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MIDWIFERY EDUCATION IN MALTA – A HISTORICAL PERSPECTIVE

MALTA EBELİK EĞİTİMİ - TARİHİ BİR BAKIŞ

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ABSTRACT

The significance of the word 'midwife' means 'with woman' in English, 'wise woman' in French, just to mention two variations. The International Confederation of Midwives (ICM), envisions a world where every childbearing woman has access to midwifery care for herself and her newborn and ICM's mission focuses on ensuring that women irrespective of where they live, and their economic status have access to right and respectable maternity care. Quality of midwifery care is a complex concept which demands the need for competent professionals operating within an enabling environment, to meet the physical, psychological, emotional, social and spiritual needs of women, infants and families. Contemporary midwifery in Malta is at a BSc. (Hons) level, with a 4-year direct entry programme offered by the Department of Midwifery, University of Malta. Midwifery education integrates the concepts and principles of caring, empowerment, partnership, leadership, holism and respect for uniqueness and for cultural diversity. The crux of midwifery is theory and practice, hence students are exposed and encouraged to put theory to practice. Midwives strive to empower women and work towards gender equity. The programme is accredited by the Council of Nurses and Midwives, Malta. In its religious roots, we find in Malta what is considered to be the statute of the goddess of fertility, dating back to thousands of years before Christ, implying that some form of midwifery was already thriving. The paper aims to give a historical overview of the development of midwifery education in Malta, which, dates back to the 17th century, and reflects on the contemporary sociocultural context of midwifery in Malta.

Keywords: *Curriculum; community midwifery; competencies; historical perspective; midwifery education; socio-cultural context.*

ÖZ

"Ebe" kelimesinin İngilizce'de "kadınla birlikte", Fransızca'da "bilge kadın", anlamına gelen iki varyasyonundan söz edilirir. Uluslararası Ebeler Konfederasyonu (ICM), her doğurgan kadının kendisi ve yeni doğmuş bebek için ebelik bakımına erişebileceği bir dünya öngörüyor ve ICM'nin misyonu, kadınların nerede yaşadıklarına ve ekonomik durumlarına bakılmaksızın doğru ve saygın erişime sahip olmalarını sağlamaya odaklanıyor. doğum bakımı. Ebelik bakımının kalitesi, kadınların, bebeklerin ve ailelerin fiziksel, psikolojik, duygusal, sosyal ve ruhsal ihtiyaçlarını karşılayan, elverişli bir ortamda faaliyet gösteren yetkin profesyonellere ihtiyaç duyan karmaşık bir kavramdır. Malta'da çağdaş ebelik lisans derecesine sahiptir. Malta Üniversitesi Ebelik Bölümü tarafından sunulan 4 yıllık doğrudan giriş programı ile (Hons) seviyesi. Ebelik eğitimi, bakım, güçlendirme, ortaklık, liderlik, holizm ve benzersizliğe ve kültürel çeşitliliğe saygı kavramlarını ve ilkelerini bütünleştirir. Ebeliğin püf noktası teori ve pratiktir, bu nedenle öğrenciler maruz kalır ve teoriyi pratiğe dökmeye teşvik edilir. Ebeler kadınları güçlendirmeye ve toplumsal cinsiyet eşitliği için çalışır. Program, Malta Hemşireler ve Ebeler Konseyi tarafından akredite edilmiştir. Dini kökenlerinde, Malta'da doğurganlık tanrıçası statüsü olarak kabul edilen, Mesih'ten binlerce yıl öncesine dayanan, bir tür ebeliğin zaten gelişmekte olduğunu ima eden bir şey buluyoruz. Makale, 17. yüzyıla kadar uzanan ve Malta'daki ebeliğin çağdaş sosyokültürel bağlamını yansıtan Malta'da ebelik eğitiminin gelişimine tarihsel bir bakış sunmayı amaçlamaktadır.

Anahtar Kelimeler: *Ebelik eğitimi; müfredat; sosyo-kültürel bağlam; yeterlilikler; tarihsel perspektif; toplum ebeliği.*

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INTRODUCTION

The International Confederation of Midwives (ICM), envisions a world where every childbearing woman has access to midwifery care for herself and her newborn and ICM's mission focuses on ensuring that women irrespective of where they live, and their economic status have access to right and respectable maternity care. The impact midwives have, is not just on pregnancy outcomes, as is often understood, but extends from preconception, antenatal, intranatal and postpartum, to newborn and infant care, breastfeeding, family planning and early child development amongst other aspects of adolescents', women's sexual, infants' and families' health.

Quality of midwifery care is a complex concept which demands the need for competent professionals operating within an enabling environment, to meet the physical, psychological, emotional, social and spiritual needs of women, infants and families (SoWMy report 2014; WHO 2016; WHO 2016,a). A critical aspect of quality of care is the provision of accredited pre- and post-registration midwifery education, together with continuous professional education to address the changing and evolving needs of the population of the country (Nove et al. 2018; ICM 2017; ICM 2019). Contemporary midwifery in Malta is at a BSc. (Hons) level, with a 4-year direct entry programme offered by the Department of Midwifery, University of Malta. The programme is accredited by the Council of Nurses and Midwives, Malta (Health Care Professions Act 2003).

However, the roots of midwifery in Malta goes back to the first legal enactment of 1624, but there was no record of formal teaching of midwifery (Savona-Ventura 1997). The paper aims to give a historical overview of the development of midwifery education in Malta, which, dates back to the 17th century, and reflects on the contemporary sociocultural context of midwifery in Malta.

HISTORICAL BACKGROUND

The significance of the word 'midwife' means 'with woman' (English) wise woman (French), just to mention two variations. In its religious roots, we find in Malta what is considered to be the statute of the goddess of fertility, dating back to thousands of years before Christ (Bugeja 2016), implying that some form of midwifery was already thriving. Education of midwives however, dates back to the 17th Century (Savona Ventura 1997). Attempts at formal teaching of theory and practice of obstetrics to prospective midwives was made in 1772, by Dr. Creni. (Savona Ventura 1997). In 1802 Dr F. Butigiec was appointed teacher of Obstetrics in the Women's hospital, to deliver lectures to medical students and to hold a separate class for midwives who were taught in the Maltese language (Cassar 1978). The school was eventually closed with subsequent deterioration in midwifery practice. It was reopened in 1854 under the leadership of Dr. G. Cliquant but it was still not functioning properly, especially in the absence of anatomical models. In 1869, Dr Pisani reorganised the midwifery school, and introduced a 16-month midwifery programme consisting of theory and practice. Students had to sit for an examination and to take an oath of good practice. Dr. Pisani published the first Midwife's textbook in Maltese in 1883 (Cassar 1978). In 1896-7, Professor G. B. Schembri, published two Midwifery textbooks one in English and another Maltese, and he also formulated the first regulations for midwifery practice which were "legislated by a Government Notice in 1899" (Savona Ventura 1997). Midwifery activities and responsibilities were regulated and consequently listed as a profession in the first Sanitary Ordinance of 1901 (Savona Ventura 2003). Midwives were given a certificate and a license to practice following a formal teaching programme. Midwifery regulations established the role and responsibilities of the midwife in caring for the mother during pregnancy, birth and the postnatal period. These were reviewed periodically by the government. Midwifery regulation was subsequently enshrined under The Medical and Kindred Profession Ordinance (chap.51, 1942). In 1973, the Nursing and Midwifery Board was set up to regulate the two professions and was responsible to register midwives and nurses, under their respective registers. (Cassar 1978). The Medical and Kindred Profession Ordinance was replaced by the Health Care Professions Act in 2003.

In 1915, Midwifery education was offered as a three-year diploma course under the auspices of the University of Malta, however this was stopped after a few years and by 1946 the Medical and Health Department was responsible

for the teaching of midwifery, with The Chief Government Medical Officer commenting that midwives were fully qualified to render the best service. Midwifery education was once again discontinued between 1960 and 1970 and nurses who wanted to take up midwifery had to proceed to the United Kingdom for their studies (Vella Bondin 1994).

Subsequently, the School of Midwifery was reopened in 1970 the course was planned on the UK's system of midwifery education given that the course was headed by a British midwifery lecturer, Ms. E. Thompson (1970-73). The students had to be registered nurses with at least six months nursing experience prior to commencing a one-year programme leading to a Certificate in Midwifery. Ms M. Vella Bondin, who qualified as a Midwife teacher in England became the first Maltese teacher of Midwifery. She was responsible for the Midwifery school between 1974 and 1993 (Vella Bondin 1994). All midwives were registered in the Register for Midwives by the Nursing and Midwifery Board of the Department of Health as stipulated by the Medical and Kindred Professions Ordinance.

CONTEMPORARY MIDWIFERY STUDIES

In 1988, The Institute of Health Care, was set up within the University of Malta, to develop courses in health sciences on an academic level. The School of Midwifery joined the School of Nursing to become The Nursing and Midwifery division however, each profession had its own curricula and its own lecturers.

The year 1990, saw the setting up of a four-year direct entry diploma programme in Midwifery studies, based on the UK system and adhering to EU legislation, the Midwives Directive: 80/155/EEC Article 4 and the ICM definition of the Midwife (1972 amended 1990) and accredited by the Nursing and Midwifery Board (DoH). The post-registration programme in Midwifery studies following nursing studies was discontinued.

This was a major milestone, as midwifery was once again, standing on its own feet, with its own direct-entry programme of studies into the profession, emphasising that Midwifery is allied to but separate as a profession from Nursing. Applicants had to have successfully completed at least 10 years of education prior applying for the Diploma programme. Regulation of midwives changed in 2000, with the setting up of the Council for Nurses and Midwives and the new Health Care Professionals Act, chapter 464 (2003) whereby now both women and men could apply to study midwifery. In addition, the activities of the midwives as stipulated by Art.4 of directive 80/155/EEC, were also enshrined in Law (Health Care Professions Act 2003).

In 2002, the Diploma gave way to a four-year direct-entry BSc (Hons) Midwifery Studies programme following accreditation by the Council for Nurses and Midwives. The BSc programme required women and men to have successfully completed at least 12 years of education to be eligible to join the Bachelor midwifery studies. The programme opens on a yearly basis and take a cohort of 15 students (regulated by a Numerus Clausus). The first masters' degree programme was offered in 2004 and is offered on an alternate year basis. In 2007 a two-year part-time diploma to degree programme was offered to qualified midwives who wished to upgrade their qualification to a degree level. Many midwives opted to complete the course to upgrade their academic level.

Midwifery lecturers were in the meantime furthering their studies, with the first midwife in Malta, successfully obtaining her PhD in Midwifery in 2008. Consequently, it was felt that the Midwifery studies was strong enough academically to induce the process of setting up a Division of Midwifery. This request was approved by the Institute of Health Care Board, Senate and Council of the University of Malta, respectively in 2009. The Division of Midwifery was raised to a Department in 2010 when the Institute of Health Care became the Faculty of Health Sciences.

THE VISION OF THE MIDWIFERY DEPARTMENT

The department is committed to excellence in teaching, research and practice that contributes to local and international context, with the aim of strengthening the health and well-being of women, infants, families, and societies. Our mission is to prepare internationally recognised midwifery graduates for roles that support the health and well-being of families and societies and to demonstrate leadership in the advancement of the discipline. Students are prepared for a midwifery career, to become practitioners who are accountable,

ethical, proactive, responsive and compassion ate to the health care needs of the woman, her family, community, and society. The department presently has seven full-time midwives' lecturers.

MIDWIFERY EDUCATION

Midwifery education integrates the concepts and principles of caring, empowerment, partnership, leadership, holism and respect for uniqueness and for cultural diversity. Midwifery curriculum embraces the essential competencies for Midwifery practice (ICM 2019), the framework of the global standards for Midwifery education as proposed by ICM, (2010 amended 2013) and EU Directive 2005/36/EC amended by Directive 2013/55/EU. The department celebrates the individual whilst cultivating collegial co-operation. Students are encouraged to become articulate, inquisitive, practitioners capable of problem solving, analysis, reflection, and self-directed at a level appropriate to their development. The curricula offered provide a pathway for personal and professional development and growth that seeks to enable the students to fulfil their potential, while reflecting the evolving healthcare needs. Midwifery education is a woman and family-centred, political health care discipline founded on the relationships between women, families and their midwives.

The midwifery programme consists of a total 5,500 hours of learning. With 2,600 hours theoretical and 2,400 hours in the clinical practice placements and approximately 500 hours practice in the simulation labs. Students practice with their mentor, at our main state hospital, which includes the antenatal and gynaecology outpatient's clinic, antenatal and postnatal, labour and gynaecology wards, neonatal intensive care units, walk-in breastfeeding unit, and Parentcraft Services. Midwifery students also practice with a mentor in all the Health centres, concerning Women's Health, the Well-baby clinics and home-visits in the community.

The department collaborates with other universities in Europe, namely through the Erasmus plus Student and Teachers Exchange Programme. Most of our students also opt to apply and participate in a 9-week clinical experience through the Erasmus plus students exchange programme. This is a golden opportunity for students to study, learn, observe, and practice midwifery under the supervision of midwives from the host countries.

There is also close collaboration between the clinical area and the Midwifery lecturers. This is further enhanced given that three of our full time-lecturers also hold a part-time post with the Department of Health. This has consolidated our collaboration and has helped the lecturers to remain grounded in midwifery practice for the benefit of the students.

All students have a named mentor during their midwifery practice. Each student is responsible for her own practice portfolio and need to ensure that she achieves all the learning outcomes. At the end of each semester students discuss their practice portfolio with their mentors and clinical lecturers.

The department also holds regular meetings and workshops between lecturers, mentors, management of the clinical areas and other stake holders to discuss ways of working better together to enhance students' learning in the clinical area. The crux of midwifery is theory and practice, hence students are exposed and encouraged to put theory to practice. A lot has been written of the theory and practice gap. (Rafferty et al. 1996; Landers 2000; Spouse 2001; McNeil and Silvey 2018), It is not the place to discuss this issue, suffice to quote Paolo Freire from the book *We make the road by walking,* whereby, we should 'try to establish good relationships with the experience of people outside the system in order to help what we are trying to do inside' (Horton and Freire 1990)

The department reviews our curriculum on a regular basis, primarily each year by our external examiners. In addition, at the beginning and again at the end of each academic year we hold an evaluative meeting of the curriculum with each cohort of students. Each study unit is reviewed with regards to its theoretical structure, mode of delivery, learning outcomes and assessment. At the end of each academic year we hold a departmental workshop to collate all the information, reach a consensus and propose changes to curriculum if needed.

Additionally, the University also requests all departments to review the curriculum periodically with the students, old alumni, midwifery officers, practice development midwife and other stake holders including the general public and/or to perform international accreditation reviews

As stated previously midwifery is a practice-based profession; hence assessments

need to reflect both theory and competence in practice. Various assessment methods are used which include written examinations, clinical examinations, OSCE under simulation, case-studies, reflective portfolio, etc. Assessments namely, depends on the learning outcomes of the study-unit.

All midwifery students have been employed. The profession of midwifery in Malta is highly respected and there is no need for publicity to recruit students. Attrition rate is very low.

Midwives in Malta can opt to practice as a clinical midwife, proceeding to a senior clinical midwife, or to a specialist midwife in a particular area of midwifery for example perinatal mental health midwife, or follow the management route. Most midwives are mentors of students. Midwives can work in hospitals, primary health-centres, in the community or they can opt to work independently. Midwives can also choose the academic route as a researcher and/or lecturer, senior lecturer, and professor.

THE SOCIOCULTURAL CONTEXT OF MIDWIFERY

Malta is the largest island of the Maltese Archipelago made up of six islands situated in the middle of the Mediterranean Sea, with a total population of 493,559 inhabitants. Approximately 83,000 of the population are non-Maltese nationals (National Statistics Office, NSO, 2019) in 2017, we had 4379 live births. 2800 (63.7%) births were delivered by midwives, 190 (4.3%), were assisted vaginal instrumental births and 1408 (32.0%) births were delivered by emergency or elective caesarean section. The most common maternal age group at birth was within the range of 30-34years (33.3%). 22.2% of all births were to non-Maltese nationals and 77.8% to Maltese nationals (National Obstetrics, Information System, NOIS, 2018)

Midwifery education and practice are embedded within sociocultural context of the society it serves. Indeed, one cannot negate that our culture has changed drastically over the past decades. We are seeing an increase in the age when women become mothers, an increase in obese mothers; we have seen an increase in single parenthood and we are seeing more women who were considered infertile become mothers, we are seeing an increase in multiple births, and in preterm births. The very preterm now has a very good possibility of surviving. We are also seeing an increasingly culturally diverse society.

Consequently, our curriculum must address the needs of the country. Midwives and student midwives need to become more culturally competent and given that we are living in a technological era, midwifery education and practice naturally also has to keep abreast with the ever changing technological context, if they want to survive in this changing culture (Davaki 2019).

Managing women at risk has also become an important facet of midwifery care. Hence, midwives need to be competent not only to take care of a woman during the preconception period, antenatal, perinatal and postnatal period but they also need to be competent in identifying, addressing or referring for more specialised care the sociological, psychological, emotional and cultural needs of the woman and her family for a positive birth experience (WHO 2016). These competencies deepen the hypothesis that women would benefit from participating in the decision-making process during pregnancy and birth; and from care which is consistent, respectful, compassionate and informative (Renfrew et al 2014) in other words providing holistic midwifery care to the woman and her family within their own communities and fulfilling the ICM definition of the midwife (ICM 2017).

The social model of midwifery (McCandlish 2010) warrants the need for midwives to be competent, from a bio-psychosocial perspective to support parents not only physically but also emotionally, psychologically, socially and spiritually, through the transition to parenthood. Over the past decade midwifery education in Malta has continued to evolve as a result of local research (Spiteri and Borg Xuereb 2012; Borg Xuereb et al. 2012; Debono et al. 2016), together with the midwifery students', clinical midwives' and our stakeholders' feedback which, we take very seriously. Theory does not complete midwifery education, but neither would practice on its own. There must be a good mixture of ingredients, to succeed in moulding a midwifery education and practice curriculum that strives to meet the needs of the future midwifery practice.

Maternity practice in Malta has also changed over the centuries. It is not the scope of this paper to go into the historical perspective of midwifery practice, suffice to say that the past 50 years have seen a move from primarily community-based midwifery care to a highly

centralised hospital maternity care based largely on the medical model.

Ample evidence (SoWMy 2014; Lancet series 2014; Renfrew et al. 2014; Hoope-Bender et al. 2014) imply the need to move from a hospital base maternity care to a community-based maternity care. This is also in line with a key goal proposed by the United Nations to "reform service models concentrated on hospital care and focus instead on prevention and on the efficient provision of high-quality, affordable, integrated, community-based, people-centred and ambulatory care, paying special attention to underserved areas", for all countries (Horton et al. 2016).

Making better use of outreach and community services, while utilising family friendly hours in maternity care can greatly alleviate the women's and family's burden. Antenatal care including the booking visits, parentcraft services, walk-in-breastfeeding clinic, perinatal mental health outreach, and family planning could all be offered in the community or health centres, during family friendly hours, morning, afternoons and/or evening. Decentralising these services will be highly beneficial not only for the women and families making use of such services, given that they will be within their catchment areas, but, will also be beneficial for the main state hospital, which is in need of space for the more acute or at risk cases.

CONCLUSION

The midwifery profession must change, adapt and open itself to these new realities. Midwives strive to empower women and work towards gender equity. Empowering is not imposing our ideals, our philosophies. Empowerment means that we need to observe, study the powers women, infants, families already have and find or invent ways how we can support, promote, and sustain the power within them - for ultimately they should be taking most of the decisions.

Midwives need to promote a shift in perceptions, raise awareness, and help women, infants, partners and families understand the full value of our profession. This evolves from a midwifery education which prepares future academic, practitioners, researchers and leaders who can create and generate a better future to the mother and her family and ultimately to our profession.

CONFLICT OF INTEREST

There is no conflict of interest.

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GENİŞLETİLMİŞ ÖZ

"Ebe" kelimesi, İngilizce'de "kadınla", Fransızca'da 'bilge kadın' anlamlarına gelmektedir. Uluslararası Ebeler Konfederasyonu (ICM), saygın annelik bakımında çocuk doğuran her kadının kendisi ve yenidoğan bebeği için ebelik bakımına erişebildiği bir dünya tasavvur etmektedir. ICM'nin misyonu, nerede yaşarlarsa yaşasınlar ve ekonomik durumları ne olursa olsun, kadınların hak ve saygınlığa erişebilmelerini sağlamaya odaklanmaktadır. Ebelik bakımının kalitesi, kadınların, bebeklerin ve ailelerin fiziksel, psikolojik, duygusal, sosyal ve ruhsal ihtiyaçlarını karşılamak için elverişli bir ortamda faaliyet gösteren yetkin profesyonellere duyulan ihtiyacı gerektiren karmaşık bir kavramdır.

Dini köklerinde, Malta'da doğurganlık tanrıçası statüsü olarak kabul edilen, Mesih'ten binlerce yıl öncesine dayanan ve bir tür ebeliğin zaten gelişmekte olduğunu ima eden şeyi buluyoruz. Ebelerin eğitimi ise 17. yüzyıla kadar uzanmaktadır. Aday ebelere obstetrik teori ve uygulamanın resmi öğretim girişimleri 1772'de Dr. Creni tarafından yapıldı. 1802'de Dr. F. Butigiec, Tıp öğrencilerine ders vermek ve Malta dilinde eğitim gören ebeler için ayrı bir sınıf düzenlemek üzere Kadın Hastanesine Kadın Hastalıkları öğretmeni olarak atandı. Okul, ebelik uygulamasında kötüleşme olduğunda kapatıldı. Ebelik okulu 1854'te Dr. G. Cliquant'ın önderliğinde yeniden açıldı, ancak özellikle anatomik modellerin yokluğundan dolayı okul eğitimi düzgün yapılamıyordu. Sonrasında ebelik faaliyetleri ve sorumlulukları düzenlenmiş ve 1901 tarihli ilk Sağlık Nizamnamesi'nde ebelik bir meslek olarak belirlenmiştir. Ebelere, resmi bir öğretim programını takiben bir sertifika ve uygulama ruhsatı verilmiştir. Ebelik yönetmeliği gebelik, doğum ve doğum sonrası dönemde annenin bakımında ebenin rol ve sorumluluklarını belirlemiştir. Bunlar hükümet tarafından periyodik olarak gözden geçirilmiştir.

1988 yılında ebelik eğitimi için Malta Üniversitesi bünyesinde sağlık bilimlerinde akademik düzeyde kurslar geliştirmek adına Sağlık Bakımı Enstitüsü kuruldu. Ebelik Okulu, Hemşirelik Yüksekokulu'na katılarak Hemşirelik ve Ebelik bölümü olmuştur, ancak her mesleğin kendi müfredatı ve kendi öğretim görevlisi bulunmaktadır.

Ebelik çalışmalarında Birleşik Krallık sistemine dayalı ve AB mevzuatına uygun olarak, Ebeler Direktifi: 80/155/EEC Madde 4 ve Ebe'nin ICM tanımına bağlı olarak 1990 yılında, dört yıllık programının kuruldu ve Hemşirelik / Ebelik Kurulu (DoH) tarafından akredite edildi. Hemşirelik çalışmalarını takiben Ebelik çalışmalarında kayıt sonrası programa son verilmiştir. Bu, ebeliğin bir kez daha kendi ayakları üzerinde durması, mesleğe doğrudan giriş programı ile ebeliğin bir meslek olarak Hemşirelikten ayrı olduğunu vurgulayan önemli bir dönüm noktasıydı. Adayların Diploma programına başvurmadan önce en az 10 yıllık eğitimi başarıyla tamamlamış olmaları gerekiyordu. Hemşireler ve Ebeler Kurulu'nun 2000 yılında kurulması ve yeni Sağlık Hizmetleri Uzmanları Yasası'nın (2003) 464. Ayrıca, ebelerin 80/155/EEC sayılı direktifin 4. maddesinde öngörülen faaliyetleri de Kanun'da yer almıştır (Sağlık Meslekleri Yasası, 2003).

Hemşireler ve Ebeler Konseyi tarafından 2002 yılında Diploma akreditasyonun ardından dört yıllık doğrudan girişli bir BSc (Hons) Ebelik Çalışmaları programı oluşturuldu. İlk yüksek lisans programı 2004 yılında açıldı. Yeterliliklerini yükseltmek isteyen nitelikli ebelere iki yıllık yarı zamanlı bir diploma programı 2007'de açıldı. Ebelik öğretim görevlileri bu arada çalışmalarını ilerletiyordu, Malta'daki ilk ebe ile 2008 yılında Ebelik alanında doktorasını başarıyla aldı. Ebelik çalışmalarının, Ebelik Bölümü kurma sürecini teşvik etmek için akademik olarak yeterince güçlü olduğu görüldü. Bu girişimler, 2009 yılında sırasıyla Sağlık Enstitüsü Kurulu, Malta Üniversitesi Senatosu ve Konseyi tarafından onaylanmıştır.

Ebelik bölümü, kadınların, bebeklerin, ailelerin ve toplumların sağlığını ve refahını güçlendirmek amacıyla yerel ve uluslararası bağlama katkıda bulunan öğretim, araştırma ve uygulamada mükemmelliğe kendini adamıştır. Misyonumuz, uluslararası kabul görmüş ebelik mezunlarını ailelerin ve toplumların sağlığını ve refahını destekleyen roller için hazırlamak ve disiplinin ilerlemesinde liderlik yapmaktır. Öğrenciler, ebelik kariyerine, kadının, ailesinin ve toplumun sağlık ihtiyaçlarını karşılayan, hesap verebilir, etik, proaktif, duyarlı ve şefkatli uygulayıcılar olmaya hazırlanır. Bölümde şu anda tam zamanlı yedi ebe öğretim görevlisi bulunmaktadır.

Ebelik eğitimi, bakım, güçlendirme, ortaklık, liderlik, bütünsellik ve benzersizlik ve kültürel çeşitliliğe saygı kavramlarını ve ilkelerini bütünleştirir. Ebelik programı toplam 5.500 saatlik

eğitimden oluşmaktadır. Klinik uygulama yerleştirmelerinde 2.600 saat teorik ve 2.400 saat ve simülasyon laboratuvarlarında yaklaşık 500 saat uygulama ile verilmektedir.
Ebelik Bölümü, Erasmus plus Öğrenci ve Öğretmen Değişim Programı aracılığıyla Avrupa'daki diğer üniversitelerle işbirliği yapmaktadır. Öğrencilerimizin çoğu, Erasmus plus öğrenci değişim programı aracılığıyla 9 haftalık bir klinik deneyime başvurmayı ve katılmayı tercih etmektedirler. Bu, öğrencilerin ev sahibi ülkelerdeki ebelerin gözetiminde ebelik eğitimi almaları, öğrenmeleri, gözlemlemeleri ve uygulamaları için önemli bir fırsattır.

Ebelik eğitimi ve pratiği, hizmet verdiği toplumun sosyokültürel bağlamı içinde yer alır. Gerçekten de, kültürümüzün son on yılda büyük ölçüde değiştiğini kimse inkar edemez. Kadınların, anne olma yaşının, obez annelerin, tek ebeveynliklerin, çoğul doğumların ve erken doğumların arttığını görmekteyiz. Artık preterm bebeklerin yaşama olasılıkları artmaktadır. Tüm bu durumlar aynı zamanda giderek kültürel olarak çeşitliliğe sahip bir toplum olmaya doğru yöneldiğimizi göstermektedir.

Ebelik mesleği değişmeli, uyum sağlamalı ve kendini bu yeni gerçeklere açmalıdır. Ebeler, kadınları güçlendirmek ve cinsiyet eşitliği için çalışmak için çaba gösterirler. Güçlendirmek, ideallerimizi, felsefelerimizi dayatmak değildir. Güçlendirme, kadınların, bebeklerin, ailelerin zaten sahip oldukları güçleri gözlemlememiz, incelememiz ve içlerindeki gücü nasıl destekleyeceğimiz, teşvik edeceğimiz ve sürdürebileceğimizin yollarını bulmamız veya icat etmemiz gerektiği anlamına gelir - çünkü sonuçta kararların çoğunu onlar almalıdır.
Ebeler, algılarda bir değişimi teşvik etmeli, farkındalık yaratmalı ve kadınlara, bebeklere, eşlere ve ailelere mesleğimizin tam olarak değerini anlamalarında yardımcı olmalıdır. Bu, anneye ve ailesine ve nihayetinde mesleğimize daha iyi bir gelecek yaratabilecek ve oluşturabilecek geleceğin akademisyenlerini, uygulayıcılarını, araştırmacılarını ve liderlerini hazırlayan bir ebelik eğitiminden gelişir.