

AOTEAROA NEW ZEALAND RESEARCH

Midwives' perspectives on the benefits for women and babies following completion of midwifery postgraduate complex care education

Robyn Maude^{A,B} PhD, MA, BN, RM, RN, PGCHLT • Jeanie Douché^B PhD, MA, BSc, RM, RGON ACTT • Kathy Holloway^B DN, RN, FCNA (NZ)

^A Corresponding author: robyn.maude@vuw.ac.nz

^B Te Kura Tapuhi Hauora School of Nursing, Midwifery and Health Practice, Te Herenga Waka—Victoria University of Wellington, Aotearoa New Zealand

ABSTRACT

Background: Midwives require an expanded level of knowledge and skill to meet the complex care needs of childbearing clients and babies, along with their whānau (extended family and community) throughout their childbearing experience. Complexity in childbirth summons midwives to apply research in practice to support clinical decisions they make. Postgraduate education is key to preparing midwives with a level of expertise in the provision of evidence-based practice, with the view to improving outcomes for women and babies when care becomes complex.

Aim: To explore the perceived benefits of midwifery postgraduate education for midwives, women, pregnant people, babies and maternity services, following midwives' completion of a Postgraduate Certificate in Midwifery (Complex Care) offered at an Aotearoa New Zealand university.

Method: A purposive sample of 90 midwives who completed the qualification between 2009 and 2017 were sent a link to an online, mixed method, self-report questionnaire. Twenty-seven surveys were returned and entered in Qualtrics for analysis. The qualitative component of the questionnaire is addressed in Question 13 and reported in this article.

Findings: A thematic analysis found benefits of postgraduate complex care education included improved quality of care, enhanced knowledge, increased awareness of research, heightened critical thinking capabilities juxtaposed with improved professional development and enhanced communication.

Conclusion: The study corroborated the premise that postgraduate midwifery complex care education is key to improving outcomes for childbearing women and babies in settings requiring complex care. Recognition of the benefits of the Postgraduate Certificate in Midwifery (Complex Care) for the provision of evidence-based practice is central to improving health outcomes when pregnancy and childbirth become complex.

Keywords: qualitative research, postgraduate midwifery education, complex maternity care, health outcomes, confidence

INTRODUCTION

Since the 1990s the changing context of maternity care has affirmed midwifery as an autonomous profession founded upon practice that is evidence based. Increasing complexity in childbirth compels midwives to be reflective practitioners, capable of applying research in practice in the interest of sound clinical decision-making. Critical thinking is pivotal to the process. While midwives may gain rudimentary skills in thinking critically as undergraduates, a Postgraduate Certificate in Midwifery (Complex Care; PGCM-CC) provides enhancement of these skills. This article reports the qualitative findings of a mixed methods study undertaken at an Aotearoa New Zealand (Aotearoa NZ) university. The research

explored midwives' perception of the benefits that midwifery postgraduate education has for women and babies, themselves and the maternity services following completion of a PGCM-CC. Importantly, understanding the impact that postgraduate education has on the provision of effective care for childbearing people and their babies is key to improving health outcomes when pregnancy and childbirth becomes complex. Of note is that the terms "client" or "people" are interspersed throughout the text, recognising that language is not neutral (Homer et al., 2020) and therefore our text champions the need for midwifery as an all-inclusive profession to work in inclusive partnership with "everybody" (Midwives Alliance North America, n.d.).

BACKGROUND

The university relevant to our study has delivered the Aotearoa NZ Ministry of Health funded PGCM-CC since 2009. A key driver at the time was to guarantee enough midwives throughout Aotearoa NZ had the knowledge, technical skills and clinical experience to provide effective care for childbearing clients with complex conditions to improve health outcomes for them and their babies. The specifications for the PGCM-CC were designed by the then Clinical Training Agency. More recently, Health Workforce NZ has managed this contract. The broad vision for the PGCM-CC was that individual midwives were supported to achieve a level of proficiency to meet the complex care needs of clients, babies and their whānau when pregnancy, labour, birth and postnatal care became complex. Whānau in te reo Māori, the language of the indigenous people of Aotearoa NZ, means an extended family or community of related families who live together in the same area.

Initially, eligibility criteria for the PGCM-CC restricted access to midwives employed at 0.8 Full Time Equivalence (FTE) or above and, accordingly, nominated as suitable by a District Health Board (DHB) offering tertiary level care. Theory and practice were provided, with each midwife undertaking 400 hours of clinical learning experience with support from DHB-employed midwife preceptors. In 2015 the criteria for entry to the programme changed to include all midwives, including community-based lead maternity carers. Accordingly, the number of clinical placement hours reduced to 100 hours (Eddy, 2015).

The PGCM-CC comprised two 30-point courses to be completed within two years. Expected outcomes had midwifery, client and service foci (Table 1).

Table 1. Vision of expected outcomes of PGCM-CC

Midwifery outcomes

- The application of evidence-based practice across a range of treatment and care models within secondary and tertiary care settings.

Organisational outcomes

- To address organisational midwifery workforce requirements, clinical leadership, management and mentoring skills.
- Advancing the development of a team of midwives with experience and expertise in meeting the needs of clients and babies when their care becomes complicated.

Client service outcomes

- Development of accessible, skilful and timely midwifery assessment, management and co-ordination of client care needs.
- Strengthening of an interdisciplinary approach to care that is both appropriately planned and culturally safe. Care in this context is provided alongside whānau support and demonstrates the benefits from applied, evidence-based midwifery practice.

At the end of 2009, following its first year of delivery, the programme was independently evaluated nationally with positive results. The report noted:

Highly positive early impacts from the programme are evident for trainees and other stakeholders and they appear to be incremental. All participants perceived the current programme model, with some refinements, is well suited to meeting the need of the profession for capacity building in complex care. (Oliver, 2009, p. 35)

By the conclusion of 2017, 90 midwives had completed the qualification at the study site. The need for ongoing exploration as to whether the programme continues to achieve the desired

midwifery and client service outcomes was instrumental in driving the research question of the current study.

AIM

Research question

How has the PGCM-CC impacted on midwives' personal and professional development in the provision of effective care for clients and babies when care becomes complex?

Research aim

The aim is to explore perspectives that midwives report of the benefits, both personally and professionally, following completion of the PGCM-CC.

METHOD

Research design

A mixed method design separated into two parts was used for this study: an online self-report survey which measured midwifery perspectives on an ordinal scale (Questions 1-12); along with a qualitative component (Question 13) that sought midwives' perceptions of the direct benefits for women and babies having a postgraduate-educated midwife providing their care. The findings from this section (Question 13) are the focus of this article.

Participant recruitment

A purposive sampling technique (Etikan et al., 2016) was selected to access past postgraduate midwifery students who completed the PGCM-CC at the study site university between 2009 and 2017 as identified through the university's student records. Email invitations were sent to the last known email address, with a link to an online survey using the Qualtrics survey platform. An information sheet with details of the research project was included.

Data collection

Participants were informed they had one month to complete the survey, with a reminder sent two weeks following the first posting.

Data analysis

Question 13 comprised of an open-ended statement to elicit midwives' views of the perceived benefits for women and babies who were cared for by midwives who had completed the PGCM-CC. A thematic analysis was undertaken, informed by Braun and Clarke (2006). The comments were transferred verbatim to a data file by one of the researchers for preliminary analysis and intuiting themes. Pertinent themes and corresponding sub-themes were identified from the midwives' texts and reviewed by the research team for consistency and agreement. These were colour-coded inductively at a semantic level, relative to the research question. Direct quotes from the participants are used to illustrate the themes and subthemes, and midwives are represented by the notation "midwifery respondent" or "MR" followed by a number e.g. MR24.

Trustworthiness

Trustworthiness of the data was attained through supporting themes with excerpts from the data, along with seeking corroboration with colleagues for thematic agreement and integration in the write-up.

Ethical approval

The research was approved by the Victoria University Wellington's Human Ethics Committee in April 2018 (No. 0000025707). Although the email addresses of the participants were known for the purposes of sending the questionnaire, responses were anonymised through Qualtrics and contained no identifying information and were not linked to an email address.

FINDINGS

Response rate

Of the total of 90 questionnaires sent to midwives who had completed the PGCM-CC since 2009, 27 were returned, indicating a 30% response rate. Of these 27 responses, 24 midwives responded to question 13.

Midwives' perceptions of direct benefits for women and babies from having postgraduate-educated midwives providing care

Midwives' perceptions of the direct benefits to clients and babies were analysed thematically. Further refining encompassed condensing themes with shared meanings for greater concision. Some overlapping between themes was discerned within the same citation. Key themes were tallied with the number of responses as shown in Table 2 and reported in descending order of responses.

Table 2. Midwives' perspectives of the direct benefits for clients and babies having care from midwives who have completed the PGCM-CC

Key themes	Number of responses
Improved quality of care	13
<ul style="list-style-type: none"> • safe care • stronger, safer workforce • enhanced care • improved clinical skills • 'best' practice 	
Enhanced knowledge	11
<ul style="list-style-type: none"> • enhanced understanding • insight gained • better informed 	
Increased confidence	8
<ul style="list-style-type: none"> • greater consumer confidence • improved advocacy for clients 	
Greater awareness of research	8
<ul style="list-style-type: none"> • evidence-based practice • research-informed practice 	
Critical thinking capabilities	6
<ul style="list-style-type: none"> • thinking outside the box • having the confidence to challenge practice 	
Improved professional development	5
<ul style="list-style-type: none"> • career prospects • opening of new pathways • big picture/global prospects • job satisfaction • the potential for growing future midwifery leaders 	
Better communication	3
<ul style="list-style-type: none"> • sharing knowledge with clients and colleagues • improved advocacy skills 	

Improved quality of care

Overall, 13 midwife participants perceived improved quality of care to be of benefit to clients and babies cared for following completion of the PGCM-CC. Subthemes included: *safe care, stronger, safer workforce, enhanced care, improved clinical skills and best practice*. As one midwifery respondent (MR) stated, knowledge and skills are pivotal for safe care in the context of increasing complexity.

The more education put into midwives, the stronger the workforce. With increasing complexity of women coming through, knowledge and skills around the abnormal is critical to safe care. Not enough midwives appear to have these. (MR 24)

MR 24 determined that further education is critical to providing safe, skilled care in relation to increasing complexity with clients and babies. From this midwife's perspective there are too few midwives with the relevant knowledge and skills to provide safe care when childbearing becomes complex.

Enhanced knowledge

Eleven midwives perceived enhanced knowledge to be of benefit to clients and babies. Sub-themes underpinning enhanced knowledge included: *enhanced understanding, insight gained and better informed*, as expressed in one midwife's reflection:

As a midwife who has undertaken postgraduate education, I have a passion and interest in evidence-based practice. I feel I have a deeper knowledge base around midwifery and complex care now than before I started postgraduate study. I also like to share my knowledge with women and their whānau. (MR16)

Salient in the midwife's response is the point that not only is there a link between the benefits of advanced knowledge and enthusiasm for evidence-based practice, but also an invocation to share their "deeper knowledge" with clients and their whānau.

Increased confidence

For eight midwives an increase in confidence had some effect for women and babies. One midwife perceived increased confidence included a personal confidence that enabled consumer confidence (MR17). Moreover, midwifery confidence paralleled improved advocacy for clients. For another midwife, participation in postgraduate study meant greater confidence in her skills, the outcome of which was improved quality of care for clients and babies:

Participating in postgrad education shows a willingness to learn and grow as both a practitioner and a person. Women and babies are therefore exposed to a midwife who has more confidence in her own skills which I believe translates to improved quality of care. (MR2)

In MR2's excerpt, the perceived benefits of the PGCM-CC appear unequivocal, with an increase in confidence intersecting with professional and personal growth along with an improved quality of care.

Greater awareness of research

Eight midwives also perceived greater awareness of research as a benefit of the PGCM-CC. Sub-themes centred on *evidence-based practice* and *research-informed practice*, as revealed in the following citation:

I feel the study has opened new avenues for me, both personally and professionally. I have encouraged some of my colleagues to do the same course and will hopefully be able to find the time to do some research over the next few years. This benefits the women immensely because I feel more confident in finding evidence-based practice and communicating that with the women more than I did before. (MR12)

For MR12 the benefits of the PGCM-CC were the opening of professional and personal pathways for the midwife. Research awareness is positioned alongside confidence, invoking an aspiration toward research savviness, alongside cultivating evidence-based practice for sharing with clients.

Critical thinking capabilities

Six midwives discerned critical thinking capabilities were enhanced because of the PGCM-CC. Sub-themes constituted *thinking outside the box* and *having the confidence to challenge practice*. Following completion of the qualification one midwife

wrote of the benefits to clients and babies, linking improvement in critical thinking at both a personal and professional level: *Critical thinking skills are improved. Participating in postgrad education shows a willingness to learn and grow as both a practitioner and a person* (MR 2).

Another midwife understood critical thinking as a corollary to best practice: *Women and babies benefit from their critical thinking, questioning research-based approach to be sure we provide the best care possible* (MR21).

Both excerpts indicate that improvement in critical thinking capabilities stands midwives in good stead for enriching their professional development.

Improved professional development

Improvement in professional development was a theme emanating from five midwives. Analysis included sub-themes: *career prospects, opening of new pathways, big picture/global prospects, job satisfaction and the potential for growing future midwifery leaders*, as one midwife attests:

Optimal provision of care is more likely from an appropriately experienced workforce; more likely to be retained if it's nurtured & postgrad study is an integral part of that. Completion of postgrad study helps grow future leaders. (MR5)

From the midwife's perspective, postgraduate study is fundamental to the retention of an appropriate and experienced workforce to ensure the provision of optimum care and for fostering future midwifery leaders. Similar sentiments were shared in Oliver's (2009) evaluation of the PGCM-CC.

Better communication

Three midwives perceived better communication as of benefit to clients and babies. Sub-themes included *sharing knowledge with clients and colleagues*, along with *improved advocacy skills* as explicated in MR17's excerpt:

[...] better communication with women when midwives are aware of complex care. For example, a woman who needs to be referred to fetal medicine will be less anxious about her visit if her midwife has been there, understands who she will speak to and something about the procedure the woman needs. Midwives who are confident in complex care are better advocates for women receiving that care. (MR17)

Embedded in MR17's text lies the assumption that better communication stems from an awareness of the challenges facing clients in complex care and is key to confidently advocating on behalf of those in need of referral to the fetal medicine team.

DISCUSSION

The broad vision for the complex care qualification was to prepare midwives with a level of expertise to meet the variable needs of clients when their childbearing experience becomes complex. The perceived benefits for women and babies following the completion of the PGCM-CC by 24 midwives included: improved quality of care, enhanced knowledge, increased confidence, greater awareness of research, critical thinking capabilities, improved professional development and better communication (Table 2).

Improved quality of care surpassed all other perceived benefits for clients and babies as an outcome of the PGCM-CC. Walker and Spendlove (2018), in their exploration of the benefits of a master's education for midwives, proffer that postgraduate education has the potential to equip midwives with a more sophisticated

level of problem solving for improving quality of care for childbearing people and families. Moreover, in one Aotearoa NZ study regarding the experiences of midwives working in an obstetric high dependency unit, Eadie and Sheridan (2017) found midwives were united in their need for complex care education when caring for clients in a complex care setting. Indisputable was the recognition that high dependency care is qualitatively different than care provided to well clients.

Improved quality of care intersected with enhanced knowledge in building midwives' capability to respond effectively to the candid challenges ahead when care becomes complicated. This is a salient point given the potential for an estimated 15% of women to encounter severe complications in pregnancy and childbirth (World Health Organization, 2017). Pertinent is how birth trauma can have severe consequences for a client's identity long after the event (Byrne et al., 2017). These writers conclude that quality of care may play a pivotal role in attenuating the experience of birth trauma for women.

In the current study, enhanced knowledge intersected with an increase in confidence, culminating in a heightened awareness of research along with an inherent enthusiasm for evidence-based practice. Nuanced is that enhanced knowledge instills in midwives a greater confidence, better enabling them to negotiate a pathway with clients through the complexities of their care. The integration of research into practice summons midwives to judiciously navigate the intangible space between theory and practice that is not only possible with greater awareness of research but is fundamental for applying research in practice. Moreover, midwifery confidence has implications for fostering trust in situations when childbearing people are at their most vulnerable, thus sanctioning their midwife to provide quality advice when they are faced with complex decisions to make or even to make decisions on their behalf if they are unable. When aligned with self-esteem, confidence not only has the potential to spearhead the questioning of practice decisions but also serves to deliver care that is evidence based (Cotterill-Walker, 2012). Greater awareness of research therefore is an essential step in acquiring evidence-based practice, with the added advantage of building toward a body of knowledge for the profession (Walker & Spendlove, 2018). Furthermore, the value of research awareness is its inducement for midwives to think critically.

Critical thinking skills have become integral to postgraduate education (Walker & Spendlove, 2018) and are pivotal in meeting complex needs of clients. Carter et al. (2017) describe critical thinking as "...a reflective process in making judicious purposeful judgments using cognitive processes of analysis, interpretation, evaluation, inference and reflection" (p. 184). In the context of this study, thinking critically has the capacity to generate a confidence at both professional and personal levels for midwives, resonating alongside improvement in professional development and therefore of value to childbearing clients and babies. In furthering professional development, there is the likelihood of fostering effective midwifery leadership; an important attribute when collaborating with other members of the maternity team (Thumm & Flynn, 2018) and progressing evidence-based care for women and babies (Walker & Spendlove, 2018). Moreover, effective midwifery leadership is tantamount to effective communication, being especially germane to complex care settings with regard to a "severe event" (Wahlberg et al., 2019, p. 2).

Better communication in the current study was affiliated with sharing knowledge and advocating for clients. Cotterill-Walker (2012) explains enhanced communication as "The ability to express

opinions and the confidence to challenge and question practice [...]” (p. 59). To communicate effectively is key to establishing a collaborative relationship with colleagues, particularly in interdisciplinary settings such as in complex care, as adeptly stated by Renfrew and colleagues: “When midwives work in collaboration as part of interdisciplinary teams providing integrated care across community and hospital settings, they also provide effective midwifery care for women and infants who develop complications” (Renfrew et al., 2014, p. 12). Similarly, in the context of Aotearoa NZ, for Dann and Hill (2018) in their assessment of “early warning systems” for alerting rapid deterioration in the health of clients in hospital settings, complex care is no exception. Dann and Hill advocate adopting a “respectful interdisciplinary discourse” (p. 55) to consider the tenets of both midwifery and obstetric practice as key to interdisciplinary collaboration.

The findings of the current study show unequivocally that the PGCM-CC qualification counts. Clients referred to secondary and tertiary level maternity care with complex needs require complex midwifery assessments and interventions. The qualification stands as the cornerstone for building greater confidence in practice that comes with new and enhanced learning. Importantly, the research adds to a midwifery body of knowledge regarding the benefits of the PGCM-CC. In our mapping of the PGCM-CC (Figure 1) new knowledge and skill have consequences for improved quality of care, through enhanced knowledge and critical thinking capabilities. The upshot lies in opening possibilities for greater research awareness, increased confidence, fostering professional development and improving communication skills. These qualities culminate in an inextricable link with, and integrating research into, practice with a propensity toward heightened capability for quality clinical decision-making.

Figure 1. Mapping midwifery complex care education



Bridging the division between theory and practice is not only possible with heightened knowledge but is fundamental for improving outcomes for childbearing clients and their babies. It is therefore incumbent upon midwifery leaders and health service organisations to facilitate a supportive practice climate (Thumm & Flynn, 2018) for midwives, enabling the benefits of postgraduate education to be fully recognised. Moreover, the influence of these attributes in complex care settings has the potential to enable midwives to effortlessly straddle the boundaries between teaching,

practice and research (Albarran & Rosser, 2014), therefore improving outcomes for childbearing clients and optimising babies’ wellbeing.

Salient has been the engendering of confidence that has served as a consistent thread throughout the study’s findings. Midwifery confidence in decision-making and a client’s confidence in their midwife have the potential to cultivate a sense of trust, endorsing the midwife to make decisions in their interest. The PGCM-CC has not only opened space for an appropriate skill mix across the spectrum of midwifery care, but also signals midwifery is coming of age as a profession, shifting from a vocational occupation to a discipline (Hermansson & Martensson, 2013). These writers attest that, despite the absence of no agreed-upon classification of what a discipline is, commonalities include a body of knowledge acquired through cognitive and research activities, a knowledge corpus that can be shared in the interests of enhanced, integrated care for clients and babies (Homer et al., 2014).

LIMITATIONS

A low response rate (30%) together with a nonprobability sampling method has limitations for the generalisability of the findings to all midwives who completed the PGCM-CC since 2009. As such, it is acknowledged that the views of the midwives who did not take part in the current study may differ in principle to those who chose to participate. Moreover, invitations were sent to past postgraduate midwifery students’ last known email addresses, accessed from a university’s student records. Thus, the low response rate may have been due to loss of some previous students to follow-up because of changes or modifications to email contact details. Furthermore, the survey was post facto and therefore relied on accurate recall over a period of six years and self-assessment of benefit and improved level of midwifery care.

Future research, using a range of methodologies, is appropriate for seeking clients’ perceptions of midwifery care from PGCM-CC qualified midwives.

Importantly, the qualitative component has the potential to provide a useful pool of rich data for future metasynthesis (Cooke et al., 2012; Zimmer, 2006). Nonetheless, the current study substantiated that most midwife participants agreed that the complex care qualification was highly valued, with many motivated to engage in further scholarly pursuits.

CONCLUSION

Midwives in this study recognise the PGCM-CC has the capability to improve their quality of care, equip them with enhanced knowledge, and heighten their awareness of the research and the critical thinking capabilities that strengthen their professional development and communication skills. These factors serve to reinforce best practice when both responding to the needs of childbearing people and collaborating with colleagues in multidisciplinary teams. As midwives play a pivotal role in improving outcomes for clients and babies in need of complex care, sustaining a midwifery workforce with advanced knowledge and skills that enable complex care-qualified midwives to participate confidently and effectively as members of a secondary and tertiary multidisciplinary team is vital.

ACKNOWLEDGEMENTS AND CONFLICT OF INTEREST DISCLOSURE

The authors would like to acknowledge the midwives who took part in the study. It was their reflections on the PGCM-CC qualification that provided the rich source of data that was the basis of the findings for this study, bringing into the light that midwives' knowledge of, and skills in, complex care, count. The authors also acknowledge Kass Jane for the design and construction of the survey method of data collection.

In addition, the authors acknowledge the Faculty of Health, Te Herenga Waka—Victoria University of Wellington, Aotearoa New Zealand, for the Large Grant Fund of \$5,000 (NZ) received in 2018.

The authors state that there are no conflicts of interest.

Key points

- Midwives require an expanded level of knowledge and skill to meet the complex care needs of childbearing clients and babies.
- This study explored midwives' perceptions of the benefits following completion of the Postgraduate Certificate in Midwifery (Complex Care).
- Undertaking the Postgraduate Certificate in Midwifery (Complex Care) enhanced quality of care through enhanced knowledge, increased awareness of research and heightened critical thinking capabilities.

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Accepted for Publication January 2022

Maude, R., Douché, J., Holloway, K. (2022). Midwives' perspectives on the benefits for women and babies following completion of midwifery postgraduate complex care education. *New Zealand College of Midwives Journal*, 58, 5-10.

<https://doi.org/10.12784/nzcomjnl58.2022.1.5-10>