

Midwifery: Supporting Women Through the Journey of Motherhood

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Introduction

Midwifery is one of the oldest and most respected professions in healthcare, rooted in the fundamental act of helping women give birth and caring for mothers and infants. With its origins stretching back to ancient civilizations, midwifery has evolved into a modern, evidence-based practice that plays a critical role in maternal and child health. Today, midwives are trained professionals who provide comprehensive care to women throughout pregnancy, labor, birth, and the postpartum period, while also addressing broader aspects of reproductive and sexual health. Midwifery is a specialized and vital healthcare profession dedicated to supporting women throughout their reproductive lives, especially during pregnancy, childbirth, and the postpartum period. It is one of the oldest healthcare practices known to humanity, with roots tracing back thousands of years. Despite its ancient origins, midwifery remains highly relevant today, combining traditional wisdom with modern scientific knowledge to provide comprehensive, woman-centered care. The role of a midwife extends far beyond assisting with childbirth. Midwives offer a broad range of services that include prenatal care, labor and delivery support, postpartum care, family planning, and reproductive health education. Their care model emphasizes the normalcy of pregnancy and birth while being vigilant to identify any risks or complications that may arise. By promoting natural childbirth processes and minimizing unnecessary medical interventions, midwives empower women to have a positive and individualized birthing experience. One of the defining features of midwifery is its holistic approach. Midwives address not only the physical health of the mother and baby but also the emotional, psychological, and social aspects of pregnancy and motherhood [1,2]. This comprehensive care fosters a strong, trusting relationship between the midwife and the woman, which is essential for effective support and education. Continuity of care—where the same midwife or team follows a woman throughout her pregnancy journey—is a hallmark of midwifery practice and has been shown to improve health outcomes and satisfaction. Midwives practice in diverse settings such as hospitals, birthing centers, clinics, and even home environments, adapting their care to meet the needs of various communities. They often serve as frontline providers in underserved and rural areas where access to specialized medical care may be limited. The work of midwives is especially critical in reducing maternal and neonatal mortality and morbidity worldwide, as recognized by global health organizations like the World Health Organization (WHO) [3,4].

Core Responsibilities of Midwives

The responsibilities of a midwife are comprehensive and patient-centered. Key duties include:

Antenatal Care

Midwives monitor the health of both mother and fetus throughout pregnancy. They perform routine assessments, provide nutritional and lifestyle counseling, and prepare women for childbirth. They also screen for risk factors and complications, referring women to obstetricians when necessary [5].

Labor and Delivery Support

During labor, midwives offer emotional, physical, and medical support. They promote natural birthing methods when appropriate and help manage pain using both pharmacological and non-pharmacological methods. In many cases, midwives can independently deliver babies in low-risk pregnancies [6].

Postnatal and Newborn Care

After birth, midwives provide care to the mother and newborn, supporting breastfeeding, monitoring recovery, and educating parents on infant care. They identify postpartum complications, such as hemorrhage or depression, and offer timely intervention or referrals.

Women's Health and Family Planning

Many midwives offer contraceptive counseling, cervical cancer screening, and education on sexual health and wellness.

Training and Types of Midwives

Midwives can be trained through different educational and professional pathways depending on the country and healthcare system. Common categories include:

Certified Nurse-Midwives (CNMs): Registered nurses who complete additional midwifery training. They are licensed and often work in hospitals or clinics [7].

Certified Midwives (CMs): Non-nursing professionals who are educated in midwifery and certified through a national body.

Traditional Birth Attendants (TBAs): Often found in rural or underserved areas, TBAs may lack formal training but possess experiential knowledge passed down through generations.

Direct-Entry Midwives: Individuals who enter midwifery education without prior nursing training, often practicing in home or birth center settings [8].

The qualifications and scope of practice vary widely, but all midwives are united by a commitment to safe, respectful, and woman-centered care.

The Philosophy of Midwifery

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At its core, midwifery is built on a philosophy that respects the natural processes of pregnancy and birth. Midwives view childbirth as a normal, healthy life event rather than a medical emergency. They emphasize informed choice, minimal intervention, and the empowerment of women to be active participants in their care.

Midwifery also prioritizes continuity of care, meaning women are supported by the same caregiver or team throughout their reproductive journey. This model has been shown to reduce stress, increase satisfaction, and improve health outcomes [9].

Midwifery and Maternal Health Outcomes

The role of midwives in improving maternal and neonatal health outcomes is well-documented. According to the World Health Organization (WHO), midwife-led care can significantly reduce maternal and infant mortality, especially in low- and middle-income countries.

Key benefits of midwifery-led care include:

- Lower rates of cesarean section and medical interventions
- Reduced preterm birth and neonatal intensive care admissions
- Increased breastfeeding initiation and continuation
- Improved maternal satisfaction and mental health

Midwives also help bridge healthcare gaps in rural and underserved areas, where access to physicians and hospitals may be limited. In such settings, midwives are often the primary providers of maternal and child healthcare.

Challenges Facing Midwifery

Despite its many advantages, midwifery faces several challenges:

Lack of Recognition

In some regions, midwifery is undervalued, and midwives face professional stigma or lack of authority within the medical system.

Regulatory Barriers

Licensing, legal restrictions, and inconsistent standards of training can hinder the practice and mobility of midwives.

Workforce Shortages

Many countries face a shortage of skilled midwives, especially in areas with high maternal mortality rates.

Gender Bias

As a predominantly female profession, midwifery often struggles against broader issues of gender inequality in healthcare systems.

Addressing these challenges requires stronger advocacy, investment in midwifery education, and supportive policies that integrate midwives into national health strategies.

The Future of Midwifery

As global health systems aim to reduce maternal and infant mortality and promote equitable healthcare, midwifery is gaining renewed attention. The United Nations and WHO recognize midwives as essential to achieving Sustainable Development Goals (SDGs) related to health, gender equality, and human rights.

Technology and innovation are also transforming midwifery, with telehealth, mobile health apps, and digital training expanding access to services and education. Additionally, the global movement toward respectful maternity care—care that preserves dignity, privacy, and autonomy—aligns perfectly with midwifery's principles [10].

Conclusion

Midwifery is much more than assisting with childbirth—it is a compassionate, evidence-based profession that supports women through one of the most significant experiences of their lives. By providing personalized, respectful, and continuous care, midwives contribute significantly to safer pregnancies, healthier births, and stronger families. In a world where millions of women still lack access to quality maternal care, midwives are a vital part of the solution. Investing in midwifery education, regulation, and integration into health systems is essential to improving global maternal and newborn health and achieving lasting health equity.

References

1. Pope CA, Verrier RL, Lovett EG, Larson AC, Raizenne ME, et al. (1999) Heart rate variability associated with particulate air pollution *Am Heart J* 138: 890-899.
2. Samet J, Dominici F, Currier F, Coursac I, Zeger S (2000) Fine particulate air pollution and mortality in 20 US cities, 1987-1994 *N Engl J Med* 343: 1742-17493.
3. Goldberg M, Burnett R, Bailar J, Brook J, Bonvalot Y, et al. (2001) The association between daily mortality and ambient air particle pollution in Montreal, Quebec 1. Nonaccidental mortality *Environ Res* 86: 12-25.
4. Brook RD, Franklin B, Cascio W, Hong YL, Howard G, et al. (2004) Air pollution and cardiovascular disease – a statement for healthcare professionals from the expert panel on population and prevention science of the American Heart Association *Circulation* 109: 2655-26715.
5. He C, Morawska L, Hitchins J, Gilbert D (2004) Contribution from indoor sources to particle number and mass concentrations in residential houses *Atmos Environ* 38(21): 3405-3415.
6. Dobbin NA, Sun L, Wallace L, Kulka R, You H, et al. (2018) The benefit of kitchen exhaust fan use after cooking - An experimental assessment *Build Environ* 135: 286-296.
7. Kang K, Kim H, Kim DD, Lee YG, Kim T (2019) Characteristics of cooking-generated PM10 and PM2.5 in residential buildings with different cooking and ventilation types *Sci Total Environ* 668: 56-66.
8. Sun L, Wallace LA, Dobbin NA, You H, Kulka R, et al. (2018) Effect of venting range hood flow rate on size-resolved ultrafine particle concentrations from gas stove cooking *Aerosol Sci. Tech.* 52 (12):1370-1381.
9. Abdulwahab S, Rabee AM (2015) Ecological factors affecting the distribution of the zooplankton community in the Tigris River at Baghdad region, Iraq *Egypt J Aquat Res* 41: 187-196.
10. Abed IJ, Al-Hussieny AA, Kamel RF, Jawad A (2014) Environmental and identification study of algae present in three drinking water plants located on tigris river in Baghdad *Int j adv Res* 2: 895-900.