Spontaneous onset of labor did not reach statistical significance.

Conclusion

VBAC after three or four CS is possible, especially if the woman has a history of successful vaginal birth. Each birth requires individual maternal risk management considering potential complications resulting from multiple cesarean sections. Epidural can contribute significantly to the success of vaginal birth.

Eur J Midwifery 2025;9(Supplement 1):A90

Estonian doula experiences providing their service and cooperation with midwives

Katrin Klein¹, Kaire Sildver^{1,2}, Marika Merits¹

¹Department of Midwifery, Tallinn Health Care College, Tallinn, Estonia, ²Institute of Family Medicine and Public Health, Faculty of Medicine, University of Tartu, Tartu, Estonia

Abstract Overview

Doulas provide emotional and informational support that is distinct from clinical care. Their involvement enhances patient autonomy, facilitates informed decision-making, and contributes to improved birth outcomes and breastfeeding success. Support for vulnerable groups—such as immigrant women, teenagers, or those experiencing socioeconomic disadvantage—should be particularly emphasized. However, challenges persist, including varied attitudes from midwives and unclear definitions of the doula's role within healthcare institutions. Inconsistent and unregulated training contributes to a lack of institutional recognition and limited access to some hospital settings. In Estonia, women may engage a professional doula for support throughout pregnancy, childbirth, and early motherhood. While collaboration with

private midwives has been established, doula training remains unregulated and lacks practical components. Consequently, some hospitals restrict doulas from attending births.

Aims and Objectives

To explore Estonian doulas' experiences in providing services and collaborating with midwives.

Methods

A qualitative approach was adopted. Semi-structured, in-depth individual interviews were conducted with Estonian doulas during August and September 2022. Inclusion criteria required prior experience as a doula. The interview framework consisted of six thematic categories, each comprising five questions. Data were transcribed verbatim and thematically analyzed.

Results

Estonian doulas primarily offer psychological and emotional support, with some specializing solely in labor and childbirth assistance. They conceptualize their roles differently—some act as intermediaries, guiding women and encouraging informed decision-making. Although doulas do not provide medical advice, clients often consult them after midwife appointments to clarify or process information. Midwives' attitudes vary—some question the doula's necessity, while others embrace their support. Hospital regulations frequently limit doulas' participation, at times relegating them to unofficial support roles. Doulas advocate for policy development and clear regulation of professional competencies.

Conclusion

Doulas face regulatory barriers in providing services, primarily due to unclear recognition within healthcare institutions. Collaboration with midwives is generally positive, particularly with private practitioners. Doulas express willingness to engage in cooperative dialogue with midwives. Further research is required to understand why women seek medical guidance from doulas following clinical appointments.

Funding

This study was funded by the Applied Research Fund of Tallinn Health Care College.

Conflicts of interest

The authors declare no Conflicts of Interest.

Eur J Midwifery 2025;9(Supplement 1):A91

Prevalence of tocophobia in Greece during the COVID-19 pandemic: A quantitative study

Dimitris Kanellopoulos¹, Kleanthi Gourounti

¹Department of Midwifery, University of West Attica, Athens, Greece

Abstract Overview

The term "tocophobia" is a compound word made up of the Greek words "tokos" (meaning birth) and "phobos" (meaning fear). Tocophobia is defined as the excessive fear of pregnancy and childbirth in women. The fear of childbirth has intensified due to the global concerns caused by the COVID-19 pandemic, significantly affecting the psychology of pregnant women. The tocophobia rate in Europe before the onset of the COVID-19 pandemic was 5.3%–20.8%.

Aims and Objectives

This research aimed to determine the prevalence of tocophobia

in Greece during the COVID-19 pandemic.

Method

From February 2022 to August 2023, we conducted a cross-sectional survey in two public hospitals in Greece to determine the prevalence of fear of childbirth (FOC). Participants had to be pregnant women who spoke Greek fluently and were at least eighteen years old. The Wijma Delivery Expectancy Questionnaire was used to measure fear of childbirth in women who were over 20 weeks pregnant and visited the hospitals for pregnancy monitoring. A cut-off score of ≥ 85 indicated clinically significant fear of childbirth tokophobia.

Results

In total, 484 pregnant women completed the Wijma Delivery Expectancy –W-DEQ(A) questionnaire during the COVID-19 pandemic. Tocophobia was present in 24% of the participants.

Conclusion

Comparing the rate of tokophobia in our study in Greece with other studies conducted during the Covid-19 pandemic that used the W-DEQ(A) questionnaire, we observed that the rate in our study was lower than the rates reported by other studies (e.g. by Soysal et al., 2024 in Turkey) and higher than previously measured rates in Greece and rates of tokophobia during pandemic in other European countries (e.g. by Zilver et al. 2022 in the Netherlands).

Eur J Midwifery 2025;9(Supplement 1):A92

Relationship between postpartum depression and perinatal smoking

Maria Vlachou^{1,2}, Giannoula Kyrkou^{1,2}, Victoria Vivilaki^{1,2}, Anastasia Kapetanaki^{1,2}, Athina Diamanti^{1,2}

¹University of West Attica, Athens, Greece, ²Department of Midwifery, Elena Venizelou Hospital, Athens, Greece

Abstract Overview

Postpartum depression is a mental disorder that manifests after childbirth with serious consequences for the mother and the newborn. There is research data linking postpartum depression with the smoking status of the mother during the perinatal period.

Aims and Objectives

The purpose of this review is to study the relationship between postpartum depression and perinatal smoking.

Method

A search for scientific articles was conducted in the electronic databases PubMed, Scopus, and Google Scholar, using the keywords "postpartum depression," "smoking cessation," "pregnancy," "postpartum," "perinatal period," "smoking" in all possible combinations.

Results

The depressive mood is a predictive factor and affects the smoking behavior of women during the perinatal period, as it is strongly related to smoking disease, the difficulty of quitting, and relapse. Abstinence from smoking and cessation of smoking in women planning pregnancy reduces the likelihood of postpartum depressive symptoms compared to women who quit smoking in close time frames before conception or immediately after learning of their pregnancy. Women who smoke before pregnancy and continue smoking during the third trimester, as well as after childbirth, are more likely to suffer from postpartum depression compared to those who report having quit smoking during the same periods.

Additionally, postpartum women who smoke (regardless of their smoking status in previous periods) are more likely to experience postpartum depression compared to those who quit smoking during pregnancy and do not relapse after childbirth. Postpartum depression appears to occur more frequently when there is exposure to smoking during pregnancy, and cessation of smoking during pregnancy has a beneficial effect on reducing risk. Postpartum women who smoke are very likely to simultaneously exhibit symptoms of depression. This fact hinders the success of smoking cessation interventions and often leads to relapse, resulting in continued smoking. On the other hand, those postpartum women who have quit smoking during pregnancy need support to prevent returning to their previous smoking status after childbirth, as relapse is observed in many cases. Depressive symptoms at the end of pregnancy mitigate the response to interventions designed to prevent relapse of smoking after childbirth. To enable early detection of depressive symptoms, the Edinburgh Postnatal Depression Scale (EPDS) is administered. Assessing depression at the end of pregnancy can be used as a tool to detect cases and be taken into account for the appropriate planning, course, and outcome of smoking cessation interventions. Pregnant and postpartum women who smoke and are at increased risk of developing postpartum depression seem to respond to incentive-based smoking cessation intervention programs, change their smoking profile, prevent relapse, and improve scores on scales measuring depression.

Conclusion

The findings of the studies are necessary to motivate health professionals to incorporate the assessment and treatment of mental health into smoking cessation intervention and support programs during the perinatal period. In this way, cases of postpartum depression will be identified, and personalized interventions will be designed to promote health and prevent relapse.

Eur J Midwifery 2025;9(Supplement 1):A94

Measuring the impact of guided imagery with novel music on stress and satisfaction levels in pregnant women

Dimitra Kentrifylli¹, Angeliki Antonakou², Dimitrios Papoutsis³

¹National and Kapodistrian University of Athens, Athens, Greece, ²Department of Midwifery, School of Health Sciences, International Hellenic University, Thessaloniki, Greece, ³Department of Midwifery, School of Health Sciences, University of Western Macedonia, Ptolemaida, Greece

Abstract Overview

Pregnancy is often accompanied by increased anxiety and stress, which may adversely affect both maternal and fetal health. Elevated stress can lead to higher cortisol levels, potentially reducing uterine blood flow and contributing to fetal developmental issues. Integrating non-pharmaceutical interventions into prenatal care is crucial to promote overall well-being.

Aim and objectives

This review examines the synergistic effects of guided imagery combined with novel music on stress reduction and maternal

satisfaction during pregnancy. The primary objectives are to evaluate how these interventions lower anxiety, enhance relaxation, and ultimately improve mental health outcomes in expectant mothers.

Methods

A literature review was conducted across several electronic databases, including PubMed, Scopus, Google Scholar, and the Cochrane Library. Keywords such as "guided imagery," "novel music," "pregnancy," "stress reduction," "maternal satisfaction," and "prenatal relaxation" were employed using Boolean operators. Peer-reviewed articles published within the last 10 years were selected to ensure the inclusion of current and relevant evidence.

Results

Studies consistently demonstrate that music therapy during pregnancy significantly reduces anxiety levels and enhances maternal satisfaction. When paired with guided imagery, these interventions provide even greater reductions in perceived stress. Research indicates that the combined approach not only alleviates symptoms of anxiety and depression but also fosters a state of deep relaxation. Furthermore, the effectiveness of these interventions appears to vary with the timing throughout the trimesters, with certain periods being more receptive to stress-relief techniques. The synergistic use of guided imagery and music contributes to improved mental health outcomes and a more positive pregnancy experience.

Conclusion

Guided imagery combined with novel music represents a valuable, holistic addition to prenatal care. By reducing stress and promoting relaxation, this integrative approach supports both emotional and physical well-being during pregnancy. Healthcare practitioners should consider adopting these non-pharmaceutical interventions to enhance maternal satisfaction and improve overall pregnancy outcomes.

Eur J Midwifery 2025;9(Supplement 1):A95

Informed consent and birth setting as indicators of perinatal maternity care

Eriketi Kokkosi¹, Kleanthi Gourounti¹, Maria Iliadou¹, Angeliki Sarella¹

¹Department of Midwifery, Faculty of Health and Caring Sciences, University of West Attica, Athens, Greece

Abstract Overview

The setting in which birth occurs plays a central role in shaping a woman's experience and perception of safety and empowerment during the perinatal period. Effective and transparent communication throughout perinatal care is crucial, as it empowers women to make well-informed decisions regarding their birth environment and procedures, thereby enhancing their overall childbirth experience. However, the right of women choosing the birth setting is not universally protected or supported by existing healthcare systems.

Aim

This literature review aims to examine how the place of birth in relation to informed consent serves as an indicator of the quality of maternity care during the perinatal period.

Methodology

A literature review was conducted following the PRISMA

guidelines. Peer-reviewed studies published between 2000 and 2024 were retrieved from databases including PubMed, Scopus, and CINAHL. Inclusion criteria focused on studies exploring the relationship between birth setting, informed consent, and perinatal care quality.

Results

Findings reveal significant variability across different healthcare systems. In countries where midwifery-led care and community-based birth options are supported through policy and infrastructure, women often still choose hospital births, feeling confident in their autonomy and available choices. Conversely, in settings where options are limited or institutionalized care dominates, some women report turning to home birth as a form of reclaiming control, even in the absence of formal support systems. These patterns underline the complex interplay between informed consent, perceived safety, and birth setting preference.

Conclusion

Promoting informed choice in maternity care is critical to improving perinatal outcomes and maternal satisfaction. Healthcare systems must prioritize the development of supportive infrastructures and respectful care models that genuinely uphold women's autonomy in choosing their place of birth, thereby enhancing the overall quality of perinatal care.

Eur J Midwifery 2025;9(Supplement 1):A96

Factors associated with smoking among European women of reproductive age: A secondary dataset analysis

Angeliki Bakou¹, Georgios Ktenidis², Katerina Aslanoglou³, Athina Diamanti¹, Victoria Vivilaki¹, Constantine Vardavas^{2,3}

¹Department of Midwifery, Faculty of Health and Caring Sciences, University of West Attica, Athens, Greece,

²Department of Hygiene, Epidemiology and Medical Statistics, Medical School, National and Kapodistrian University of Athens, Athens, Greece, ³School of Medicine, University of Crete, Heraklion, Greece

Background

Tobacco use is one of the main modifiable risk factors for premature mortality and various noncommunicable diseases. In addition, smoking can negatively impact a woman's fertility, lead to pregnancy complications and affect fetal health.

Introduction

A significant portion of women of reproductive age in Europe are current smokers. This study aims to evaluate the sociodemographic factors that are associated with smoking among women of reproductive age in the European Union (EU).

Methods

A secondary data analysis was conducted using data from the Special Eurobarometer 539 cross-sectional survey. We included 6,367 randomly selected women of reproductive age (18-49 years old) from 27 EU Member States (EU MS). We performed a two-level logistic regression model in order to assess the association between current smoking and various sociodemographic factors.

Results

Results Across 27 EU MS, 25.8% (95% CI: 24.0-27.6) of women

of reproductive age are current smokers, 14.5 (95% CI: 13.2-16.0) are past smokers and 59.6 (95% CI: 57.6-61.5) have never smoked. Women who completed full time education older than 20 years old (aOR= 0.64; 95% CI: 0.47-0.87) and the ones who are still studying (aOR=0.49; 95% CI: 0.33-0.73) were less likely to be current smokers. Conversely, unemployed women (aOR=1.19; 95% CI: 1.01-1.64), women who live in urban centers (aOR=1.29; 95% CI: 1.13-1.47) and the ones who face difficulties paying their bills (aOR=1.65; 95% CI: 1.45-1.87) were more likely to be current smokers.

Conclusion

Overall, years spent in full time education, financial status, area of residence, and employment status are associated with the likelihood of currently smoking in women of reproductive age in 27 EU MS. These findings can contribute in designing future smoking cessation and tobacco prevention interventions targeting this demographic group.

Eur J Midwifery 2025;9(Supplement 1):A97

Evaluation of the effectiveness of hand hygiene practices of midwifery students

Alena Schlosserova¹, Lubica Rybarova¹

¹Faculty of Health Care, University of Prešov, Prešov, Slovakia

Abstract Overview

Hand hygiene is an effective healthcare-associated infection (HCAI) control and prevention method. Several studies have shown that the hands of healthcare personnel contaminated with hospital microflora are among the riskiest ways of transmitting HCAI. It has also been shown, that consistent hand disinfection significantly reduces the incidence of HCAI. Midwifery students as a part of healthcare teams undertake a large part of the treatment and care of patients during their clinical practice. Education and training in hand hygiene have an important role in giving midwifery students the knowledge, attitudes, and skills toward HCAI prevention.

Aims and Objectives

This study aimed to examine the effectiveness of education in practicing hand hygiene among midwifery students.

Method

The sample consisted of 20 students in the first and 20 students in the third year of study at the faculty. Participants were assessed on hand hygiene practices using a "Derma LiteCheck" device to determine how effectively they washed their hands and used alcohol disinfection. We identified the most critical areas of their hands giving them feedback.

Results

We detected that the most frequently omitted part during hand disinfection among first-year students was the area on the back of the right hand. Other problematic areas were the tip of the thumb and the spaces between the fingers. For third-year students, it was the spaces between the fingers.

Conclusion

Hand hygiene training, which includes visual concretization of the effectiveness of handwashing and disinfection, can be an effective strategy for improving attitudes and skills among midwifery students regarding handwashing. Using UV light and fluorescent gel provides immediate feedback for assessing handwashing effectiveness.

Eur J Midwifery 2025;9(Supplement 1):A98

Midwifery empathy scale (MES): Validation for Estonian sample

Marika Merits¹, Kaire Sildver¹, Katrin Klein¹, Silja Mets-Oja¹

¹Tallinn Health Care College, Tallinn, Estonia

Abstract Overview

Empathy as a phenomenon lacks a specific definition, but at the same time, empathy is multidimensional, with cognitive, emotional, behavioral, and moral components. Empathy plays an important role in midwifery, from both the woman's and the midwife's perspective. The Midwifery Empathy Scale (MES) was developed to assess the empathy levels of midwives and midwifery students.

Aims and Objectives

The purpose of this study was the validation of the MES for an Estonian sample. The study sample (n = 163) consisted of midwives working in Estonia completed the questionnaire of the MES.

Methods

Psychometric measurements performed included standard deviation (SD), p-value, and factor analysis, which were used as principal components of the analysis. Statistical analysis was performed with the help of SPSS statistics version 26.

Results

The exploratory factor analysis on the 25 items of MES revealed seven orthogonal factors. KMO measure of sample adequacy = 0.615 and Bartlett's test of sphericity = 1043.802., Cronbach's alpha was found to be 0.571 which indicates acceptable overall internal consistency of the MES. Based on the findings, it can be stated that the level of empathy of Estonian midwives is high, and their caring behavior is good. According to the results obtained in this study, the level of empathy positively influences caring behavior in maternity care.

Conclusion

This study shows that the Estonian version of the MES is a reliable instrument for evaluating the empathy levels of midwives.

Eur J Midwifery 2025;9(Supplement 1):A99

Expectations and needs of women for the community maternity care service to support women mental health coping with motherhood

Riin Rosenperk¹

¹Tallinn Health Care College, Tallinn, Estonia

Abstract Overview

At least three additional postnatal contacts are recommended for all mothers and newborns, on day 3 (48-72 hours) and between days 7-14 after birth, and six weeks after birth (WHO, 2013). Good postnatal care is important to prevent adverse maternal and neonatal outcomes and to provide support coping with motherhood.

Aims and Objectives

The aim of the work is to describe and analyze the expectations and needs of women for the maternity care service and the postpartum home visit, to compare the existing models of the postpartum home visit and to create a model for postpartum home visit and implementation strategy in West-Estonia County. In the development of the community midwifery

service, the focus is on woman and family centeredness, the availability of the service close to home is important.

Method

The development project was based on Deming's model of continuous improvement, using a systematic literature review, and analysis the results of semi-structured interviews. Regarding the implementation of the development project, the current situation of the empirical information collected was based on the interrelationships of the collected empirical information and a model of postpartum home visit and a strategy for its implementation for the development of community midwifery services in Western Estonian Lääne County was created.

Results

Women in Western Estonia Lääne county emphasize the need for integrated healthcare and support services, psychological assistance, and social support networks. All five interviewees highlighted these aspects as crucial. Their primary expectation is postpartum mental health support to help them adjust to parenthood. They stress the importance of a holistic and trust-based approach tailored to individual needs. Psychological support was unanimously identified as a key requirement. Overall, in Western Estonia Lääne county women call for more accessible psychological and postpartum support services to ensure a smoother transition and coping process into motherhood. As a result, women feel empowered in parenthood and receive comprehensive help and mental support from the midwife during the postpartum period.

Conclusion

All the women described the need for postnatal care from a local midwife, based on their own needs. The conclusions of the research are that postnatal home visits will help to provide essential care to women in the community.

Eur J Midwifery 2025;9(Supplement 1):A100

Smoking behavior of the mother and sudden infant death syndrome

Maria Vlachou^{1,2}, Giannoula Kyrkou^{1,2}, Victoria Vivilaki^{1,2}, Anastasia Kapetanaki^{1,2}, Athina Diamanti^{1,2}

¹University of West Attica, Athens, Greece, ²Department of Midwifery, Elena Venizelou Hospital, Athens, Greece

Abstract Overview

Sudden Infant Death Syndrome (SIDS) refers to the sudden and unexpected death of a child under one year of age that occurs during sleep and cannot be attributed to any cause after post-mortem evaluation. Despite the fact that the cause of the syndrome remains unknown, research data record certain risk factors related to the sleep environment, such as sleep position, bed sharing with parents, soft bedding and soft mattress, the use of a car seat for sleeping, as well as the exposure of the newborn/infant to cigarette smoke.

Aims and Objectives

The purpose of this work is to discuss the impact of perinatal smoking on the occurrence of sudden infant death syndrome (SIDS).

Method

We conducted a literature search of the last decade in the English language. The search was performed in scientific databases (PubMed, Google Scholar, Scopus) and we used

keywords such as sudden infant death syndrome (SIDS), smoking perinatal nicotine exposure, perinatal period and their combination.

Results

Perinatal exposure to cigarette smoke is associated with SIDS as reduced nicotinic acetylcholine receptors have been recorded in the brainstem of children exposed to second-hand or thirdhand smoke who exhibited SIDS compared to those who were not exposed. This fact demonstrates that nicotine use during pregnancy affects the developing brain and lungs, causing alterations and impacting their function. Research data show that the number of cigarettes and the duration of smoking are linked to the risk of SIDS. Specifically: 1) the risk more than doubles if the mother smokes during pregnancy and doubles when the mother does not smoke or smokes one cigarette, 2) the more cigarettes the pregnant woman consumes, the higher the likelihood of SIDS occurrence, 3) reducing or quitting smoking during pregnancy decreases the chances of the syndrome manifesting in offspring, 4) the earlier in pregnancy the pregnant woman quits smoking, the lower the likelihood of the syndrome occurring, 5) reducing the number of cigarettes reduces the likelihood of SIDS occurrence, but the risk remains compared to those pregnant women who do not smoke at all. To eliminate the risk of SIDS associated with the mother's smoking status, it is important to carry out awareness and cessation support actions by healthcare professionals.

Conclusion

The correlation of SIDS occurrence due to smoking necessitates the development of intervention and support programs for smoking cessation during the perinatal period and prevention of relapse. The role of healthcare professionals is important, but special training is required.

Eur J Midwifery 2025;9(Supplement 1):A101

Building climate-resilient healthcare systems

Anastasia Kapetanaki^{1,2}, Maria Vlachou^{1,2}, Antigoni Sarantaki², Victoria Vivilaki^{1,2}, Athina Diamanti^{1,2}

¹Elena Venizelou Hospital, Athens, Greece, ²University of West Attica, Athens, Greece

Abstract Overview

Climate change poses a significant threat to global health, exacerbating the burden of disease, disrupting healthcare infrastructure, and increasing the frequency of climate-related health emergencies.

Aims and Objectives

To identify key measures that can enhance healthcare system preparedness and response to climate-related challenges.

Method

A comprehensive literature review was conducted, analyzing peer-reviewed studies, policy documents, and case studies from climate-vulnerable regions.

Results

Climate-resilient healthcare systems require a multifaceted approach, including infrastructure reinforcement against extreme weather events, integration of renewable energy sources, such as solar, wind, hydro, and geothermal power, sustainable supply chain management, and enhanced disease surveillance. Hospitals can install solar panels to

generate electricity for lighting, medical equipment, and air conditioning, reducing dependence on grid power. Battery storage systems ensure energy availability during outages. Some healthcare facilities, in windy regions, use wind turbines to supplement their energy needs. Geothermal energy can be used for heating and cooling hospital buildings, improving energy efficiency and lowering operational costs. In areas with access to water resources, small-scale hydropower systems can provide a stable and renewable energy source. Organic and medical waste from hospitals can be converted into bioenergy, reducing waste disposal challenges while generating power. Establishing telemedicine systems provides remote consultations and care, reduces the need for patients to travel during hazardous weather conditions. In the event of damage to primary healthcare facilities, mobile units can be deployed to provide medical services in affected areas. Hospitals and clinics can be designed or retrofitted with flood barriers, elevated structures, and water-resistant materials to prevent water damage during floods. Strengthening roofs, windows, and doors helps to withstand high winds and hurricanes. This may include reinforced glass, storm shutters, and robust structural supports.

Conclusion

Building climate-resilient healthcare systems is essential to safeguarding public health amid climate change.

Eur J Midwifery 2025;9(Supplement 1):A102

Examining women's eating disorders in relation to the intention, initiation and duration of breastfeeding: A literature review

Sevasti Louverdi¹, Kleanthi Gourounti¹, Maria Dagla¹

¹Laboratory of Midwifery Care During Antenatal and Postnatal, University of West Attica, Athens, Greece

Abstract Overview

Pregnancy is a special period in a woman's life and some difficulties or problems may arise. One of these may be the control of food intake. Anorexia nervosa and bulimia nervosa are included in the eating disorders. The former is related to extremely reduced food intake, low body weight, intense fear of weight gain, and distorted body image. While the latter is related to repeated periods of uncontrolled food consumption followed by compensatory behaviors to prevent weight gain. Mothers with a history of eating disorders or existing eating disorders may experience difficulties with breastfeeding. These difficulties are also indirectly related to the existence of maternal anxiety and depression.

Aims and Objectives

To investigate women's eating disorders in relation to the intention, initiation and duration of breastfeeding.

Method

To find articles relevant to the literature review, electronic databases such as PubMed and Scopus were searched using keywords from December to February 2025. All selected articles were screened for English language and full text accessibility.

Results

The literature review search identified 564 studies. Fifty-eight studies were reviewed in full text. Eight studies were included. All participants were described as female before,

during and after pregnancy. Also, some participants were women's partners. The survey participants were mostly from hospitals, online or the local community. All studies examined the association of maternal history of eating disorders with breastfeeding practices. It appears that breastfeeding self-efficacy in women with a history of eating disorders or pre-existing disorders is somewhat complex. There were studies that had eating disorders as a predictive factor for the initiation or not as well as the duration of breastfeeding and other studies that did not correlate these two variables at all (eating disorders-breastfeeding), according to their results.

Conclusion

In conclusion, it was observed that psychosocial factors, the role of the father or a pre-existing history of eating disorders are related to initiation and duration of breastfeeding. However, the conclusions of this review were based on a small number of studies, so it is important to consider any limitations. Further research is needed to find other factors that may influence women's intention to breastfeed.

Eur J Midwifery 2025;9(Supplement 1):A103

PREG-NFS-Q: Development, face and content validation of an instrument to measure maternal nutrition and food safety knowledge in pregnancy

Nina Zahra¹, Georgette Spiteri², Petra Jones¹

¹Department of Food Sciences and Nutrition, University of Malta, Msida, Malta, ²Department of Midwifery, University of Malta, Msida, Malta

Background

Suboptimal dietary intake during pregnancy is associated with various adverse health outcomes. Many pregnant women lack sufficient knowledge of both nutrition and food safety, which can impact their food choices. Currently, no culturally relevant tool exists to assess these areas of knowledge specifically for Mediterranean populations, highlighting the need for such an instrument.

Objective

This study aims to develop and validate the Pregnancy Nutrition and Food Safety Questionnaire (PREG-NFS-Q), designed to measure maternal nutrition and food safety knowledge in pregnant women in a Mediterranean setting.

Methods

The study involved two phases: instrument design and judgmental evidence. The domain was determined through a comprehensive literature review, alignment with international dietary guidelines, expert consultation, and an evaluation of existing assessment tools, followed by sampling (item generation) and the formation of the initial 55-item instrument. For content validation, a panel of six experts evaluated the questionnaire to assess the relevance and clarity of the items. The content validity ratio (CVR) and content validity index (CVI) were calculated. Face validation was evaluated qualitatively based on feedback from nine participants, comprising six experts and three individuals from the target population.

Results

Initial versions of the tool demonstrated strong content validity for individual items (I-CVI range: 0.83 to 1.00) and moderate to high overall content validity for the PREG-NFS-Q (S-CVI Average range: 0.96 to 0.99; S-CVI Relevance = 0.93;

S-CVI Clarity range: 0.75 to 0.87). Items were removed due to low CVR, insufficient clarity, and conceptual overlap. Through qualitative methods, the items were refined until saturation was reached. The final tool comprises 4 domains and 45 questions.

Conclusions

The PREG-NFS-Q is a tool demonstrating high item content validity for assessing maternal nutrition and food safety knowledge in a Mediterranean setting, with potential to inform targeted nutrition interventions to improve maternal and fetal health outcomes.

Eur J Midwifery 2025;9(Supplement 1):A104

Identification of key competences of midwives in the Czech Republic: Partial results

Marketa Moravcova¹

¹Faculty of Health Studies, University of Pardubice, Pardubice, Czech Republic

Introduction

Continuous education within non-medical healthcare professions is a clear and unassailable condition for providing quality and safe care. In the Czech Republic, the system of qualification education is relatively clearly defined, but lifelong education is still very vaguely defined. Act No. 96/2004 establishes the obligation of lifelong education and its control. However, the scope, frequency, content or method of evaluating educational activities is no longer clearly defined. Based on the identification of key competencies of midwives in accordance with real clinical practice, the authors create a proposal for a system of lifelong education for midwives.

Aims and Objectives

The objective of the presentation is to present partial results of a project aimed at creating a proposal for a system of mandatory lifelong education for midwives in the Czech Republic in connection with the identified key competencies. This is a partial result of identifying key competencies in midwifery and creating a description of these competencies.

Method

To identify key competencies, the researchers used a focus group and the Delphi study. The participants of the focus group were midwives from various clinical practice environments, managers and educators. The results of the focus group were processed and further discussed within the Delphi study by representatives of care providers, educators, professional organizations and doctors.

Results

The 1st phase of the study is a comprehensive set of identified key competencies for midwives, including a description of the conditions for acquiring, maintaining and rules for possible withdrawal of key competencies.

Conclusion

For quality midwifery, it is clearly necessary to ensure a system of lifelong learning, which will be developed on the basis of the key competencies in close cooperation with clinical practice. The methodology used in this study seems to be a good way to identify key competencies in other countries.

Eur J Midwifery 2025;9(Supplement 1):A105

The formation and implementation of an

essential life support in obstetrics course for midwives

Rebecca Mizzi

Abstract Overview

As a central part of maternity care midwives can be in a first responder role, as well as part of the multidisciplinary team for maternal and neonatal resuscitation. Therefore, the formation of an essential life support course tailored for midwives is a priority to the running and safety of the hospital. Maternal resuscitation is a rare, life-threatening event, the incidence of which has been reported to be on the increase. Fortunately, with a timely and appropriate response, survival rates of over 50% have been recorded. Adaptations to basic life support for pregnant women at or beyond 20 weeks gestation will greatly impact survival rates. The formation and implementation of this course has not just allowed for a course tailored to midwives' educational needs but further allowed them to extend their role as trainers in the course as part of a multidisciplinary team providing education for their colleagues and a team building opportunity, allowing midwives to approach such emergencies in a timely and evidence-based manner.

Aims and Objectives

To create a life support course catered for midwives and other health care professionals involved in maternity care. To train midwives as trainers for the obstetric element of this course. To make the course available to all midwives.

Methods

The essential life support in obstetrics course addresses the anatomical and physiological changes of pregnancy impacting resuscitation, resuscitative hysterotomy and neonatal resuscitation. Therefore, equipping midwives with the knowledge, skill and practice through an interactive simulation-based course.

Results

The essential life support in obstetric course has been piloted, with positive feedback from participants. The train the trainer course consisting of 13 midwives was also well received. The next step of this project will be the roll out of this course to the midwives working across the department of obstetrics at Mater Dei hospital. Furthermore, the multidisciplinary approach allowed for continued learning and better insights of all professionals involved in the training.

Conclusion

The obstetric department of any tertiary hospital has its own unique needs and required skills in relation to basic life support. Midwives need to be well equipped in resuscitation of the non-gravid adult, the pregnant woman beyond 20 weeks gestation and the neonate. The multidisciplinary approach at Mater Dei Hospital led to the creation of a course that is organized and facilitated by nurses and midwives to address the above needs. The essential life support in obstetrics course has been well received by the midwives who have attended and the midwives who have trained as trainers for this course.

Eur J Midwifery 2025;9(Supplement 1):A106

Severe acute COVID-19, obesity and smoking: Risk factors for post-viral fatigue in women following SARS-CoV-2 infection

during gestation: A systematic review and meta-analyses

Aikaterini Dimitrakopoulou¹, Antigoni Sarantaki¹, Christina Nanou¹, Vassiliki Epameinondas Georgakopoulou², Athina Diamanti^{3,4}

¹Department of Midwifery, Faculty of Health and Care Sciences, University of West Attica, Athens, Greece,

²Laiko General Hospital, Athens, Greece, ³University of West Attica, Athens, Greece, ⁴Department of Midwifery, Elena Venizelou Hospital, Athens, Greece

Abstract Overview

Fatigue is a predominant and persistent symptom of Long-COVID-19 syndrome with high prevalence, and significant impairment of functional status and quality of life.

Aims and Objectives

This study aimed to evaluate the correlation between gestation and post-viral fatigue within the context of Long-COVID syndrome. Another aim of this study was to discern both risk and protective factors for Long-COVID fatigue and the association with the severity of symptoms during the acute phase, maternal age and preexisting comorbidities.

Method

A total of nine studies, encompassing a range of methodological approaches and study populations, were included. The meta-analysis demonstrated that pregnant individuals exhibited a significantly increased risk of experiencing fatigue compared to non-pregnant controls (pooled odds ratio: 2.12; 95% confidence interval: 1.69–2.65; $p < 0.00001$). Substantial heterogeneity ($I^2 = 90\%$) was noted, primarily due to differences in study design, fatigue assessment tools, and follow-up periods.

Results

Severe acute-phase COVID-19 symptoms, obesity, and smoking were identified as significant risk factors for the development of fatigue, whereas anosmia appeared to have a protective effect. In certain cases, fatigue persisted for over 12 months, emphasizing its potential for chronicity. Despite the fact that the prevalence of hypertension and diabetes mellitus was high, the associations were not statistically significant. These results highlight the multifactorial etiology of Long COVID-19-related fatigue and its considerable impact on individuals who contracted SARS-CoV-2 during pregnancy.

Conclusion

Recognizing and addressing fatigue early in pregnant individuals who experienced SARS-CoV-2 infection is crucial for clinical practice, alongside promoting healthy lifestyle changes. Future research should investigate the role of biomarkers and effective strategies to lessen the burden of this fatigue.

Eur J Midwifery 2025;9(Supplement 1):A107

Determining the association of ankyloglossia and inheritance in a population of tongue-tied infants

Eirini Tomara¹, Maria Dagla¹, Evangelia Antoniou¹, Georgios Iatrakis¹

¹Laboratory of Midwifery Care During Antenatal and Postnatal Period - Breastfeeding, Department of Midwifery, School of Health and Care Sciences, University of West Attica, Athens, Greece

Abstract Overview

Ankyloglossia is a known congenital pathology of the oral cavity, defined by a restrictive lingual frenulum, which impedes the function of the tongue. Unfortunately, among healthcare providers there is no consensus in definition, diagnosis, classification and treatment for these cases. The mechanism of etiology and pathology is also not fully elucidated. Some investigators linked ankyloglossia with mutation in the gene TBX22, while others referred to it as a manifestation of rare syndromes such as Kindler, Opitz, Van Der Woude, Beckwith-Wiedemann and Simosa.

Aims and Objectives

The purpose of our study is to determine the association of ankyloglossia and inheritance in a population of tongue-tied infants.

Method

We carried out a prospective cohort study with 51 cases of tongue-tied infants with no other congenital malformation, after examining almost 350 neonates. We used descriptive statistics to analyze our sample (frequencies and proportions).

Results

Thirty-two tongue-tied infants had a negative family history (62.7%) and nineteen infants (37.3%) had at least one family member with ankyloglossia. Sixteen of them (84.2%) had one relative and three of them (15.8%) had two. The relatives listed in ascending order was the father (31.8%), the brother (27.3%), the sister (22.7%) and the mother (18.2%). The percentage of male tongue-tied infants with family history was 73.7% whilst the female was 26.3%.

Conclusion

In our study, we concluded that less than half of our cases had a positive family history with ankyloglossia. The limitation of our study is the small sample size. Further studies with larger samples are required to investigate the association of ankyloglossia with inheritance.

Eur J Midwifery 2025;9(Supplement 1):A108

Educational intervention on perceived stress among pregnant women in healthy eating for management of increased body mass index (BMI)

Evgenia Zacharogianni¹, Christina Nanou¹, Maria Dagla¹, Maria Grigoropoulou², Argyro Tsitsou³, Efstratios Vamvakas⁴, Dimitra P. Georgopoulou⁵, Kleanthi Gourounti¹, Ermioni Palaska¹

¹Department of Midwifery, University of West Attica, Athens, Greece, ²Department of Nursing, Second Health Center of Peristeri, National and Kapodistrian University of Athens, Athens, Greece, ³Seafeld Veterinary Group, United Kingdom, ⁴Secondary Education, Athens, Greece, ⁵Health Center Kato Achaia, Kato Achaia, Greece

Abstract Overview

The purpose of the research is to investigate the effect of education and health education, pregnant women with an increased body mass index (B.M.I.) in relation to nutrition and perceived stress. The intervention is based on data from the National Health and Nutrition Organization, with a structured educational intervention, monitoring of self-care in relation to nutrition and stress and at the same time those who have not received the usual instructions and practices. The study

is considered a randomized, prospective comparative study of duration. Pregnant women participating in the study have the following criteria: • are pregnant (up to 12 weeks) • are over 18 years old • can read and write in Greek. • have proper communication in order to receive the education • do not suffer from chronic diseases • have a BMI over > 25 The study is conducted in the outpatient clinics of hospitals and E.O.P.Y.-I.K.A clinics Regarding the educational intervention, a tool was created that meets the needs of pregnant women for the management of issues related to their pregnancy. This tool has been pilot tested on a sufficient sample of patients, and the ease of understanding was checked. The research questions were as follows: • What is the change over time (baseline -3 months - 6 months -9 months) in stress in the intervention and control groups • What is the change over time (baseline -3 months -6 months -9 months) in depression in the intervention and control groups

Aims and Objectives

The purpose of the research is to investigate the effect of education and health education, pregnant women with an increased body mass index (B.M.I.) in relation to nutrition and perceived stress.

Method

The intervention is based on data from the National Health and Nutrition Organization, with a structured educational intervention, monitoring of self-care in relation to nutrition and stress and at the same time those who have not received the usual instructions and practices. The study is considered a randomized, prospective comparative study of duration

Results

What is the change over time (baseline -3 months - 6 months -9 months) in stress in the intervention and control groups • What is the change over time (baseline -3 months -6 months -9 months) in depression in the intervention and control groups

Conclusion

The intervention has a positive effect on stress and depression
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Integrating person-centered care and intercultural communication in midwifery education: A curriculum development initiative

Annika Niemi¹, Anita Wikberg²

¹Arcada University of Applied Sciences, Helsinki, Finland,

²Novia University of Applied Sciences, Vaasa, Finland

Abstract Overview

Globalization necessitates midwives to address the complex needs of multicultural societies through expertise in person-centered care (PCC) and intercultural communication. These competencies are vital for equitable maternity care, particularly in contexts like Finland, where demographic development with increased immigration, demands culturally adaptive healthcare practices.

Aims and Objectives

This initiative seeks to systematically embed PCC and intercultural communication within midwifery curricula, cultivating a care culture grounded in ethical principles and cultural responsiveness.

Method

The curriculum, anchored in caring science theory, adopts a phased approach. First-year students engage with PCC through foundational coursework on patient autonomy, care ethics, and individualized care planning. In the second year, intercultural competency is developed via theoretical modules addressing cultural humility, systemic inequities, and migration-related health disparities. The theory is implemented consistently throughout the studies. Pedagogical strategies integrate experiential learning methods such as simulated patient interactions, role-playing workshops, and reflective case studies, complemented by clinical placements in diverse maternity care settings.

Results

Preliminary evaluations indicate that students gain proficiency in tailoring care to align with patients' cultural values and preferences. Outcomes include improved communication strategies for navigating cross-cultural misunderstandings in perinatal contexts and a strengthened capacity to advocate for marginalized populations. These competencies are further reinforced through iterative feedback during clinical practice.

Conclusion

By structurally embedding PCC and intercultural communication in midwifery education, this initiative addresses a critical gap in preparing healthcare providers for 21st-century challenges. The model offers a transferable framework for advancing equitable care standards in multicultural societies.

Eur J Midwifery 2025;9(Supplement 1):A110

Unheard voices: The experiences of Roma families within the health system in Athens, Greece

Eleni Asimaki¹, Dimitris Haros², Aikaterini Lykeridou³, Anna Deltsidou⁴, Victoria Vivilaki^{1,3}

¹Midwifery Department, University of West Attica, Athens, Greece, ²Saint Savvas Hospital, Athens, Greece,

³Department of Midwifery, Elena Venizelou Hospital, Athens, Greece, ⁴University of West Attica, Athens, Greece

Abstract Overview

Roma communities in Greece, as in many parts of Europe, face significant social and health disparities, with limited access to healthcare services and systemic barriers hindering their ability to seek timely and appropriate medical care. These barriers are often compounded by socioeconomic challenges, cultural differences, and discrimination, leading to health inequities. In particular, Roma women and families encounter specific obstacles in sexual and reproductive healthcare, where cultural misunderstandings and the lack of culturally sensitive healthcare policies and professional training exacerbate their vulnerability. Despite these challenges, the experiences of Roma families within the Greek healthcare system remain underexplored, especially in the context of Athens, a city where healthcare services are crucial for marginalized populations. This study seeks to shed light on the lived experiences of Roma families, providing an understanding of the systemic barriers they face in navigating the healthcare system.

Aims and Objectives

The study aims to explore the experiences of Roma families

in accessing and navigating the healthcare system in Athens, with a focus on sexual and reproductive healthcare. Specific objectives include the following: To understand the barriers Roma women and their families face during pregnancy, childbirth, and postpartum care. To examine the role of social, cultural, and institutional factors in shaping their healthcare experiences. To identify gaps in service provision and opportunities for more inclusive, culturally sensitive healthcare practices.

Method

This study employed a qualitative research design using semi-structured interviews with Roma women and a small number of Roma men in Athens, Greece. Participants were recruited through community centres and local networks. Interviews focused on experiences related to pregnancy, childbirth, and access to healthcare services. Data were transcribed and thematically analyzed to identify key patterns, challenges and coping strategies. Ethical approval was obtained, and all participants gave informed consent.

Results

This study employed a qualitative research design using semi-structured interviews with Roma women and a small number of Roma men in Athens, Greece. Participants were recruited through community centres and local networks. Interviews focused on experiences related to pregnancy, childbirth, and access to healthcare services. Data were transcribed and thematically analyzed to identify key patterns, challenges and coping strategies. Ethical approval was obtained, and all participants gave informed consent.

Conclusion

Roma families in Athens face significant structural and interpersonal barriers in accessing equitable perinatal healthcare. Discrimination, lack of cultural competence and systemic exclusion continue to undermine trust and quality of care. Addressing these issues requires targeted policy interventions, inclusive healthcare practices, and greater community engagement. Centering the voices of Roma women is essential to creating a more just and responsive health system.

Eur J Midwifery 2025;9(Supplement 1):A111

The emerging role of preptin in intrauterine and early extrauterine growth

Ariadne Malamitsi-Puchner¹, Georgios Daskalakis², Vasiliki Papaevangelou^{3,4}, Despina Briana³, Sofia Georgantzi¹

¹National and Kapodistrian University of Athens, Athens, Greece, ²Department of Obstetrics and Gynecology, National and Kapodistrian University of Athens, Athens, Greece, ³School of Medicine, National and Kapodistrian University of Athens, Athens, Greece, ⁴Attikon University Hospital, Athens, Greece

Abstract Overview

• Abnormal fetal growth predisposes individuals to insulin resistance and metabolic disorders. • Preptin is a 34-amino acid peptide hormone, originating from proinsulin-like growth factor II and co-secreted with insulin from B pancreatic cells in response to glucose. • Preptin regulates metabolism by stimulating insulin secretion. • Circulating preptin is upregulated in hyperinsulinemia and states of

insulin resistance. • Preptin is an important new marker for metabolic disorders. • Data on the role of preptin in intrauterine and early extrauterine growth and nutrition are scarce.

Aims and Objectives

A. To prospectively determine the concentrations of preptin in maternal serum, umbilical cord serum and early human milk.
B. To correlate the above concentrations with fetal growth and a wide range of perinatal parameters.

Method

• 5ml of antenatal maternal blood • 5 ml of blood drawn from the doubly clamped umbilical cord (fetal state) • 3 ml of breast milk on day 3-4 postpartum • Blood (maternal and umbilical) centrifuged, supernatant serum stored at -80°C • Breast milk expressed with electric pump in the morning hours • Milk samples immediately centrifuged at -40°C (1500g) for 20' • Undernatant serum and supernatant fat stored separately at -80°C • Preptin determination: by enzyme immunoassay method

Results

Umbilical cord blood preptin levels were higher in the LGA, as compared to the IUGR group ($p=0.001$) and lower in the IUGR, as compared to the AGA group ($p=0.011$). In the whole study population breast milk preptin levels were higher than maternal serum and umbilical cord ones ($p=0.0000$, in all cases). In a multivariable analysis: • maternal serum preptin concentrations were independently associated with obesity (B co-efficient 1976, 95% CI 940- 3013, $p<0.001$). • cord blood preptin concentrations were independently associated with placental weight (B co-efficient 27.3, 95% CI 15.8-38.7, $p<0.001$) and independently associated with delivery mode (B co-efficient 1758, 95% CI 477-3040, $p=0.008$) in the whole study population.

Conclusion

Umbilical cord blood preptin levels were higher in the LGA, as compared to the IUGR group ($p=0.001$) and lower in the IUGR, as compared to the AGA group ($p=0.011$). In the whole study population breast milk preptin levels were higher than maternal serum and umbilical cord ones ($p=0.0000$, in all cases). In a multivariable analysis: • maternal serum preptin concentrations were independently associated with obesity (B co-efficient 1976, 95% CI 940- 3013, $p<0.001$). • cord blood preptin concentrations were independently associated with placental weight (B co-efficient 27.3, 95% CI 15.8-38.7, $p<0.001$) and independently associated with delivery mode (B co-efficient 1758, 95% CI 477-3040, $p=0.008$) in the whole study population.

Eur J Midwifery 2025;9(Supplement 1):A112

The employability of midwifery graduates: A case study of the Midwifery Department of International Hellenic University in Thessaloniki

Anatoli Theodoridou¹, Zoi Koukou¹, Eleutheria Taousani, Eleni Katsantoni¹, Angeliki Antonakou¹

¹Midwifery Department, School of Health Sciences, International Hellenic University, Thessaloniki, Greece

Introduction

Higher education institutions have the responsibility of not only equipping students to address the growing complexities

in maternity services but also preparing them for the workforce. This study presents a comprehensive exploration of the professional trajectories of midwifery alumni from International Hellenic University (IHU) over the past five years. This cross-sectional survey analyses the experiences, satisfaction levels, and career paths of midwifery graduates over the five years i.e. 2016 to 2021.

Aim and objectives

The study aims to investigate the employability outcomes of the graduates, given the unique nature of midwifery education, which balances theoretical and practical training, and changes in the study program. Additionally, the study aims to identify and analyze any emerging trends or patterns in midwifery graduate employability, exploring post-graduation pursuits and future career plans.

Methods

Online questionnaires that explored post-graduation experiences, perspectives on the study program, and future plans. The questionnaires consisted of a mix of open and closed-ended questions and were completed by 273 recipients. The study was conducted from May to September 2023, with participant anonymity maintained. Statistical analysis was performed using SPSS.

Results

This study revealed differences between graduates of the 'old' and 'new' midwifery undergraduate curriculum. The study also emphasizing the nuanced challenges faced during clinical practice, practical training, and simulation training. Finally, the self-employed professionals and those employed in the public sector expressed higher satisfaction with the alignment of their employment with their undergraduate studies, than their counterparts in the private sector ($p=0.038$).

Conclusions

This case study offers valuable insights into job placement, knowledge sufficiency, and the impact of the pandemic on midwifery undergraduate education. These findings can guide tailored strategies for improved education and holistic professional development, ultimately enhancing maternal and neonatal care.

Eur J Midwifery 2025;9(Supplement 1):A113

Exploring the impact of antenatal hypnobirthing education on tocophobia: a systematised literature review

Nadège Buhagiar¹, Rita Pace Parascandalo²

¹Department of Obstetrics and Gynaecology, Mater Dei Hospital, Msida, Malta, ²Department of Midwifery, Faculty of Health Sciences, University of Malta, Msida Malta

Introduction

Fear of childbirth, also known as tocophobia, has become an increasingly recognized factor contributing to perinatal mental health challenges and rising rates of planned caesarean sections globally. This concern has led to a growing interest in the potential of antenatal hypnobirthing education as a holistic approach to reduce these fears and support positive birth experiences. Grounded in the belief that birth is a natural and safe physiological process, hypnobirthing supports pregnant women in building a sense of self-trust, adopting a positive mindset towards labour, and approaching childbirth calmly through diverse relaxation, breathing and

visualisation techniques. This systematized literature review examined the influence of antenatal hypnobirthing education on women with tocophobia.

Methods

A thorough search on four electronic databases was conducted for studies on the impact of hypnobirthing education on pregnant women with tocophobia, published between January 2013 and August 2023. The search strategy and selection process were guided by the SPIDER framework and PRISMA guidelines. The reviewed studies included women with singleton, low-risk pregnancies across any trimester. Data from the selected studies were synthesized and analysed thematically using Braun and Clarke's six-step approach.

Results

Ten studies fulfilled the inclusion criteria. Thematic synthesis revealed two major themes: 1) Mothers' tocophobia symptoms, including fear, anxiety and physical manifestations during pregnancy and labour; and 2) Mothers' thoughts and feelings, highlighting women's emotional responses to pregnancy and birth, as well as their coping mechanisms and overall birth experience. Findings indicated that hypnobirthing contributes to a consistent reduction in childbirth-related fear and anxiety, accompanied by lower expectations of labour pain and a shift towards a more positive mindset. Participants also reported an enhanced sense of confidence, control and empowerment during labour and birth.

Conclusion

This systematised literature review demonstrates the valuable role of antenatal hypnobirthing education in enhancing women's psychological wellbeing and mitigating tocophobia during pregnancy and labour. By promoting calmness, confidence and trust in birthing women, hypnobirthing may help reduce perinatal distress and lower the overall number of caesarean sections. These findings support the inclusion of hypnobirthing education within routine antenatal care to further enhance women's birth experiences and improve overall maternal outcomes.

Eur J Midwifery 2025;9(Supplement 1):A114

Transforming miscarriage care: From personal loss to clinical innovation

Laura Corcoran¹

¹Dignity Care Network, United Kingdom

Introduction

Every day in the UK, around 500 women experience miscarriage – often without the clinical or emotional support they desperately need. Personal reflection “I’m sorry, there’s no heartbeat.” Those words will stay with me forever. I went in for an early 8-week scan, full of hope but with a deep feeling inside that something was wrong. Just weeks earlier, a six-week scan had revealed a strong, promising heartbeat. How could this have happened? I was told to go home and wait two weeks. I had to carry my dead baby around for two weeks, knowing that as I was walking around, my baby was decomposing inside of me. I was trying to keep them safe, but they were already gone. I felt like I had become a mortuary. After four personal miscarriages, I identified a repeated and distressing pattern: women managing miscarriage at home or in clinical settings face major gaps in care. Issues like collection, contamination, identification, storage, and

transport of pregnancy tissue are rarely addressed with dignity or clarity. In response, I designed a Patent Pending Medical Device – the Collection Cradle – to support women through the physical and emotional realities of miscarriage. It is now being used in NHS hospitals in the UK. The hypothesis is simple: with the right tools and support, miscarriage care can be transformed. This submission shares my journey from personal loss to innovation, and invites midwives and early pregnancy professionals to consider how integrating practical, compassionate tools can improve outcomes, reduce trauma, and ensure no woman is left to manage loss alone or without choice. This is not just a medical device – it is a movement for dignity in miscarriage care.

Aims and Objectives

To improve the emotional wellbeing and dignity of women experiencing miscarriage, particularly in home settings. To provide a reliable, non-surgical method for collecting pregnancy remains, supporting those who choose or require medical or expectant management. To enhance sample quality by improving collection methods, reducing contamination during collection and transfer. To reduce hospital costs by offering a safe, practical solution for managing miscarriage outside of inpatient or surgical care. To improve healthcare accessibility for women in remote or rural areas, those with mobility challenges, and individuals from minority ethnic backgrounds who often face additional barriers to timely and appropriate miscarriage care. Obtaining accurate data on miscarriage care remains a significant challenge. National-level data is often incomplete or inconsistently recorded. For example, surgical management of miscarriage is typically coded under general ‘day procedure’ cost categories, which may include a range of procedures unrelated to miscarriage. Additionally, national coding systems do not always differentiate between miscarriage and elective abortion, making it difficult to isolate meaningful miscarriage-specific data. To address this, we are working in collaboration with willing NHS sites to collect localized data both before and after implementation of the Collection Cradle and Miscarriage Care Kits. This allows for meaningful comparison of patient outcomes and service improvements over time. Patient-level data will include: chosen method of management (expectant, medical, surgical) relative to gestational age and against demographic factors. Number of complaints related to miscarriage care. Number of successful vs unsuccessful sample collections outside surgical settings (for cytogenetic testing). Qualitative feedback from patients during follow-up care, focusing on emotional wellbeing, clarity of guidance, and overall experience. Healthcare professional data will include: Satisfaction with the tools and service delivery. Observations on differences in care access or outcomes across socio-economic and ethnic backgrounds. Perceived improvements in care quality, safety, and emotional support following implementation. This mixed-methods approach aims to build a robust evidence base despite the absence of national miscarriage care data, with the long-term goal of informing policy, improving clinical practice, and reducing inequalities in access and experience. Full data collection is scheduled to take place over the summer of 2025, with preliminary findings expected ahead of the conference in October 2025. While quantitative results are not yet available, initial outreach

and engagement with healthcare professionals has been highly promising. Of those consulted so far, 100% believe the Collection Cradle will have a positive impact on patient care. Healthcare professionals have also highlighted the volume of patient complaints relating to miscarriage care, particularly around the lack of support, guidance, and dignity during home management. Many believe this device directly addresses the root causes of those complaints. A patient who had previously raised a complaint has reviewed the Collection Cradle and stated that having access to this would have significantly improved their care and miscarriage journey. These early indicators provide a strong foundation for the upcoming evaluation, which will measure patient outcomes, sample quality, service satisfaction, and potential cost savings across participating NHS sites. Miscarriage is a deeply personal and often isolating experience, yet current systems do not always provide the tools, support, or dignity that women deserve. The Collection Cradle responds to this gap by offering a practical, respectful solution that aligns with clinical needs and emotional realities. Early feedback from healthcare professionals and patients indicates strong support for the device and its potential to improve miscarriage care, particularly outside of surgical settings. By offering a reliable method of collection, improving sample quality, and addressing emotional wellbeing, this innovation has the potential to transform care pathways, reduce hospital costs, and address long standing health inequalities. As data collection continues, we aim to build a robust evidence base to support wider adoption and policy change. This work is not just about improving clinical outcomes—it is about restoring dignity to women during one of the most vulnerable moments of their lives. The Collection Cradle is a step forward in making miscarriage care safer, more compassionate, and more equitable for all.

Eur J Midwifery 2025;9(Supplement 1):A115

Investigation of emotional fluctuations in women undergoing in vitro fertilization (IVF)

Vasiliki Giannopoulou¹, Angeliki Antonakou²

¹Medical School of the National and Kapodistrian University of Athens, Athens, Greece, ²Department of Midwifery at the University of West Attica, Athens, Greece

Abstract Overview

In vitro fertilization (IVF) is a complex reproductive procedure that can trigger significant emotional fluctuations in women. Emotions such as anxiety, fear, depression, and hope are commonly experienced at different stages of treatment, impacting psychological well-being and influencing overall treatment outcomes.

Aims and Objectives

This study aimed to investigate the emotional fluctuations among Greek women undergoing IVF and to examine the relationships between their emotional responses, the outcome of the pregnancy test, and the number of IVF attempts.

Method

An online questionnaire was administered to 251 women who had previously undergone or were currently undergoing IVF. The survey gathered detailed information about their IVF experiences, including the emotional states reported during various stages of the treatment process—before, during, and

after procedures such as ovarian stimulation, embryo transfer, and the waiting period for pregnancy test results. Correlation analyses were conducted to assess the association between emotional fluctuations, pregnancy outcomes, and the number of IVF attempts.

Results

Women's mean age was 38.8±5.8 years. They reported predominantly negative emotions (anxiety, fear, anguish) during ovarian stimulation and while awaiting pregnancy test outcomes. The day of result announcement emerged as the most emotionally charged stage. A strong positive correlation ($r=0.691$) was observed between positive pregnancy outcomes and post-test positive emotions (joy, hope), while the number of IVF attempts showed a moderate positive correlation ($r=0.571$) with the intensity of negative emotions.

Conclusion

IVF profoundly affects women's emotional states regardless of age, with treatment outcomes and repeated attempts further intensifying these responses. These findings underscore the necessity for comprehensive psychological support from family, social networks, and healthcare professionals. Midwives play a key role in reproductive care. Enhancing midwifery education to include specialized training in IVF-related counselling and emotional management can further empower midwives to provide targeted, compassionate care, ultimately improving the overall IVF experience for women.

Eur J Midwifery 2025;9(Supplement 1):A116

Foundation of the first MSc program at the Midwifery Department of the International Hellenic University, Greece

Angeliki Antonakou¹, Zoi Koukou¹, Maria Bouroutzoglou, Eleutheria Taousani¹, Anatoli Theodoridou¹, Thomai Kallia¹

¹Midwifery Department, School of Health Sciences, International Hellenic University, Thessaloniki Greece

Abstracts Overview

Midwifery education in Greece is well established at a higher level. The first Midwifery Department was founded back in 1834 along with the Medical School and the Pharmaceutical School, with the establishment of the first free Greek state in the latest history. Midwifery education however has struggled to find its rightful place in the Greek educational system, underpinned for many years as a higher educational degree but not a university.

Aims and Objectives

Since 2019, Midwifery department in Greece were finally named universities. Our department have introduced a Master's program in "Reproductive Health – Childbirth – Parenthood – Breastfeeding" that will be offered by to midwifery graduates by February 2026. This program is designed to address the evolving needs of modern healthcare and maternity care specifically. Building on the department's long-standing academic tradition and its status as one of the three certified midwifery programs in Greece, the program responds directly to the increasing demand for well-qualified midwives.

Method

The program consists of 12 modules spread in two semesters, while on the third semester students need to prepare their

thesis on a contemporary maternal or neonatal subject of their choice. Its inception is motivated by the need to enhance the quality of healthcare services in reproductive health, particularly in the context of rising fertility challenges, unequal access to specialized care, and high cesarean section rates. The curriculum is aligned with contemporary European standards and directives, ensuring that theoretical knowledge is fully integrated with current scientific developments and clinical practices. It emphasizes a holistic approach, covering the entire reproductive cycle—from conception and prenatal care through childbirth to postnatal support and breastfeeding counseling. This comprehensive scope enables graduates to address diverse healthcare challenges and support family planning, maternal well-being, and neonatal care effectively.

Results

The curriculum comprises 12 modules delivered over two semesters, culminating in a third-semester thesis on a contemporary maternal or neonatal topic. Designed to enhance reproductive healthcare quality amidst rising fertility challenges, disparities in specialized care, and high cesarean rates, the curriculum aligns with current European standards. It integrates theoretical knowledge with the latest scientific and clinical developments, covering the entire reproductive cycle—from conception, prenatal care, and childbirth to postnatal support and breastfeeding counselling.

Conclusion

This postgraduate program is tailored to the evolving needs expressed by our graduates over the past decade and to overcome the ongoing challenge of strengthening our department with highly qualified midwifery personnel. It incorporates innovative eLearning methodologies and a flexible, distance-education model leveraging advanced ICT tools, making it accessible to professionals with demanding clinical schedules. Interactive seminars, problem-based learning, and research projects cultivate critical thinking and research skills, while partnerships with leading European institutions ensure that graduates are well-equipped to advance both clinical practice and academic research in midwifery and reproductive health.

Eur J Midwifery 2025;9(Supplement 1):A117

The influence of traumatic event on the development of secondary post-traumatic stress disorder in midwives in the delivery room

Sonja Kočiš Čovran¹

¹Scientific Unit, Merkur Clinical Hospital, Zagreb, Croatia

Abstract Overview

A traumatic event is an extremely frightening experience that exceeds the boundaries of ordinary human experience. Such events may involve threats or experiences of loss, actual loss of people, things, and values. Traumatic events have a significant impact on psychological health, especially in individuals exposed to stressful situations.

Aims and Objectives

The aim of this study was to define and understand the types of traumatic events that midwives experience in delivery rooms and to explore how midwives cope with traumatic events in the delivery room, as well as their experiences in relation to the trauma they have encountered. Secondary PTSD develops

in individuals who have not directly experienced a traumatic event but have been exposed to the experiences of those who have. Midwives are often exposed to traumatic experiences as witnesses to birth complications, neonatal or maternal death, and emergency medical interventions. This exposure can have a significant impact on their mental health.

Method

The research was conducted on a sample of ten midwives working in delivery rooms. Data were collected through semi-structured interviews and analyzed using thematic analysis. The analyzed data categories included post-traumatic emotions, post-traumatic symptoms, impact on personal values, need for social support, learning from experience, and legal processes.

Results

The analysis of midwives' statements revealed the presence of intense post-traumatic emotions such as shock, crying, sadness, helplessness, shame, and guilt. Post-traumatic symptoms included sleep disturbances and the inability to forget traumatic events. Some midwives expressed a desire to leave the profession or change their workplace. A significant need for professional social support was expressed, as conversations with friends and colleagues were not sufficient. Midwives also emphasized the importance of learning from experience and the need for better support in legal processes.

Conclusion

The study highlights the significant impact of traumatic events on the mental health and professional values of midwives. It is necessary to develop professional support programs and training to reduce the negative effects on midwives exposed to traumatic events in the delivery room. Such programs could improve their mental well-being and work quality.

Eur J Midwifery 2025;9(Supplement 1):A118

Women's satisfaction with home postpartum care in the Czech Republic

Lenka Veselá^{1,2}, Radka Wilhelmová¹, Andrea Pokorná¹

¹Department of Health Sciences, Faculty of Medicine, Masaryk University, Brno, Czech Republic, ²Department of Public Health, Faculty of Medicine, Masaryk University, Brno, Czech Republic

Abstract Overview

The postpartum period is one of women's most challenging adaptation periods. The standard care in the Czech Republic provided by gynaecologists to women is widely available and reimbursed. Community midwife care is not covered by public health insurance as a standard, i.e., it is financially unaffordable for some women.

Aims and Objectives

To describe women's satisfaction with the care provided in the home postpartum period; to define the main determinants of women's satisfaction.

Methods

A national cross-sectional study using a standardized questionnaire. First phase 2022 (N=1944); five-point Likert scale to assess satisfaction (converted to 0-100); effect of sociodemographic characteristics on clusters determined by analysis of variance (ANOVA) with p=0.05.

Results

Women's satisfaction with health care organization during

the postpartum period was high (mean 86.3). The place of delivery had a significant influence on the evaluation ($p < 0.001$). Women who gave birth in the perinatology center reported the highest satisfaction. Women with planned home births reported the lowest level. Women's satisfaction with the information regarding women's health during the postnatal period was low (mean 46.8). Better results were observed for women's satisfaction with information about the baby's health during this period (mean 71.6). Place of delivery had a significant effect ($p = 0.003$ respectively $p < 0.001$). Women giving birth in a maternity hospital and multiparous were the most satisfied. Women giving birth outside the hospital were the least satisfied, especially those with unplanned homebirth - information about the woman's health (4.2) and information about the baby's health (52.8).

Conclusion

The area of lower satisfaction of women was the availability and quality of information about the health status of the woman and the baby. The least satisfied was the group of women who gave birth outside the hospital, planned or unplanned.

Acknowledgement

This work is part of the Comprehensive Approach to Nursing Care Quality Assessment II project (MUNI/A/1714/2024).

Eur J Midwifery 2025;9(Supplement 1):A119

Evaluation of clinical competences in midwifery using the Osce method

Alena Schlosserová¹, Mária Gábor, Ľubica Rybárová, Jana Pémová, Štefánia Andraščíková, Silvia Žultáková, Helena Galdunová

¹Faculty of Health Care, University of Prešov, Prešov, Slovakia

Abstract Overview

The education and training of future healthcare professionals is currently reflecting a trend towards learning based on the development of the level of competence. Competence-based learning focuses on the student's ability to achieve the resulting knowledge, skills, and abilities and on the competencies that are essential for clinical practice. Achieving and verifying the student's readiness to enter clinical practice, in turn, presupposes a valuable and objective assessment of his knowledge and skills. The objectively structured clinical examination (OSCE) is a performance-based examination that allows for a standardized assessment of clinical skills. The OSCE examination is conducted in a simulated environment in which students perform various clinical tasks and examiners evaluate them using standardized assessment tools (checklists).

Aims and Objectives

The survey aimed to evaluate the assessment tools (checklists) we created and identify the most common errors in the implemented nursing procedures that are part of the education in the course Nursing Techniques in Midwifery 1.

Method

During the winter semester of the 2024/2025 academic year, we conducted the final exam in the course Nursing Techniques in Midwifery 1 using the OSCE method. The exam was attended by 30 first-year students, whose performance was assessed using checklists at three stations independently by three evaluators.

Results

We evaluated checklists that were focused on the preparation and implementation of nursing procedures such as the introduction of NGS, feeding via NGS, total bed bath, newborn bath, cleansing enema, blood pressure measurement, direct catheterization, permanent catheterization, application of i.m., s.c. injections and venous and capillary blood sampling. A total of 30 students completed the exam (1 student = 3 stations), i.e., a total of 98 checklists were evaluated. The average percentage success rate of the performed procedures was 73.8% (minimum 47% - preparation and application i.m., maximum 96% - application of anticoagulants s.c.). The most frequently identified errors in the implementation of procedures by students included errors in the area of the so-called soft skills (obtaining consent for the procedure and verifying the patient's identity) and errors in procedural skills (hand disinfection before and after the procedure, checking devices, failure to ensure correct positioning before and after the procedure, lack of repeated inspection of the doctor's office, documenting the procedure, but also errors related to diluting medications).

Conclusion

OSCE assessment is objective, based on the same procedures for performing nursing tasks, with a thorough content of performance assessment. Its introduction into teaching will contribute to the effectiveness of clinical competencies and the improvement of the resulting skills of midwifery students.

Eur J Midwifery 2025;9(Supplement 1):A120

The role of perceptions in influencing partner life satisfaction during in vitro fertilization cycles

Meropi Moutzouri¹, George Koulterakis², Antigoni Sarantaki¹, Kleanthi Gourounti¹

¹Department of Midwifery, School of Health and Care Sciences, University of West Attica, Athens, Greece, ²Department of Public Health, University of West Attica, Athens, Greece

Abstract Overview

Research on how individuals perceive infertility and its treatment and how these perceptions relate to psychological adjustment has primarily focused on the individual level.

Aims and Objectives

However, since both partners are directly involved and affected, this study aimed to extend existing research by exploring the impact of these perceptions on emotional adaptation at the interpersonal level, in the light of the Common-Sense Model.

Method

This cross-sectional study included infertile couples undergoing oocyte retrieval during an in vitro fertilization (IVF) cycle. Participants were recruited from an assisted reproduction unit in Heraklion, Greece (57 couples) and an infertility center in Athens, Greece (33 couples). They completed the Satisfaction with Life Scale and the Revised Illness Perception Questionnaire, assessing factors such as timeline perceptions, perceived consequences, personal and treatment control over infertility, problem coherence, and emotional representations. The Spearman Rho test was used to examine correlations between these representations and life satisfaction among infertile men and women. Additionally,

multiple linear regression models were applied to assess how one partner's perceptions influenced the other partner's psychological well-being.

Results

Findings revealed significant correlations between one partner's representations and the other partner's life satisfaction. Specifically, men's life satisfaction during IVF was influenced by women's cognitive representations of infertility timeline ($B = 0.200$, $p = 0.009$). Women's life satisfaction was predicted by men's perceptions of treatment control over infertility ($B = -0.226$, $p = 0.033$).

Conclusion

One partner's psychological adaptation was influenced by the other partner's perceptions of the fertility problem. Understanding positive emotions, such as life satisfaction, is crucial for assessing the psychological well-being of infertile couples. These findings highlight the importance of developing psychological interventions based on theoretical models to support couples undergoing IVF and enhance their emotional well-being during this challenging process.

Eur J Midwifery 2025;9(Supplement 1):A121

Opportunities in the practice of midwifery in primary care in Greece: Insights of the midwifery network of the 3rd health region

Vikentia Harizopoulou¹, Sofia Kontonikou², Metaxia Chatzoulou³, Maria Geronymaki⁴, Georgia Sanida⁵

¹Department of Midwifery, School of Health and Care Sciences, University of West Attica, Athens, Greece,

²Chalastra Health Centre, Thessaloniki, Greece,

³Directorate of Public Health, 3rd Regional Health Authority, Thessaloniki, Greece, ⁴First Department of Obstetrics and Gynecology, Papageorgiou General Hospital, Thessaloniki, Greece, ⁵Thessaloniki Health Centre, Thessaloniki, Greece

Abstract Overview

Greek midwives can play a crucial role in primary healthcare, providing gynaecological, maternal, newborn and community care. Understanding midwives' challenges and opportunities in public Health Centers of the 3rd Health Region (HR) is essential for strengthening midwifery services.

Aims and Objectives

To explore the challenges and opportunities in midwifery practice within the framework of public primary care in Greece and the implementation of the National Prevention Program "Spyros Doxiadis", focusing on the experiences of the Midwifery Network of the 3rd HR, under the Greek Ministry of Health.

Method

A mixed-methods approach was employed, including quantitative data collection on midwifery services and qualitative insights from midwives across the region. Data from provided services, community awareness sessions, training and educational needs assessments were analyzed to identify patterns and emerging themes.

Results

Today, seventy midwives serve in 26 Health Centers within the 3rd RHA jurisdiction. In most of them, midwives offer the full range of midwifery services, with the most in-demand services being: prenatal classes, Pap-smear testing, and

counselling for gynaecological cancer prevention. The structural and operational challenges the Midwifery Network of the 3rd HR recorded include understaffing, resource limitations, non-related duties, incapability to prescribe medicines and examinations, fragmented communication among healthcare providers, and enhanced professional development opportunities. Moreover, this study identifies significant opportunities, such as the potential for strengthening community-based midwifery care in the context of the "Midwives at Home" reform, expanding collaborative networks, promoting evidence-based practices and extending the midwife's role in the "Spyros Doxiadis" Public Health Prevention Program.

Conclusion

Midwives in the public Health Centers of the 3rd HR play a vital role despite the challenges they face. Strengthening community-based care models, expanding collaborative networks, offering educational opportunities and integrating midwives into national public health initiatives will further enhance midwifery services and improve maternal and women's health outcomes in Greece.

Eur J Midwifery 2025;9(Supplement 1):A122

Greek midwives' knowledge, perceptions, and attitudes towards oocyte cryopreservation

Panagiota Papachristou¹, Vikentia Harizopoulou^{2,3}, Maria Bouroutzoglou, Thomai Kallia², Angeliki Antonakou²

¹International Hellenic University, Thessaloniki, Greece,

²Department of Midwifery, School of Health Sciences, International Hellenic University, Thessaloniki, Greece,

³Department of Midwifery, School of Health and Care Sciences, University of West Attica, Athens, Greece

Abstract Overview

Oocyte cryopreservation (OC) is a fertility preservation method in Assisted Reproduction Techniques (ART). It is used by women with medical problems and those who delay childbearing for personal (social) reasons. Numerous studies have explored healthcare professionals' knowledge, perceptions, and attitudes towards OC, as they a) often delay childbearing themselves and may personally consider the method and b) influence public knowledge and beliefs through counselling.

Aims and Objectives

The study aimed to investigate Greek midwives' knowledge, perceptions, and attitudes towards OC.

Method

An anonymous online survey was conducted among Greek midwives. The questionnaire included 22 items regarding demographics, professional experience, knowledge, perceptions and attitudes towards OC.

Results

The sample consisted of 153 midwives, with a mean age of 39.8 (SD=10.9) years. Only 20% of participants reported previous work experience in Units offering ART, and 14% had received relevant academic training, yet 63% expressed interest in ART. While over 70% answered knowledge-based questions correctly, significant gaps emerged, particularly concerning maternal age's impact on pregnancy outcomes and cryopreservation success. Additionally, 60.2% expressed

uncertainty in providing counselling on OC, and 34.6% acknowledged that their personal beliefs would or could influence their professional guidance. Limited awareness of the economic factors and the social implications of OC was also evident.

Conclusion

The findings underscore the necessity of recognizing OC as both a technological advancement in ART and a critical component of reproductive health care. Given the midwives' pivotal role in family planning, it is imperative to integrate OC education into midwifery curricula. This could empower midwives to provide evidence-based, unbiased counselling and contribute effectively to reproductive health services in Greece.

Eur J Midwifery 2025;9(Supplement 1):A123

Midwifery education: A pathway to achieving the sustainable development goals

Rita Pace Parascandalo¹

¹Department of Midwifery, Faculty of Health Sciences, University of Malta, Msida, Malta

Midwifery education stands at the heart of the global effort to achieve the 2030 Sustainable Development Goals (SDGs). This keynote highlights how investment in high-quality, competency-based midwifery education, aligned with International Confederation of Midwives (ICM) standards, is a powerful and cost-effective strategy to improve maternal and newborn outcomes and advance social and economic development. Evidence indicates that universal access to midwifery care could prevent over 4.3 million maternal and newborn deaths by 2035. Beyond SDG 3 (Good Health and Wellbeing), midwifery education generates ripple effects across SDG 4 (Quality Education), SDG 5 (Gender Equality), SDG 8 (Decent Work and Economic Growth), and SDG 10 (Reduced Inequalities). However, achieving these goals is contingent on addressing the current global shortfall of nearly one million midwives. The International Confederation of Midwives' "One Million More Midwives" campaign calls for urgent investment in education, regulation, and leadership to ensure midwives can work to their full scope of practice. As emphasised in this address, quality midwifery education must prioritise three imperatives: maintaining educational excellence over numerical expansion, empowering midwifery educators through research and leadership development, and ensuring policy alignment with sustainable workforce investment. Midwifery education does more than prepare practitioners—it cultivates leaders, advocates, and innovators capable of driving global health transformation. Investing in midwifery education is therefore not only a public health necessity but also an act of social justice and global transformation—central to upholding equity, dignity, and the universal right to health.

Keywords

midwifery education, sustainable development goals, maternal health, workforce development, one million more midwives.

Eur J Midwifery 2025;9(Supplement 1):A124

