

Suggested scientific and technological updates to the Directive on Professional Qualifications: Midwife

Article 40(3) – The Training of Midwives

Current Text	Suggested changes (annotated)	Suggested changes (clean)	Rationale
<p>3. Training as a midwife shall provide an assurance that the professional in question has acquired the following knowledge and skills:</p>	<p>3. Training as a midwife shall provide an assurance that the professional in question has acquired the following knowledge and skills that enable her to assume responsibility for decisions and actions as an independent and autonomous practitioner within the midwifery scope of practice:</p>	<p>3. Training as a midwife shall provide an assurance that the professional in question has acquired the following knowledge and skills that enable her to assume responsibility for decisions and actions as an independent and autonomous practitioner within the midwifery scope of practice:</p>	<p>ICM Essential Competencies, Competency 1a</p> <p>The 2024 update of the Directive for Nursing also includes a section piece on empowering patients</p> <p>European Pillar of Social Rights – Principle 16 (Healthcare)</p> <p>Although not legally binding, the European Pillar of Social Rights includes commitments to accessible and high-quality healthcare, which includes SRMNAH services. This principle supports the need for midwives to be adequately trained to deliver independent care and contribute to the health system effectively.</p> <p>EU Strategy on Women's Rights and Gender Equality (2020-2025)</p> <p>As a predominantly female profession, despite the evidence to the important, cost-effective contributions it makes, midwifery is discriminated and health systems are designed to maintain midwives as secondary to physicians, as opposed to making them equal, but different professions.</p> <p>REPORT on the situation of sexual and reproductive health and rights in the EU, in the frame of women's health</p> <p>This report specifically mentions women's right to midwifery care</p> <p>Council Conclusions on Common Values and Principles in European Union Health Systems (2006/C 146/01)</p> <p>These conclusions establish values for EU health systems, including the need for health promotion, disease prevention, and health education. They emphasise the role of public health initiatives, early diagnosis, and preventive care as essential components of EU healthcare.</p>

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(a) detailed knowledge of the science on which the activities of midwives are based, particularly midwifery, obstetrics and gynaecology;	(a) detailed knowledge of the science on which the activities of midwives are based, particularly midwifery, woman-centred care, informed choice, implementing evidence in practice , obstetrics and gynaecology;	(a) detailed knowledge of the science on which the activities of midwives are based, particularly midwifery, woman-centred care, informed choice, implementing evidence in practice, obstetrics and gynaecology;	Evidence-based midwifery was an element that was highlighted in the SPARK consultation process, and we feel this is the most appropriate place for it to appear in the document Also see: ICM Essential Competencies, Competency 1a WHO Transitioning to Midwifery Models of Care (2024) Guiding Principle 3 p.24 European Pillar of Social Rights – Principle 16 (Healthcare) (see explanation above)
(b) adequate knowledge of the ethics of the profession and the legislation relevant for the practice of the profession;	(b) adequate knowledge of the ethics of the profession and the legislation relevant for the practice of the profession, human rights principles, sexual and reproductive rights;	(b) adequate knowledge of the ethics of the profession and the legislation relevant for the practice of the profession, human rights principles, sexual and reproductive rights;	Human rights principles were highlighted in the SPARK consultation process, and we feel this is the most appropriate place for it to appear in the document. Also see: ICM Essential Competencies for Midwifery Practice 2024 WHO Transitioning to Midwifery Models of Care (2024) Guiding Principle 1/2/3 p. 22-25
(c) adequate knowledge of general medical knowledge (biological functions, anatomy and physiology) and of pharmacology in the field of obstetrics and of the newly born, and also knowledge of the relationship between the state of health and the physical and social environment of the human being, and of his behaviour;	(c) adequate knowledge of general medical knowledge (biological functions, anatomy and physiology) and of pharmacology in the field of obstetrics and of the newly born, sexual and reproductive health, maternity care, midwifery and neonatology , and also knowledge of the relationship between the state of health and the physical and social environment of the human being, and of his behaviour of the social determinants of physical and mental health;	(c) adequate knowledge of general medical knowledge (biological functions, anatomy and physiology) and of pharmacology in the field of sexual and reproductive health, maternity care, midwifery and neonatology, and knowledge of the social determinants of physical and mental health;	The terminology used in this statement is outdated; suggested terminology reflects current terminology, aligned with WHO and ICM documents outlined above. By ensuring midwives can prescribe, access to medicines services will improve. Regulation (EU) 536/2014 on Clinical Trials on Medicinal Products for Human Use Council Conclusions on Access to medicines and medical devices for a Stronger and Resilient EU Also see: ICM Essential Competencies for Midwifery Practice 2024 WHO Transitioning to Midwifery Models of Care 2024)



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<p>(d) adequate clinical experience gained in approved institutions allowing the midwife to be able, independently and under his own responsibility, to the extent necessary and excluding pathological situations, to manage the antenatal care, to conduct the delivery and its consequences in approved institutions, and to supervise labour and birth, postnatal care and neonatal resuscitation while awaiting a medical practitioner;</p>	<p>(d) adequate clinical experience gained in approved institutions allowing the which prepares the midwife to be able, independently and under his her own responsibility, provide comprehensive sexual, reproductive, maternal, newborn and adolescent health services, managing first line complications and referring appropriately in to the extent necessary and excluding pathological situations, especially to independently manage the antenatal and intrapartum care, to including conducting births the delivery and their consequences in approved institutions a variety of settings (community, health facilities and institutions), and to supervise labour and birth, provide postnatal care and neonatal resuscitation while awaiting a medical practitioner provide neonatal resuscitation;</p>	<p>(d) adequate clinical experience which prepares the midwife to be able, independently and under her own responsibility, provide comprehensive sexual, reproductive, maternal, newborn and adolescent health services, managing first line complications and referring appropriately in pathological situations, especially to independently manage antenatal and intrapartum care, including conducting births and their consequences in a variety of settings (community, health facilities and institutions), provide postnatal care and provide neonatal resuscitation;</p>	<p>The scope of practice of a midwife includes sexual and reproductive health more broadly, and their work is organised in many different settings. Additionally, this statement assumes that every pregnancy ends in a live birth – which is not the case.</p> <p>Midwives scope of practice includes providing first response including resuscitation of the newborn.</p> <p>Additionally some suggestions have been made to make the final language clearer and easier to understand, reducing repetition.</p> <p>Also see:</p> <p>ICM Essential Competencies, Competency 1.n</p> <p>WHO Transitioning to Midwifery Models of Care (2024)</p> <p>International Definition and Scope of Practice of the Midwife (2023)</p> <p>WHO European Action Plan for Sexual and Reproductive Health</p> <p>Recruitment and Retention of the Health Workforce in Europe</p>
<p>(e) adequate understanding of the training of health personnel and experience of working with such personnel.</p>	<p>(e) adequate understanding of the training of other health and social care professionals and experience of working with such personnel, including respectful interprofessional collaboration and communication.</p>	<p>(e) adequate understanding of the training of other health and social care professionals, and experience of working with such personnel, including respectful interprofessional collaboration and communication.</p>	<p>These changes reflect information gathered in the Spark report, which we feel are best described in this section of the Directive.</p> <p>Also see:</p> <p>WHO Transitioning to Midwifery Models of Care (2024) Guiding Principle 5 p. 26</p> <p>ICM Essential Competencies for Midwifery Practice 2024</p>



Point 5.5.1 of Annex V - Training programme for midwives (Training types I and II)

Part A: Theoretical and technical instruction

a. General Subjects

Ref	Current Text	Suggested changes (annotated)	Suggested changes (clean)	Rationale
GS1	Basic anatomy and physiology	No change	Basic anatomy and physiology	
GS3	Basic bacteriology, virology and parasitology	No change	Basic bacteriology, virology and parasitology	
GS4	Basic biophysics, biochemistry and radiology	Basic biophysics, biochemistry and radiology imaging (including sonography)	Basic biophysics, biochemistry and imaging (including sonography)	This change reflects technological advances, as midwives regularly use sonography in their work (doppler, CTG, ultrasound)
GS5	Paediatrics, with particular reference to new-born infants	Paediatrics, with particular reference to new-born infants neonatology and healthy newborns.	Paediatrics, with particular reference to neonatology and healthy newborns	Due to scientific advancements, we suggest the scientific field “neonatology” be included, and an emphasis be made on healthy newborns, the group midwives provide care for The term “new-born infant” is outdated, and the contemporary term is “newborn”. Also see: WHO Transitioning to Midwifery Models of Care (2024) ICM Essential Competencies for Midwifery Practice 2024
GS6	Hygiene, health education, preventive medicine, early diagnosis of diseases	Public health, hygiene, health promotion and education, preventive medicine, genetic medicine, screening and early diagnosis of diseases, social and behavioural interventions.	Public health, hygiene, health promotion and education, preventive medicine, genetic medicine, screening and early diagnosis of diseases	The SPARK report found that “public health” was an important item to add, and we suggest this is the most appropriate place to add it Scientific and technological advances also mean that midwives require an understanding of genetic medicine and screening tests Also see: WHO Transitioning to Midwifery Models of Care (2024) European regional action framework for behavioural and cultural insights for health, 2022–2027 Europe’s Beating Cancer Plan Midwives have competencies for breast and cervical cancer screenings, as well as preventative measures. Ensuring this is included contributes to early detection of cancers in Europe.



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GS7	Nutrition and dietetics, with particular reference to women, new-born and young babies	Nutrition and dietetics with particular reference to women, new-born and young babies emphasis on women's nutrition during the perinatal period	Nutrition, with particular emphasis on women's nutrition during the perinatal period	Also see: ICM Essential Competencies for Midwifery Practice 2024 WHO Recommendations: Intrapartum Care for a Positive Childbirth (2018) WHO Recommendations on Antenatal Care for a positive pregnancy experience (2016) WHO Recommendations on Maternal and Newborn Care for a Positive Postnatal Experience (2022) European Food and Nutrition Action Plan Developed by the WHO Regional Office for Europe and supported by EU policies, this action plan outlines strategies for improving nutrition to support women's health during and after pregnancy. Midwives support achieving this plan.
GS8	(new addition)	Nutrition for newborns, infants and young children, with particular emphasis on breastfeeding and lactation	Nutrition for newborns, infants and young children, with particular emphasis on breastfeeding and lactation	The SPARK workshop found that breastfeeding was not mentioned enough in the final report, we suggest that the previous line be divided into two with a specific line on breastfeeding, infant and young child nutrition Also see: WHO Recommendations on Maternal and Newborn Care for a Positive Postnatal Experience (2022) ICM Essential Competencies for Midwifery Practice 2024 3e European Commission's Action Plan on Childhood Obesity and Maternal Health Programs Midwives help improve breastfeeding rates, which supports achieving the points in this plan, obesity from early childhood, starting with the health of the mother during pregnancy. Maternal nutrition and weight management are critical to reducing risks of obesity and chronic diseases later in life for both women and children. Directive 2006/141/EC on Infant Formula and Follow-on Formula This directive establishes standards for infant formula and follow-on formula, ensuring they meet specific nutritional requirements essential for infant health. Midwives are critical to ensure food safety and breastfeeding.
GS9	Basic sociology and socio-medical questions	Basic sociology and socio-medical questions psychological, cultural, sexual, reproductive and sociological assessment (including respectful care for women with special needs)	Basic psychological, cultural, sexual, reproductive and sociological assessment (including respectful care for women with special needs)	Also see: ICM Essential Competencies for Midwifery Practice 2024 WHO Transitioning to Midwifery Models of Care (2024) Guiding Principles 2,3 p. 23/24



Ref	Current Text	Suggested changes (annotated)	Suggested changes (clean)	Rationale
GS10	Basic pharmacology	Basic pharmacology and clinical prescribing (medication and interpreting clinical and laboratory tests)	Basic pharmacology and clinical prescribing (medication and interpreting clinical and laboratory tests)	Also see: ICM Essential Competencies for Midwifery Practice 2024
GS11	Psychology	Psychology and mental health across the life course, with particular emphasis on the perinatal period including pregnancy loss and newborn psychology	Psychology and mental health across the life course, with particular emphasis on the perinatal period including pregnancy loss and newborn psychology	Also see: ICM Essential Competencies for Midwifery Practice 2024 WHO Recommendations: Intrapartum Care for a Positive Childbirth (2018) WHO Recommendations on Antenatal Care for a positive pregnancy experience (2016)
GS11	Principles and methods of teaching	Principles and methods of teaching health education, health promotion and counselling	Principles and methods of health education, health promotion and counselling	Also see: ICM Essential Competencies for Midwifery Practice 2024
GS12	Health and social legislation and health organisation	Health and social policy legislation and health system organisation	Health and social policy legislation and health system organisation	Also see: ICM Essential Competencies for Midwifery Practice 2024
GS13	Sex education and family planning	Comprehensive sexual education and family planning	Comprehensive sexual education and family planning	Adaptation in language in line with WHO. Also see: ICM Essential Competencies for Midwifery Practice 2024 WHO Abortion Care Guideline (2022) Council of Europe's Convention on Human Rights and Biomedicine (Oviedo Convention) This convention provides important standards for patient consent, respect for autonomy, and the protection of rights in medical contexts, including reproductive health. Charter of Fundamental Rights of the European Union: Articles 3 (Right to Integrity of the Person), 8 (Privacy) and 35 (Right to Health Care)



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				<p>These outline the right to free and informed consent for medical treatment and to access healthcare, respectively. These rights provide a legal framework for patient autonomy, especially in sensitive areas such as SRMNAH.</p> <p>EU Action Plan on Human Rights and Democracy 2020-2024</p> <p>This action plan includes commitments to advancing women’s and children’s rights, particularly in areas of reproductive health, violence prevention, and safeguarding human rights globally, including within member states.</p>
GS14	Legal protection of mother and infant	Legal protection of mother and infant Human rights principles, safeguarding and legislation as they pertain to sexual, reproductive, women’s and children’s rights	Human rights principles, safeguarding and legislation as they pertain to sexual, reproductive, women’s and children’s rights	<p>Also see:</p> <p>ICM Essential Competencies for Midwifery Practice 2024</p> <p>WHO Transitioning to Midwifery Models of Care (2024)</p> <p>Guiding Principle 1/2/3 p. 22-25</p>
GS15	(new addition)	New and emerging technologies that have been proven to enhance midwifery practice and care	New and emerging technologies that have been proven to enhance midwifery practice and care	<p>Also see:</p> <p>ICM Essential Competencies for Midwifery Practice 2024</p> <p>1.c.</p>



b. Subjects specific to the activities of midwives

Ref	Current Text	Suggested changes (annotated)	Suggested changes (clean)	Rationale
SS1	Anatomy and physiology	Advanced anatomy and physiology as they relate to the female reproductive system and newborns	Advanced anatomy and physiology as they relate to the female reproductive system and newborns	This is already included under General Subjects (GS1); clarification ensures that there is a rationale for repeating the topic here
SS2	Embryology and development of the foetus	No change	Embryology and development of the foetus	
SS3	Pregnancy, childbirth and puerperium	Pregnancy, childbirth and puerperium Women's reproductive health, with emphasis on pre-conception, antenatal, intrapartum and postnatal health	Women's reproductive health, with emphasis on pre-conception, antenatal, intrapartum and postnatal health	This point summarises almost the entirety of the profession of midwifery, without reflecting scientific and technological advancements, and without being detailed enough to be useful in curriculum planning. For this reason we are suggesting changes to the rows below, as well as in Part B. Also see: ICM Essential Competencies for Midwifery Practice 2024 WHO Transitioning to Midwifery Models of Care (2024)
SS4	Gynaecological and obstetrical pathology	Gynaecological and obstetrical pathology Obstetric pathology and foundations of gynaecological pathology (to enable escalation and referral to other professionals)	Obstetric pathology and foundations of gynaecological pathology (to enable escalation and referral to other professionals)	Also see: ICM Essential Competencies for Midwifery Practice 2024 WHO Transitioning to Midwifery Models of Care (2024)
SS5	Preparation for childbirth and parenthood, including psychological aspects	Preparation for childbirth, breastfeeding and parenthood, including social, cultural, psychological and perinatal mental health support aspects	Preparation for childbirth, breastfeeding and parenthood, including social, cultural, psychological and perinatal mental health support aspects	Also see: ICM Essential Competencies for Midwifery Practice 2024
SS6	Preparation for delivery (including knowledge and	Preparation for delivery (including knowledge and use of technical equipment in obstetrics)		Suggest removing, as it is already covered by the element in row SS3 above; use of appropriate technical equipment is implicit in the work of any professional and does not need to be emphasised.



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	use of technical equipment in obstetrics)			
SS7	Analgesia, anaesthesia and resuscitation	Analgesia (including non-pharmacological methods) , anaesthesia and resuscitation	Analgesia (including non-pharmacological methods), anaesthesia and resuscitation	Also see: ICM Essential Competencies for Midwifery Practice 2024 4.a.
SS8	Physiology and pathology of the new-born infant	Physiology and pathology of the new-born infant newborn	Physiology and pathology of the newborn	Updated terminology, as per above (see row GS5 and others)
SS9	Psychological and social factors	Psychological and social factors		Suggest removing, as it is covered in rows GS9 and GS11
SS10	(new addition)	Providing midwifery services in humanitarian, emergency, and climate-affected settings	Providing midwifery services in humanitarian, emergency, and climate-affected settings	During the pandemic and during crisis situations, midwives must have the knowledge to provide care outside of health institutions; they must also have knowledge about how climate change affects women's health Also see: ICM Essential Competencies for Midwifery Practice 2024 1.p. Beek et al., 2019 EU Midwifery Unit Network Standards



Part B: Practical and Clinical Training

Ref	Current Text	Suggested changes (annotated)	Suggested changes (clean)	Rationale
B1	(new addition)	Contraception counselling and provision for 40 women, including prescribing, administering and/or applying contraceptive medications and devices (this can include simulation practice where proficiency is assessed)	Contraception counselling and provision for 40 women, including prescribing, administering and/or applying contraceptive medications and devices (this can include simulation practice where proficiency is assessed)	LINKED TO TECHNOLOGICAL AND SCIENTIFIC CHANGES IN PART A: GS6 (preventative medicine) GS10 (prescribing medication) GS13 (comprehensive sexual education) SS3 (women's reproductive health) Midwives' role in Contraception and abortion care should be strengthened in line with WHO guidance. Also see: ICM Essential Competencies for Midwifery Practice 2024 WHO Abortion Care Guideline (2022) See section A - GS13
B2	(new addition)	Provision of care to 20 women experiencing pregnancy loss (including the provision of comprehensive abortion care; this can include simulation practice where proficiency is assessed)	Provision of care to 20 women experiencing pregnancy loss (including the provision of comprehensive abortion care)	LINKED TO TECHNOLOGICAL AND SCIENTIFIC CHANGES IN PART A: GS10 (prescribing medication) GS11 (pregnancy loss) SS3 (women's reproductive health; intrapartum) Midwives' role in Contraception and abortion care should be strengthened in line with WHO guidance. Also see: ICM Essential Competencies for Midwifery Practice 2024 WHO Abortion Care Guideline (2022) See section A - GS13 and GS11
B3	Advising of pregnant women, involving at least 100 pre-natal examinations.	Caring, advising and assessing pregnant women involving at least 100 pre-natal examinations antenatal consultations across all settings (community, health facility, hospital). This should include at least 20 women with complex care needs or identified risk factors	Caring, advising and assessing pregnant women, involving at least 100 antenatal consultations across all settings (community, health facility, hospital). This should include at least 20 women with complex care needs or identified risk factors	LINKED TO TECHNOLOGICAL AND SCIENTIFIC CHANGES IN PART A: SS3 (antenatal) SS10 (care across settings) Also see: ICM Essential Competencies for Midwifery Practice 2024 WHO Transitioning to Midwifery Models of Care (2024)



Ref	Current Text	Suggested changes (annotated)	Suggested changes (clean)	Rationale
B4	Supervision and care of at least 40 pregnant women.	Supervision and care of at least 40 pregnant women, including where appropriate, at least 5 continuity of care experiences providing care during pregnancy, birth and postnatally	Supervision and care of at least 40 pregnant women, including where appropriate, at least 5 continuity of care experiences providing care during pregnancy, birth and postnatally	LINKED TO TECHNOLOGICAL AND SCIENTIFIC CHANGES IN PART A: GS8 (nutrition) GS9 (assessment) Also see: WHO Transitioning to Midwifery Models of Care (2024) Advancements in scientific knowledge of Continuity of Care
B5	Conduct by the student of at least 40 deliveries; where this number cannot be reached owing to the lack of available women in labour, it may be reduced to a minimum of 30, provided that the student assists with 20 further deliveries.	Conduct by the student of Manage at least 40 vaginal births deliveries; where this number cannot be reached owing to the lack of available women in labour, it may be reduced to a minimum of 30, provided that the student assists with 20 further deliveries births. This should include at least 10 women with complex care needs or identified risk factors	Manage at least 40 vaginal births; where this number cannot be reached owing to the lack of available women in labour, it may be reduced to a minimum of 30, provided that the student assists with 20 further births. This should include at least 10 women with complex care needs or identified risk factors	LINKED TO TECHNOLOGICAL AND SCIENTIFIC CHANGES DISCUSSED ABOVE: 40 (3) d. (managing first line complications and referring appropriately in pathological situations) PART A: SS4 (obstetric pathology... to enable escalation and referral) Also see: Advancements in scientific/ theoretical knowledge / adaptations to SS4
B6	Active participation with breech deliveries. Where this is not possible because of lack of breech deliveries, practice may be in a simulated situation.	Active participation with breech deliveries. Manage vaginal breech births under close supervision. Where this is not possible because of lack of breech deliveries vaginal breech births, practice may be in a simulated situation this can include simulation practice sessions where proficiency is assessed	Manage vaginal breech births under close supervision. Where this is not possible because of lack of vaginal breech births, this can include simulation practice sessions where proficiency is assessed	LINKED TO TECHNOLOGICAL AND SCIENTIFIC CHANGES DISCUSSED ABOVE: 40 (3) d. (managing first line complications and referring appropriately in pathological situations) PART A: SS4 (obstetric pathology... to enable escalation and referral) Also see: ICM Essential Competencies for Midwifery Practice 2024 4.b.
B7	Initiation shall include theoretical instruction and clinical practice. The practice of suturing	Initiation shall include theoretical instruction and clinical practice. The practice of Perineal care, including conducting	Perineal care, including conducting episiotomy and suturing (perineal and genital tract assessment and repair; theoretical instruction and clinical practice) for at least 10 women. Suturing includes suturing of the wound	LINKED TO TECHNOLOGICAL AND SCIENTIFIC CHANGES DISCUSSED ABOVE: 40 (3) d. (managing first line complications and referring appropriately in pathological situations) PART A:



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	includes suturing of the wound following an episiotomy and a simple perineal laceration. This may be in a simulated situation if absolutely necessary.	episiotomy and suturing (perineal and genital tract assessment and repair; theoretical instruction and clinical practice) for at least 10 women. Suturing includes suturing of the wound following a simple spontaneous perineal laceration or episiotomy. This may be in a simulated situation if absolutely necessary. This can include simulation practice with appropriate equipment.	following a spontaneous perineal laceration or episiotomy. This can include simulation practice with appropriate equipment.	SS4 (obstetric pathology... to enable escalation and referral) Also see: ICM Essential Competencies for Midwifery Practice 2024 4.b.
B8	Supervision and care of 40 women at risk in pregnancy, or labour or post- natal period.	Supervision and care of 40 women at risk in pregnancy, or labour or post- natal period.		Suggest removing; for clarity we have added a proportion of women and newborns with complex care needs and/or identified risk factors to each of the domains (antenatal, intrapartum, postnatal, newborn)
B9	(new addition)	Provision of breastfeeding support to 40 women postnatally, including identifying and managing breastfeeding problems (this can include simulation practice where proficiency is assessed)	Provision of breastfeeding support to 40 women postnatally, including identifying and managing breastfeeding problems	LINKED TO TECHNOLOGICAL AND SCIENTIFIC CHANGES IN PART A: GS8 (nutrition for newborns) SS3 (postnatal health) Also see: ICM Essential Competencies for Midwifery Practice 2024 4.b. WHO Recommendations on Maternal and Newborn Care for a Positive Postnatal Experience (2022)
B10	Supervision and care (including examination) of at least 100 post-natal women and healthy new-born infants.	Supervision and care Caring, advising and assessing (including examination) of at least 100 post-natal healthy post-natal women postnatally, including pelvic floor assessment and healthy new-born infants. This should include at least 20	Caring, advising and assessing (including examination) of at least 100 healthy women postnatally, including pelvic floor assessment. This should include at least 20 women with complex care needs or identified risk factors.	Language needs clarification and to be harmonised with B3; for clarity this requirement should be split into two separate lines (one for women, one for newborns), as we suggest in B10 and B11: LINKED TO TECHNOLOGICAL AND SCIENTIFIC CHANGES IN PART A: GS8 (nutrition for newborns) SS3 (postnatal health) SS4 (pathology...to enable escalation) Also see:



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		women with complex care needs or identified risk factors.		ICM Essential Competencies for Midwifery Practice 2024 4.b.
B11	(new addition, for clarification with B10)	Caring, advising, and assessing (including examination) of at least 100 healthy newborns (this can include simulation practice where proficiency is assessed)	Caring, advising, and assessing (including examination) of at least 100 healthy newborns	Suggest a new line item, to ensure clarity on the number of newborns involved. Language needs clarification and to be harmonised with B3. LINKED TO TECHNOLOGICAL AND SCIENTIFIC CHANGES IN PART A: GS8 (nutrition for newborns) SS3 (postnatal health) SS4 (pathology...to enable escalation) Also see: ICM Essential Competencies for Midwifery Practice 2024 4.b.
B12	Observation and care of the new-born requiring special care, including those born pre-term, post-term, underweight or ill.	Observation and care of the new-born requiring special care; Assessment and care of 40 newborns with complex health needs, including those born pre-term preterm, post-term, underweight small-for-gestational-age, # sick, and/or otherwise high-risk newborns (this can include simulation practice where proficiency is assessed).	Assessment and care of 40 newborns with complex health needs, including preterm, post-term, small-for-gestational-age, sick and/or otherwise high-risk newborns	Language needs to reflect current terminology, and to be harmonised with Section B3, B10 and B11 LINKED TO TECHNOLOGICAL AND SCIENTIFIC CHANGES IN PART A: SS8 (physiology and pathology of the newborn) Also see: ICM Essential Competencies for Midwifery Practice 2024 4.c.
B13	Care of women with pathological conditions in the fields of gynaecology and obstetrics.	Care of women with pathological conditions in the fields of gynaecology and obstetrics 40 women with identified obstetric, medical, or social risk factors during pre-conception, pregnancy, labour, postnatally or as part of ongoing care. This can include caring for women	Care of 40 women with identified obstetric, medical, or social risk factors during pre-conception, pregnancy, labour, postnatally or as part of ongoing care. This can include caring for women undergoing IVF, vacuum or caesarean birth, or gynaecological procedures, including surgery.	Language needs to reflect current terminology, and to be harmonised with Section B3, B10 and B11 LINKED TO TECHNOLOGICAL AND SCIENTIFIC CHANGES ABOVE: 40(3) d. (managing first line complications and referring appropriately in pathological situations) SS8 (physiology and pathology of the newborn) SS4 (pathology...to enable escalation)



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		undergoing IVF, vacuum or caesarean birth, or gynaecological procedures, including surgery.		
B14	Initiation into care in the field of medicine and surgery. Initiation shall include theoretical instruction and clinical practice.	Initiation into care in the field of medicine and surgery. Initiation shall include theoretical instruction and clinical practice.		This is redundant with B13, suggest removing



Concluding text

Ref	Current Text	Suggested changes (annotated)	Suggested changes (clean)	Rationale
CC2	The theoretical and technical training (Part A of the training programme) shall be balanced and coordinated with the clinical training (Part B of the same programme) in such a way that the knowledge and experience listed in this Annex may be acquired in an adequate manner.	<p>The theoretical and technical training (Part A of the training programme) shall be balanced and coordinated with the clinical training (Part B of the same programme) in such a way that the knowledge and experience listed in this Annex may be acquired in an adequate manner.</p> <p>The theoretical and skills elements (Part A of the programme) shall be a minimum of 40% of the programme hours and be organised systematically with the practice elements (Part B of the same programme) which are a minimum of 50% of the programme hours. The organisation of these elements shall be in such a way that it enables students to acquire the skills, knowledge, and behaviours essential to demonstrate all competencies noted in this Annex, so they can practice, after registration, as an autonomous practitioner.</p> <p>The theoretical and skills elements should be taught in an</p>	<p>The theoretical and skills elements (Part A of the programme) shall be a minimum of 40% of the programme hours and be organised systematically with the practice elements (Part B of the same programme) which are a minimum of 50% of the programme hours. The organisation of these elements shall be in such a way that it enables students to acquire the skills, knowledge, and behaviours essential to demonstrate all competencies noted in this Annex, so they can practice, after registration, as an autonomous practitioner.</p> <p>The theoretical and skills elements should be taught in an accredited midwifery education institution by midwife teachers who are registered midwives.</p>	The language in the Directive is outdated, and the suggested changes are in alignment with the Global Standards for Midwifery Education and the UNFPA-ICM Sample Curriculum for Direct-Entry Midwifery Programmes.



Ref	Current Text	Suggested changes (annotated)	Suggested changes (clean)	Rationale
		accredited midwifery education institution by midwife teachers who are registered midwives.		
CC2	Clinical instruction shall take the form of supervised in-service training in hospital departments or other health services approved by the competent authorities or bodies. As part of this training, student midwives shall participate in the activities of the departments concerned in so far as those activities contribute to their training. They shall be taught the responsibilities involved in the activities of midwives.	<p>Clinical instruction shall take the form of supervised in-service training in hospital departments or other health services approved by the competent authorities or bodies. As part of this training, student midwives shall participate in the activities of the departments concerned in so far as those activities contribute to their training. They shall be taught the responsibilities involved in the activities of midwives.</p> <p>The practice elements will take place in health services sites approved by the competent authorities, community settings and in women's homes. Clinical instruction at these practice sites shall take the form of supervised in-service education. Supervision will be undertaken by a midwifery clinical preceptor who is both a qualified midwife and when possible, has received formal preparation for clinical teaching. As part of this programme, student midwives shall participate in the activities</p>	<p>The practice elements will take place in health services sites approved by the competent authorities, community settings and in women's homes. Clinical instruction at these practice sites shall take the form of supervised in-service education. Supervision will be undertaken by a midwifery clinical preceptor who is both a qualified midwife and when possible, has received formal preparation for clinical teaching. As part of this programme, student midwives shall participate in the activities of the health services concerned in so far as those activities contribute to the scope of practice as a midwife.</p>	<p>The updated text is in alignment with the Global Standards for Midwifery Education and the UNFPA-ICM Sample Curriculum for Direct-Entry Midwifery Programmes.</p>



Ref	Current Text	Suggested changes (annotated)	Suggested changes (clean)	Rationale
		<p>of the health services concerned in so far as those activities contribute to the scope of practice as a midwife.</p>		

