

Midwifery in Turkey within the Framework of The Areas of Competence and Proficiency: A Qualitative Study

Yetkinlik ve Yeterlilik Alanları Çerçevesinde Türkiye'de Ebelik: Niteliksel Bir Araştırma

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ABSTRACT

Objective: The objective of this study is to evaluate the proficiency and competence of the midwifery profession in Turkey through the eyes of midwives, academic midwives, student midwives, and women receiving care from midwives.

Methods: This research is qualitative research conducted using the phenomenological research design. The interviews were conducted on an online platform. The sample group was selected through purposive sampling and was completed using the individual in-depth interview technique with 20 participants. The study was reported according to the Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist.

Results: Data saturation was reached because of interviewing 20 participants. The transcripts of the interviews were systematically examined, and the study results were gathered around the areas of competence and proficiency determined. Within the framework of these main themes, competence in midwifery is included under the headings of "Public Health," "Pregnancy," "Birth," "Postpartum," "Newborn," and "Women and Counseling." Proficiency in midwifery is included under the headings of "General Qualification," "Before Pregnancy," "Pregnancy and Antenatal," "Childbirth and Care During Childbirth," and "Continuous Care for Woman and Newborn." An intense/strong relationship was detected between the main themes.

Conclusion: As a result, it was revealed that the most emphasis was placed on the proficiency and competence of midwives related to childbirth. It can be stated that the study results will shed light on the health policies in different areas to be developed for the midwifery profession in Turkey.

Keywords: Midwifery, birth, society, proficiency, competence

ÖZ

Amaç: Bu çalışmanın amacı Türkiye'de ebelik mesleğinin yetkinlik ve yeterliliğini ebeler, akademik ebeler, öğrenci ebeler ve ebelerden bakım alan kadınların gözleriyle değerlendirmektir.

Yöntem: Bu çalışma, fenomenolojik araştırma deseni kullanılarak yürütülen nitel bir araştırmadır. Görüşmeler çevrimiçi bir platformda gerçekleştirilmiştir. Örneklem grubu amaçlı örnekleme yoluyla seçilmiş ve 20 katılımcıyla bireysel derinlemesine görüşme tekniği kullanılarak tamamlanmıştır. Çalışma, Niteliksel Araştırmaların Raporlanması için Konsolide Kriterler (COREQ) kontrol listesine göre raporlandı.

Bulgular: 20 katılımcıyla görüşülerek veri doygunluğuna ulaşıldı. Görüşmelerin transkriptleri sistematik olarak incelenmiş ve çalışma sonuçları belirlenen yetkinlik ve yeterlilik alanları etrafında toplanmıştır. Ana temalar çerçevesinde ebelik yetkinliği "Halk Sağlığı", "Gebelik", "Doğum", "Doğum Sonrası", "Yenidoğan" ve "Kadın ve Danışmanlık" başlıkları altında yer almaktadır. Ebelik yeterliliği "Genel Yeterlilik", "Gebelik Öncesi", "Gebelik ve Doğum Öncesi", "Doğum ve Doğum Sırasında Bakım", "Kadın ve Yenidoğanın Sürekli Bakımı" başlıkları altında yer almaktadır. Ana temalar arasında yoğun/güçlü bir ilişki tespit edilmiştir.

Sonuç: Sonuç olarak en çok ebelerin doğumla ilgili yetkinlik ve yeterliliğine vurgu yapıldığı ortaya çıktı. Araştırma sonuçlarının Türkiye'de ebelik mesleğine yönelik geliştirilecek farklı alanlardaki sağlık politikalarına ışık tutacağı ifade edilebilir.

Anahtar Kelimeler: Ebelik, doğum, toplum, yeterlilik, yetkinlik

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Introduction

While competence is defined as "behavior and functional skill allowing the emergence of extraordinary performance," proficiency is described as "the level of performance that emerges based on observable skills (Çolak & Can, 2021). The World Health Organization (WHO) defines competence in midwifery practices together with knowledge, attitude, and behavior practices (WHO, 2001; WHO, 2022). Proficiency covers observable knowledge, attitudes, and behaviors. Since it is thought that positive self-perceptions affect behaviors positively, proficiency perceptions are also considered an important component of competence (Mala et al., 2021).

The United Nations Development Program (UNFPA) reported that midwives could meet approximately 90 percent of the needs for sexual, reproductive, maternal, neonatal, and adolescent health interventions (UNFPA, 2021). In this respect, the International Confederation of Midwives (ICM) determined the areas of competence for midwives. The ICM indicated the areas of midwifery competence under the headings of general qualification, pre-pregnancy and antenatal, care during labor and birth, ongoing care of women and newborns (ICM, 2019).

The competence and proficiency that midwives should have after graduation in Turkey were determined by planning in the curricula because of the Pre-Graduate Midwifery National Core Education Program (EUÇEP) prepared in 2006. Midwives who have graduated with the determined competence and proficiency will contribute to both the professionalism of the profession and reaching the targeted levels of maternal and child health with the increased quality of care (Nove et al., 2018; EUÇEP, 2016; Hailemeskel et al., 2022).

The importance of competence and proficiency for midwives is seen in almost all the 17 goals set within the scope of the 2030 Agenda for Sustainable Development at the United Nations (UN) Sustainable Development Summit held in September 2015 (Özilice & Günay, 2018). The qualitative study by Keleş and Altinkaya (2022) showed that the areas of competence of midwives were proportional to the current regulation in our country but were deficient at the level of developed countries (Keleş & Altinkaya, 2022).

From this point of view, competence and proficiency studies conducted with midwives are limited, and there are no studies in the literature involving midwives in different positions in this area. Accordingly, the objective of this study is to evaluate the proficiency and competence of the midwifery profession in Turkey through the eyes of midwives, lecturer midwives, student midwives, and women

receiving care from midwives. The original aspect of the study is that it is a qualitative study including the views of different groups.

Research Questions:

1. What are the competence views of women who receive care from midwives/lecturer midwives/student midwives/midwives about the midwifery profession?
2. What are the proficiency views of women who receive care from midwives/lecturer midwives/student midwives/midwives about the midwifery profession?

Methods

Type of Research: The research was conducted in a qualitative, phenomenological design.

Sample Selection (Participants) and Number: The criterion sampling method, one of the purposive sampling methods, is used in selecting samples in the phenomenological design. Criterion sampling consists of participants from whom rich information can be obtained about the phenomenon whose cause is known in line with the objective of the study (Baltacı, 2018; Yıldırım & Şimşek, 2016). If the information provided by the participants was repeated and the same statements were frequently used by the participants, it was decided that the sample size was sufficient (Baltacı, 2019), and the study was completed with a total of 20 participants, including 5 student midwives, 5 midwives, 5 lecturer midwives, and 5 women receiving care from midwives, using the in-depth interview technique. In accordance with the criterion sampling method, the inclusion criterion was volunteering to participate in the study.

Data Collection Tools

Descriptive Information Form: This form was prepared in line with the literature (Emami et al., 2022; Gökduman Keleş et al., 2022; Çolak & Can, 2021) and consists of 7 questions about the participants' socio-demographic characteristics (age, education, etc.).

Semi-Structured Interview Form: A semi-structured interview form prepared considering similar studies in the literature (Gökduman Keleş et al., 2022; Çolak & Can, 2021; Gu et al., 2021; Merriam, 2018) was used to reveal in depth the participants' thoughts on competence and proficiency in midwifery and avoid going out of topic during data collection in the study. In this form, 5 open-ended questions were asked to the participants about who the midwife was, whom she provided services to, which services she took part in, and what her working areas were.

Procedure: The study was initiated after the ethics committee approval was obtained. Suitable individuals were

reached according to the characteristics of the groups in the study. Individuals who met the inclusion criteria for this study were provided with information about the research. Since the interviewees were in different places, face-to-face interviews could not be conducted, and hence in-depth interviews were conducted via Zoom and Google Meet internet applications. The researchers called these participants, emphasized the sensitivity of the study topic, and determined a time frame suitable for the participants. Answers to the survey questions were sought one-to-one in an environment suitable for the individuals' privacy.

During the interviews, reminder notes were kept with the participants' consent. Considering the memory factor, the interviews were transcribed at the end of the interview with the person's own statements. The reports were analyzed by two researchers (SB and AIG). The participants' statements were directly quoted in the results section to increase the study's validity and reliability. Each individual interview lasted an average of 35-40 minutes.

Data Analysis: In this study, "Descriptive Analysis" was used in the analysis of qualitative data. In the analysis of the data, the seven-stage analysis method developed by Colaizzi was used. While performing the analysis, the following steps were followed in order: 1. Before and after the interviews, the literature was read. 2. The information obtained from the interviews was put into writing. 3. After the data set was completed, the data analysis process was started. 4. Meanings are grouped into themes and codes. 5. The results obtained are combined with extensive life experiences. 6. The basic conceptual structure of the case was defined. 7. Findings were confirmed with the results obtained by re-interviewing some of the participants (Merriam, 2018). The obtained data were coded by transferring them to the MAXQDA Analytics Pro Qualitative Data Analysis Program and reading the answers given by each participant (AIG, SB). Themes were determined by associating the codes of the same type with each other.

After coding, the researchers got together and agreed on a set of codes to be applied to all transcripts. The codes were then grouped into clearly defined categories. Integrity was achieved by controlling the relationship between the sub-themes that make up the themes and the relationship of each theme with the others. The themes and sub-themes of

these themes were created and presented in a hierarchical code map in Figure 1. To ensure the internal reliability (consistency) of the research, all the findings were given directly without comment. All four researchers analyzed the data by discussing, agreeing, and deciding together. Interview data were stated in quotation marks and italicized in the findings section, exactly as stated.

Ethical Aspect of the Study: For the study, ethics committee permission (Date: 12.11.2022, Number: 273) was obtained from Istanbul University-Cerrahpaşa Rectorate Social and Human Sciences Research Ethics Committee. Additionally, the research was planned in accordance with the Declaration of Helsinki, and individual consent was acquired from the participants during the interview. It was stated that the interviews would be recorded and used only for scientific purposes. It was planned that the interview records would be kept by the corresponding researcher (BU) for 2 years and then destroyed.

Results

Results Regarding Descriptive Characteristics

A total of 20 individuals, 5 midwives, 5 lecturer midwives, 5 student midwives, and 5 women receiving care from midwives, were included in the study. The participants' mean age was 31 ± 1.94 among midwives, 34 ± 1.67 among lecturer midwives, 22 ± 0.54 among undergraduate 4th-year midwifery students, and 52 ± 17.78 among women receiving care from midwives, and most participants were university graduates and employed.

Results Regarding Competence and Proficiency in Midwifery

The results of the current qualitative study evaluating the competence and proficiency of the midwifery profession in Turkey, have been gathered around the main themes of competence and proficiency (Figure 1) (Table 1).

A co-occurrence frequency model was established among the main themes that emerged in the study. An intense/strong relationship was detected between the main themes (the frequency of co-occurrence 20) (Figure 2).

According to the code system, it is seen that the participants mostly expressed their opinions on general qualification under the heading of proficiency in midwifery. The participants expressed their opinions the sub-themes of

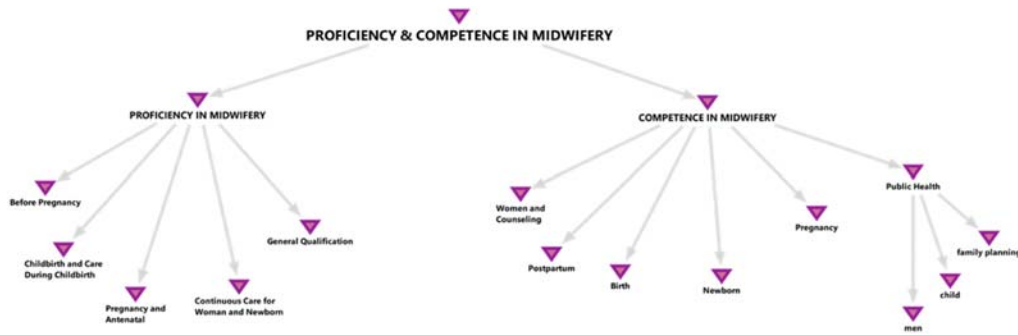


Figure 1: Hierarchy chart of the themes and subcodes

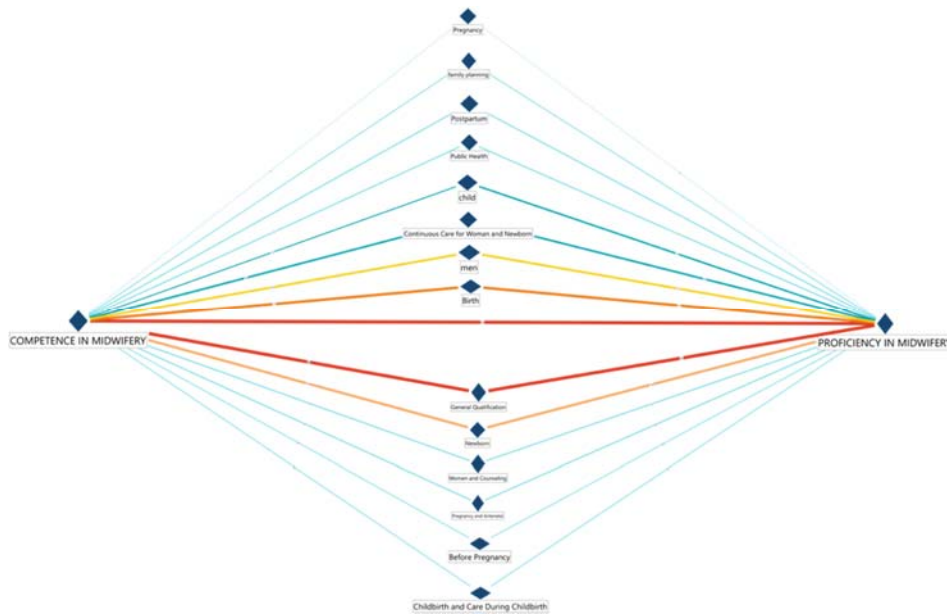


Figure 2: Co-occurrence frequency model

women and birth counseling, newborn, , and public health under the heading of competence (Figure 3).

Figure 4 shows the distribution of the first 50 frequently repeated words according to the intensity of the participants' opinions. Accordingly, the study shows that the participants expressed their opinions intensively about the midwife, birth, women, health, men, family, and pregnant women (Figure 4).

Discussion

The current study was presented for discussion under the heading of proficiency and competence in midwifery.

Code System	PARTICIPANTS
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> PROFICIENCY IN MIDWIFERY <input type="checkbox"/> Continuous Care for Woman and Newborn <input type="checkbox"/> Childbirth and Care During Childbirth <input type="checkbox"/> Pregnancy and Antenatal <input type="checkbox"/> Before Pregnancy <input type="checkbox"/> General Qualification 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> COMPETENCE IN MIDWIFERY <input type="checkbox"/> Women and Counseling <input type="checkbox"/> Newborn <input type="checkbox"/> Postpartum <input type="checkbox"/> Birth <input type="checkbox"/> Pregnancy <input type="checkbox"/> Public Health <input type="checkbox"/> child <input type="checkbox"/> men <input type="checkbox"/> family planning 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Figure 3: Code Matrix Scanner



Figure 4: Distribution of the first 50 most frequently repeated words

According to the results of the interviews, it was observed that the participants believed the midwife was the primary health personnel who was with the woman during pregnancy and labor, in addition to her duty of delivering infants, one of the proficiency areas of midwifery. It was revealed that the participants thought that the individuals who would choose the midwifery profession should be subjected to an exam other than the university exam, and this exam should play a role in determining their personality traits. Moreover, the participants emphasized that individuals choosing the midwifery profession should have a patient personality and a high empathy ability and be conscientious and willing individuals for the profession. A study from Africa stressed that individuals who would choose the midwifery profession should take written and oral exams at the beginning of their undergraduate education, and their proficiency status regarding the profession should be evaluated. It was also stated that the supervision of this proficiency status should continue after the person started his/her professional life (Fullerton et al., 2011). Likewise, in a study from the US, it was stated that a proficiency-based evaluation should be performed before starting midwifery education and profession (Woeber, 2018). In a study carried out in New Zealand and Scotland, it was stressed to be important to evaluate the proficiency levels of midwives for reducing the risk of mortality and morbidity for mothers and newborns (Gilkison et al., 2018).

The ICM has addressed the competencies in midwifery practice under four headings (ICM, 2019). In the provision of competencies related to pre-pregnancy, pregnancy and the antenatal period, midwives have roles such as providing pre-

pregnancy care, promoting and supporting health behaviors that increase well-being, providing prospective guidance on pregnancy, birth, breastfeeding, parenting and family change. In line with the theme of the ICM, the present study shows that participants believe that midwives provide pre-pregnancy counselling to married women, women planning a pregnancy and pregnant women. In a study from Ireland, it was emphasized that providing education and counseling to women during the prenatal period, one of the proficiency areas of midwives, was within the proficiency area of midwives (Traynor et al., 2002). In a study conducted in Kenya, it was stated that the counseling provided by midwives during the preconception and pregnancy period was within the scope of midwives' proficiency area. Moreover, the study also stressed the importance of integrating counseling for the preconception and pregnancy period into the primary healthcare system (Shikuku et al., 2021).

As a result of the interviews conducted in the study, it is seen that the participants considered the role of midwives in managing labor and providing counseling on coping with labor pain within the scope of proficiency areas. Likewise, in a study from Belgium, it was stated that the most basic healthcare professional in labor was the midwife. Furthermore, it was emphasized that the area where midwives were most responsible for the proficiency areas determined by the ICM was childbirth and care during childbirth (Embo & Valcke 2016).

The study demonstrated that the participants thought that delivering infants, providing postpartum mother and newborn care, supporting breastfeeding, providing education on the postpartum process, and follow-up of the newborn's growth and development were within midwives' proficiency areas. In a study from the UK, the importance of promoting and follow-up of newborn health was emphasized within the scope of proficiency areas of midwives (Meegan, 2020). In another study performed in Africa, it was stated that the postpartum period, maternal and newborn health were within the scope of the proficiency areas of midwives (Sharma et al., 2021). Likewise, in a study from England, the importance of midwives in neonatal and maternal health care was stressed, and it was stated to be one of the most important proficiency areas of midwives (Renfrew et al., 2022).

The current study gathered the proficiency areas of midwives under the five main themes according to the participants' opinions. In addition to these five themes, a multi-centered study involving 24 countries stated that

Table 1. <i>Themes, sub-codes, and participant common</i>	
Proficiency in Midwifery	
General qualification The participants define midwives as people who mostly deliver infants and provide healthcare services in the most difficult moments. They agree that midwives should be patient and have empathy.	"I think the midwife is not just the person who delivers infants. She is the person who presents at the beginning of every person's life. She is very important." (Midwife 4) "There should also be an exam in which personality traits for midwifery can be examined." (Academic Midwife 3) "Anyone who wants to be a midwife can become a midwife." (Student Midwife 5) "I think the most important thing for a midwife to be qualified is to be willing, be conscientious, be able to empathize, and be able to provide care." (Academic Midwife 1) "Those who volunteer. All women with a bachelor's degree." (Academic Midwife 5) "I think she must have a lot of empathy and be patient, that's it. I think the most important thing to be a midwife is to be patient." (Midwife 5) "I believe she must have at least a bachelor's degree." (Midwife 1)
Before pregnancy The participants consider midwives not only as the person who delivers their infants but also as the consultant who takes place in the lives of women before they become pregnant.	"What should I do before I get pregnant? What path should I follow? The midwife provides services in this way. They provide support with what women who want to get pregnant need to do." (Student Midwife 3) "People come to us since the moment they think about getting married, and we provide information to them." (Midwife 3)
Pregnancy and antenatal The participants frequently emphasized that midwives should be present at every control during the pregnancy process and were qualified in pregnancy follow-up.	"She listens to the baby, teaches the woman what to do during pregnancy, says something about miscarriage, says not to lift heavy things. She vaccinates, if necessary, calls for a check-up once a month, for a pregnancy check-up." (Woman 5) "I used to go for a check-up to her house. She used to listen to me with something like a wooden pipe." (Woman 4)
Childbirth and care during childbirth It is emphasized that delivering infants is the most essential duty of midwives, and it is thought that midwives are active in managing labor pain.	"I think she can deliver the child. For example, the midwife delivered me. While the woman is in labor pain, the midwife can have the pregnant woman do exercises to reduce the pain, she can do massage on her own, that's all... I know they do massage because they also get training on it." (Woman 1)
Continuous care for woman and newborn It is stressed that the midwife is present throughout all stages of women's lives, that her most important duties in service delivery are not limited to labor, and she is with the woman and the infant in the postpartum period.	"She delivers infants. Then she can perform postpartum follow-ups. Are there any problems in postpartum follow-ups? Is there any abnormal situation? I can evaluate this. She will initiate and support mother-infant communication, can provide one-to-one support to breastfeeding, and this is among the things that the midwife can do very actively." (Academic Midwife 4)
Competence in Midwifery	
Pregnancy The participants mostly indicated that midwives played an active role in the pregnancy process, and in this respect, they were effective and successful in both training and practices.	"While the woman is in labor pain, the midwife can make the pregnant woman do exercises to reduce the pain, she can do her own massages, that's all... Midwives ensure that pregnant women do birth exercises, pregnancy exercises, I know there are midwives who are both midwives and Pilates trainers, I mean, they can also do it because they are involved in the exercise aspect of the job. I know they do it extra for a comfortable birth. I know they do massage because they also receive training on this." (Woman 1)
Birth The participants stated that midwives were the precursors of vaginal birth and they trusted midwives. Moreover, they found midwives competent in vaginal delivery.	"Ooo, she delivers infants in a wonderful way. I gave birth to my two daughters at home, and my midwife delivered both of them. Without any doctor, authority, or word. She can deliver infants very easily. This is the midwife's duty. Who else, except the midwife, can deliver infants." (Woman 2) "We have the right to deliver infants in non-risky births, in non-risky pregnancies. I have delivered the infants as well, we used to do it, I didn't call the doctor in non-risky births because we receive training on this." (Midwife 1) "A midwife can deliver infants if she is legally authorized to do so. After all, birth is what she is doing, her job." (Woman 3)

<p>Postpartum The participants think that midwives are competent in the birth process and are persons who care for both the mother and the newborn in the postpartum period.</p>	<p>"Considering the postpartum period, for example, breastfeeding education, many mothers have difficulties in breastfeeding. They experience labor pain, they may delay breastfeeding their infants due to post-cesarean pain, and the midwife can guide the mother and the infant without consulting anyone about breastfeeding." (Midwife 2)</p>
<p>Newborn It is thought that midwives are effective in processes such as the first examination of the newborn after birth, immunization practices, growth-development follow-up, and breast milk intake.</p>	<p>"She is particularly involved in the follow-up of a newborn, immunization. In immunization, neonatal follow-up, providing health information and counseling. So, she is involved in neonatal follow-up, as I said." (Academic Midwife 2)</p>
<p>Women and counseling It was expressed that midwives did not only take place before, during, and after pregnancy but also in all areas of the woman's life. In this respect, it is possible to say that there will be midwives as long as women exist, and women will exist as long as midwives exist.</p>	<p>"I mean, midwives can actually be active in menopause processes, in the gynecological process, but the more dominant part is our perinatology department, you know, pregnancy, birth, and the postpartum process. But when you actually look at it, can midwives be active in women's health processes? Yes, I mean, she can provide support in this process as well." (Academic Midwife 3) "I think she can help women in all aspects. She should be able to work in all areas related to women and concerning women." (Student Midwife 5)</p>
<p>Public health The midwife not only provides services to women but also cares for the whole society. In this sense, the participants think that midwives are actually effective in managing public health.</p>	<p>"She provides services to the public." (Student Midwife 2) "They give consulting training. They contact families during these cancer screenings, mostly women. On coming on those days when there are cancer screenings. They take part in cancer screenings in this way." (Student Midwife 1)</p>
<p>Public health (Family planning) Midwives are the first persons that come to the participants' mind, who provide health care services to those who do not want to become pregnant or for controlled pregnancy beyond the follow-up of existing pregnancies.</p>	<p>"She can give information about family planning to both women and men. Without asking anyone anything, without getting authority from anyone." (Midwife 2)</p>
<p>Public health (Child) The participants stated that they received support from midwives on issues such as the growth and development of newborns and children, immunization, hygiene education, and infectious diseases and midwives played a role in this respect.</p>	<p>"She can perform child and neonatal follow-ups." (Academic Midwife 4) "We provide service to 0-6 age groups. We follow their vaccines and perform their weight follow-ups, so we perform their follow-ups." (Student Midwife 4)</p>
<p>Public health (Men) The participants think that midwives are not limited to women and children while providing services to society. It is concluded that they also provide care to men and integrate men into care that includes both family planning, the pregnancy process and birth, and postpartum education.</p>	<p>"We provide service not only to women but also to men and fathers." (Midwife 4) "In family planning, I was not only giving training to women, for example, men were also getting information about family planning methods. We also provide education to men." (Academic Midwife 1)</p>

midwives also had proficiency in areas such as the menopausal period, abortion and family planning, immunization of women against infectious diseases, cancer screening, and infertility. However, it was emphasized that the countries' policies were the main factor in acquiring this proficiency (Butler et al., 2018).

The ICM states that midwives have the necessary knowledge and skills in obstetrics, neonatology, social sciences, public health and ethics to provide high quality, culturally appropriate care to women, newborns and families with children (ICM, 2019). According to the results of the interviews, the participants stated that midwives were in the

position of providing primary health care and provided services not only to women but also to the individual and society. Similarly, in Australia, Sweden and Belgium, midwives are regarded as the primary providers of antenatal, natal, and postnatal care. Additionally, midwives working in Belgium have responsibilities in four main areas of practice: childbirth, reproductive medicine, gynecology and neonatology, and prescribing rights (Eikemo et al., 2022; Botfield et al., 2022; Vermeulen et al., 2021). In the Netherlands, primary care midwives make autonomous decisions together with women to perform some birth interventions such as artificial rupture of membranes,

episiotomy, and postpartum oxytocin administration (Zondag et al., 2022). Contrary to studies, midwives in Germany think that high-quality midwifery care is not fully realized (Lohmann et al., 2018). In Kenya, 95% of pregnant women go to antenatal care, but only 40% receive quality birth care despite government efforts to improve access through better infrastructure, lower user fees, and proximity to service delivery points. This affects the current provider preferences among women, with the high utilization of community services such as traditional midwives and traditional healers instead of qualified midwives (Ngotie et al., 2022). Nowadays, most midwives work in hospitals run by obstetricians, and, therefore, their autonomy is limited.

In the present study, it was observed that midwives provided education on issues that concern women and men, such as family planning, without consulting anyone. Likewise, in Indonesia, village midwives play an important role in the provision of various maternal and child health care services, including family planning. Midwives are family planning service providers across the country (Titaley et al., 2017). Implant placement is a practice commonly performed by midwives in countries such as New Zealand, Sweden, and Scotland, but it is still mainly undertaken by doctors in Australia. Whereas many midwives in Australia provide information on contraception and believe it is an important part of their job, many have not received formal training. The use of midwives for implant placement can reduce many barriers women face in accessing this postpartum method (Botfield et al., 2022).

In line with the study findings, midwives can deliver infants alone, but it is necessary to inform the physician in a risky condition. Similarly, in the Netherlands and Sweden, midwives refer women to obstetrician-led care when the risks of adverse outcomes increase, or complications arise (Eikemo et al., 2022; Zondag et al., 2022). Contrary to these studies, midwives in China evaluated themselves higher in their core proficiency in intrapartum care and lower in their core proficiency in assisting or performing operative vaginal delivery. Specifically, midwives in regions with high maternal mortality rates reported relatively poor self-perceived core competences, particularly in detecting and treating complications related to pregnancy and childbirth, compared to those in regions with low maternal mortality rates. Branches, education levels, years of experience as a midwife, participation in teaching, and access to in-service training are among the factors affecting the basic proficiency perceived by midwives (Huang et al., 2020). Developing the core proficiency of midwives in regions with high maternal mortality rates is a key priority. Furthermore, it may be recommended to provide midwifery education at

universities and develop relevant regulations so that midwives can offer a wider scope of care, thus promoting the development of the midwifery workforce. In Uganda, midwives have been shown to be competent in performing labor maneuvers (Nandawula et al., 2022).

The ICM emphasizes that the midwife will provide high-quality, comprehensive care for the healthy newborn from birth to 2 months of age in the postpartum period (ICM, 2019). It was seen that the study participants thought in a similar way. In a study in which scenarios were developed to compare the knowledge and skills of midwives with the basic competences of the ICM in four European countries, in a scenario related to infants who are constantly sleeping in the newborn period and who are prone to hypothermia, one group of midwives said that the infant should be given glucose and additional nutrients, whereas another group emphasized that the infant should not wake up and take the breast, but breast milk should be expressed and given to the infant and parents should be educated on the issues they need (Fleming et al., 2011). Two different studies have shown that midwife-led care has positive effects on maternal and neonatal outcomes (Hailemeskel et al., 2022; Voon et al., 2017).

Conclusion and Recommendations

As a result, the fact that midwives in Turkey work in areas other than their areas of graduation causes deviations in the areas of competence and proficiency related to the profession. This creates an obstacle to professionalization in the profession and prevents the strengthening of the midwifery profession. According to the WHO data, 55,972 midwives work in Turkey (WHO, 2019). The fact that midwives work outside of their competence and proficiency areas can be shown as the reason for the increasing cesarean rates (WHO, 2022). In this respect, midwives should be employed in their areas of competence and proficiency to increase the quality of healthcare services. It is necessary for policymakers to bring legal regulations on this issue, and to make changes in the legislation to protect the personal rights of midwives. The study participants were observed to have a command of midwifery competence-proficiency areas, and conducting new studies with midwives having a midwifery diploma but employed in different areas will reveal the existing problems.

Strengths and Limitations of the Study: It is very valuable that midwives, lecturer midwives, student midwives, and women receiving care from midwives were included in the study sample, and different opinions were obtained. It is thought that it will make a significant contribution to the literature due to being a rarely studied subject.

Present study, based on the purposeful sampling of people volunteering to participate in the research. Hence, it is unknown to what extent it represents the entire population. It should be considered that participants may be prejudiced about the information they provide on the subject. Generalization should be avoided in discussing the concepts related to the subject.

Ethics Committee Approval: Ethics committee approval was received for this study from the ethics committee of Istanbul University-Cerrahpaşa Rectorate Social and Human Sciences Research Ethics Committee (Date: November 14, 2022, Number: 273).

Informed Consent: Before the questionnaire forms were disseminated, an information letter about the research and data collection tools was created, and the consent of the participants was obtained. Participation in the study was done on a voluntary basis

Peer-review: Externally peer-reviewed.

Author Contributions: Concept and Design: BU, AiG, SB, HDK, Data Collection and/or Processing: BU, Analysis and/or Interpretation: BU, Literature Search: SB, BU, AiG, HDK, Writing Manuscript: SB, BU, AiG, HDK, Critical Review: HDK

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Hasta Onamı: Anket formları dağıtılmadan önce araştırma ve veri toplama araçlarına ilişkin bilgilendirme mektubu oluşturularak katılımcıların onamları alınmıştır. Araştırmaya katılım gönüllülük esasına göre yapılmıştır

Hakem Değerlendirmesi: Dışarıdan hakem değerlendirmesi yapılır.

Yazar Katkıları: Konsept ve Tasarım: BU, AiG, SB, HDK, Veri Toplama ve/veya İşleme: BU, Analiz ve/veya Yorumlama: BU, Literatür Arama: SB, BU, AiG, HDK, Yazıyı Yazan: SB, BU, AiG, HDK, Eleştirel İnceleme: HDK

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Geniştirilmiş Özet

Yetkinlik kavramı (competence), “olağanüstü performansın ortaya çıkmasına olanak sağlayan davranış ve işlevsel beceri” olarak tanımlanırken; yeterlilik (proficiency), “gözlemlenebilir becerilere dayalı olarak ortaya çıkan performans düzeyi” olarak tanımlanmaktadır. Uluslararası platformda Uluslararası Ebeler Konfederasyonu tarafından ebelerin yetkinlik ve yeterlilik alanlarını belirlemiştir. Türkiye’de ise ebelerin mezuniyetlerinden sonra sahip olmaları gereken yetkinlik ve yeterlilik alanları, 2016 yılında hazırlanan Mezuniyet Öncesi Ebelik Ulusal Çekirdek Eğitim Programı (EUÇEP) sonucunda eğitim müfredatlarında düzenlemelere gidilerek belirlenmiştir. Eylül 2015’te gerçekleştirilen Birleşmiş Milletler (BM) Sürdürülebilir Kalkınma Zirvesi’nde Sürdürülebilir Kalkınma için 2030 Gündemi kapsamında belirlenen 17 hedefin hemen hemen tümünde ebelerin yetkin ve yeterli olmalarının önemi görülmektedir. Birleşmiş Milletler Nüfus Fonu (UNFPA) ebelerin cinsel, üreme, anne, yenidoğan ve ergen sağlığı müdahalelerine yönelik ihtiyacın yaklaşık yüzde 90’ını karşılayabildiğini belirtmiştir. Bu bağlamda ICM ebeler için yetkinlik ve yeterlilik alanları belirlemiştir. ICM ebeler için yetkinlik alanlarını; toplum sağlığı, gebelik, doğum, doğum sonu, yenidoğan, kadın ve danışmanlık başlıkları altında belirtmiştir. ICM, ebeler uygulamalarında yeterlilik alanlarını ise genel yeterlilik, gebelik öncesi, gebelik ve antenatal dönem, doğum ve doğum sürecinde bakım, kadın ve yenidoğan için sürekli bakım, başlıklarında ele almıştır. Bu noktadan hareketle ebelerle yapılan yetkinlik ve yeterlilik çalışmaları sınırlı olmakla birlikte bu alanda farklı konulardaki ebelerin dahil edildiği çalışmalara literatürde rastlanmamıştır. Bu doğrultuda çalışmanın amacı; ebe, akademisyen ebe, öğrenci ebe ve ebeler bakım alan kadınlar gözünden Türkiye’de ebeler mesleğinin yeterlilik ve yetkinliklerini değerlendirmektir. Farklı grupların görüşlerine yer veren kalitatif bir çalışma olması çalışmanın özgün yönüdür. Araştırma niteliksel tasarımda, fenomenolojik (olgu bilim) desende Ağustos- Ekim 2023 tarihleri arasında gerçekleştirilmiştir. Çalışmaya etik kurul izni alındıktan sonra başlanmıştır. Çalışmada yer alan grupların özelliklerine göre uygun olan kişilere ulaşılmıştır. Görüşmenin yapılacağı kişilerin farklı mekanlarda bulunması nedeniyle yüz yüze görüşmeler yapılamadığından, derinlemesine görüşmeler Zoom ve Google Meet internet uygulamaları aracılığı ile gerçekleştirilmiştir. Araştırmacı katılımcıları arayıp, çalışma konusunun hassasiyetini vurgulayarak, katılımcılar için uygun bir zaman dilimi belirlemiştir. Anket sorularına bire bir olarak, kişilerin mahremiyetine uygun bir ortamda yanıt aranmıştır. Fenomenolojik desende örneklem seçiminde amaçlı örnekleme yöntemlerinden biri olan ölçüt örnekleme yöntemi kullanılmaktadır. Katılımcıların verdiği bilgilerin tekrar edilmesi ve aynı ifadelerin katılımcılar tarafından sıklıkla tekrar kullanılması durumunda örneklem sayısının yeterli olduğuna karar verilmiş olup çalışma toplamda 20 katılımcı ile derinlemesine görüşme tekniği kullanılarak tamamlanmıştır. Çalışmada, literatür ışığında hazırlanan 7 sorudan oluşan “Bilgi Formu” ve 5 sorudan oluşan “Yarı Yapılandırılmış Görüşme Formu” kullanılmıştır. Çalışmaya 5 ebe, 5 akademisyen ebe, 5 öğrenci ebe ve 5 ebeler bakım alan kadın toplamda 20 kişi dahil edilmiştir. Katılımcıların yaş ortalamaları sırasıyla ebelerde 31±1.94, akademisyen ebelerde 34±1.67, lisans 4. Sınıf ebeler öğrencilerinde 22±0.54, ebeler hizmet alan kadınlarda 52±17.78 olup katılımcıların çoğunluğu üniversite mezunu ve çalışandır. Bu doğrultuda ebe, akademisyen ebe, öğrenci ebe ve ebeler bakım alan kadınlar gözünden Türkiye’de ebeler mesleğinin yeterlilik ve yetkinliklerini değerlendiren bu kalitatif çalışmada bulgular ICM’in belirlediği yetkinlik ve yeterlilik alanları etrafında toplanmıştır. Bu ana temalar; çerçevesinde ebelerde yetkinlikler (competence), “Toplum Sağlığı”, “Gebelik”, “Doğum”, “Doğum Sonu”, “Yenidoğan”, “Kadın ve Danışmanlık” başlıkları altında yer almaktadır. Ayrıca toplum sağlığı başlığının altında aile planlaması, çocuk ve erkek temalarına vurgu yapılmıştır. Ebelerde yeterlilik (proficiency) ise; “Genel Yeterlilik”, “Gebelik Öncesi”, “Gebelik ve Antenatal”, “Doğum ve Doğum Sürecinde Bakım”, “Kadın ve Yenidoğan İçin Sürekli Bakım” başlıkları altında yer almaktadır. Görüşmelerin sonuçlarına göre katılımcıların, ebelerin yeterlilik alanlarından doğum yaptırma görev alanının yanında ebe, gebelik ve doğum eylemi sürecinde kadının yanında olan primer sağlık profesyoneli olduğuna dair düşüncede oldukları görülmektedir. Katılımcılar, ebeler mesleğini seçecek olan bireylerin üniversite sınavı dışında bir sınava tabi tutulmasının ve bu sınavın kişilik özelliklerinin belirlenmesinde rol oynamasının gerekliliğine yönelik düşüncede oldukları belirlenmiştir. Ayrıca katılımcılar ebeler mesleğini seçen bireylerin sabırlı bir kişiliğe sahip olmasının yanında empati yeteneğinin yüksek, mesleğe istekli ve vicdanlı bir birey olması gerektiği üzerinde durmuşlardır. Türkiye’de yapılan mevcut çalışmanın verilerinden elde edilen sonuçlar ICM’in belirlediği ebeler yetkinlik alanları ile örtüşmektedir. Görüşmelerin sonuçlarına göre katılımcıların, primer sağlık hizmeti veren konumda ebelerin olduğunu, sadece kadına değil aynı zamanda bireye ve topluma da hizmet veren olarak gördüklerini ifade etmişlerdir. Sonuç olarak Türkiye’de ebeler mezuniyet alanları dışındaki alanlarda görev yapmaları, meslekle ilgili yetki ve yeterlilik alanlarında sapsmalarına sebep olmaktadır. Bu durum meslekte profesyonelleşmenin önünde engel oluşturmakta ve ebeler mesleğinin güçlenmesini engellenmektedir. Ülkemizde Dünya Sağlık Örgütü verilerine göre 55.972 ebe görev yapmaktadır. Her geçen gün artan sezaryen oranlarının sebebi olarak ebelerin yetkinlik ve yeterlilik alanları dışında görev almaları gösterilebilir. Bu bağlamda sağlık bakım hizmetlerinde kalitenin artırılması için ebelerin yetkinlik ve yeterlilik alanlarında istihdam edilmesi gerekmektedir. Politika yapıcıların bu konu hakkında yasal düzenlemeler getirmeleri

ayrıca ebelerin özlük haklarının korunması için mevzuatta deęişikliklere gidilmesi gerekmektedir. Çalışmada yer alan katılımcıların ebelik yetkinlik- yeterlilik alanlarına hâkim olduęu görülmüş olup, yeni yapılacak çalışmalarda ebelik diplomasına sahip olup farklı alanlarda istihdam edilen ebelerle çalışmaların yapılması var olan problemleri göz önüne serecektir.