

Midwifery education in Pacific Island countries: A discussion paper

Rachel M. Smith^{a,*}, Boe Calvert^a, Eleni Kata^b, Senimelia Hataogo^c, Tareti Ruaia Ioane^d,
Monica Tarabo^d, Maile Kiritome^d, Jyothi Abraham^e, Taua'itala Lees^e, Clara Devi^f, Leila Ross^f,
Lower Leaving Mafi^g, Telesia Tuitupou^g, Kara Blackburn^a, Caroline SE Homer^a

^a Burnet Institute, Melbourne, Australia

^b Sangam Institute of Technology, Fiji

^c Fiji National University, Fiji

^d School of Midwifery, Kiribati Institute of Technology, Kiribati

^e National University of Samoa, Samoa

^f Solomon Islands National University, Solomon Islands

^g Queen Salote Institute of Nursing and Allied Health, Kingdom of Tonga

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ABSTRACT

Background: The aim for 95% maternal health care coverage and zero-unmet need for family planning in Pacific Island countries by 2030 could be achieved by strengthening the midwifery workforce. To enable health services to provide accessible, locally acceptable, and high-quality care, the midwifery workforce must be regulated and educated to global standards and supported to practice in enabling environments. In 2019, around 64,000 live births occurred in Pacific Island countries, yet information regarding the state the midwifery workforce and midwifery education is limited.

Aim: Using data from recent reports and country case studies, this paper provides an overview of the current midwifery education situation in Pacific Island countries and discusses strategic directions for strengthening quality midwifery education and therefore quality midwifery care provision in Pacific Island countries.

Discussion: Six Pacific Island countries have midwifery curricula, all post-nursing programs, although few offer midwifery education programs on a regular annual basis. Current programs do not meet ICM Global Standards for Midwifery Education. Critical areas for strengthening include making underpinning philosophical frameworks, the vision for midwifery education, and program intended learning outcomes explicit in curricula documents and ensuring integration of these in program implementation. Fortunately, five of six midwifery education programs are under processes of renewal and strengthening against global, regional, and national standards.

Conclusion: Strengthening the midwifery workforce in the Pacific to meet maternal and newborn health targets can be achieved through supporting the existing midwifery education programs to meet global standards. Strengthened midwifery education programs in Pacific Island countries offer an opportunity to meet each country's maternal and newborn health targets.

Summary of relevance

Problem

Despite recognition of midwives as key providers of most sexual, reproductive, maternal, newborn and adolescent health needs, little is known about the education of midwives in Pacific Island

countries.

What is already known

Mounting evidence supports that the provision of high-quality midwifery education and care improves outcomes for women, newborns, families, and communities in all-income country settings. Midwifery has been identified as a critical workforce in the

* Correspondence to: Burnet Institute, 85 Commercial Road, Melbourne, VIC 3004, Australia.

E-mail address: rachel.smith@burnet.edu.au (R.M. Smith).

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Pacific region with recent calls to develop a regional midwifery strategy and to strengthen midwifery education in line with global standards.

What this paper adds

This paper provides an up-to-date overview of the state of midwifery education in the Pacific region. Focussed country case studies are presented for Fiji, Kiribati, Samoa, Solomon Islands and Tonga, as these countries currently offer a midwifery program. The paper identifies and discusses curricula strengthening activities required to support the production of midwives who are educated to global standards and meet regional needs.

1. Introduction

The State of the World's Midwifery (SoWMy) Report (2021) identifies midwives as potential providers of 90% of sexual, reproductive, maternal, newborn and adolescent health (SRMNAH) needs, but midwives only account for approximately 10% of the global SRMNAH workforce. The SoWMy analysis also identified a potential global shortage of 1.1 million dedicated SRMNAH workers. By far the biggest shortage in the SRMNAH workforce is in the profession of midwifery, with an estimated need for an additional 900,000 midwives to address the projected met-need for SRMNAH health services by 2030 [32]. Increasing the midwifery workforce numbers and increasing coverage of midwife-delivered interventions is known to improve outcomes for women and babies [21]. In addition, projections on further scale-up of midwife-delivered interventions in low- and middle-income countries estimate that with universal coverage of midwifery interventions, 4.3 million lives could be saved by 2035 [15]. Given the clear evidence on the beneficial impact of midwives, supporting investment in midwifery policy, leadership, regulation, and education must become a global priority [20].

Scaling up care by midwives requires them to be regulated and educated to global standards, and to practice in enabling environments. The International Confederation of Midwives (ICM) defines an enabling environment as one that values and respects both midwives and women (see Box 1) [7].

The Strengthening Quality Midwifery Education for Universal Health Coverage 2030 Framework for Action report [37,38] provides a seven-step action plan for strengthening quality education using an act, monitor, and review framework. The seven-step action plan supports strengthening midwifery leadership; the collection of data and use of evidence to support midwifery practice; building public awareness through advocacy for midwives; ensuring well-resourced education and clinical institutions and well-prepared faculty; delivering a

fit-for-purpose curriculum, providing a quality experience for students; and applying a robust monitoring and review process [38]. The ICM provides a professional framework for strengthening midwifery education, regulation, associations, leadership, and models of care [6]. In addition, the ICM provides key professional documents, including the Global Standards for Midwifery Education and Essential Competencies for Midwifery Practice, to support the development of quality education programs [7,9]. Further recognition of, and support for, strengthening midwifery education is provided in the WHO Global Strategic Directions for Nursing and Midwifery report [39,40] with the identification of policy priorities including strengthening faculty and designing quality competency-based education programs, strengthening workforce, building leadership capacity, and improving service delivery. These global policy priorities align with the call for urgent investment highlighted in the SoWMy Report 2021 for health workforce, midwifery education, midwife-led service delivery, and midwifery leadership and governance. All reports outlined above, present action-orientated strategies to support real change and improvements needed to strengthen midwifery globally. In addition, reports focused on the Pacific region call for prioritisation of essential sexual and reproductive services to ensure universal health coverage [28] and urgent investment in midwifery education and workforce [28].

Evidence supports high-quality midwifery education and care provision as key to improving outcomes for women, newborns, families, and communities in all-income country settings [15,20,21,25,39,40]. Using recent reports and country case studies, this paper presents the current midwifery education situation in Pacific Island countries and discusses recommendations for strengthening quality midwifery education and therefore quality midwifery care provision in the Pacific region.

1.1. Background

In 2018, the State of the Pacific's Reproductive Maternal, Newborn, Child, Adolescent Health (RMNCAH) Workforce Report [29], hereafter the Pacific RMNCAH report, was published. The report was based on the methodology used in the previous SoWMy reports but focussed on the small island nations of the Pacific. The impetus for the Pacific-focussed report was the recognition of continuing poor RMNCAH outcomes across the Pacific region; the need to take stock of current RMNCAH workforce; and the need to strengthen both the RMNCAH workforce and service provision.

The Pacific RMNCAH report identifies midwives as vital workforce, as when appropriately educated and regulated they are competent to deliver a wide range of RMNCAH interventions across the continuum of care. To increase the visibility and influence of midwives, the Pacific RMNCAH report recommended the development of a regional midwifery strategy, and capacity building in midwifery education.

Box 1

Enabling Environment for Midwives.

The enabling environment for midwives is an environment which values and respects midwives, and values and respects women. An enabling environment means that midwives:

- can practice to their full scope,
- are accountable for independent decisions within a health professional regulatory system that recognises and upholds their autonomy and accountability,
- have access to continuing professional development, career pathways and supportive professional mechanisms,
- work within a functional health infrastructure with adequate human resources, diagnostic services, equipment, and supplies,
- have access to timely and respectful consultation, collaboration, and referral, including transportation and communication systems,
- are safe from physical and emotional harm, and
- have fair and equitable compensation, including salary and working conditions. International Confederation of Midwives (\$year\$) [7], p.6

Planned capacity building included accreditation of education providers, alignment of curricula with local, regional, and international standards, and midwifery education faculty development.

Challenges in building capacity in midwifery education have been identified in several midwifery-related reports. Key challenges include lack of midwives in leadership roles; lack of professional recognition in education and regulation; lack of infrastructure, resources, and faculty capacity for quality education; and a startling lack of investment in midwifery and midwifery education in general [16,27,29,39,40]. The Pacific RMNCAH report identifies challenges such as shortages of qualified faculty, difficulties in accessing supported clinical practice experience, a lack of development opportunities for faculty, and resource-limited teaching and learning environments.

In addition to key midwifery professional and educational challenges, broader health system challenges in Pacific Island countries include small populations, geographical spread of both population and small island groups and countries, impacts of climate change, and the reliance on international aid for developing robust systems of sustainable health care provision [19,22]. Health workforce migration also poses significant challenges in workforce distribution across the Pacific region, including in the midwifery workforce [24].

1.2. Midwifery education in the Pacific

Despite great challenges, midwifery is gaining recognition as a well-respected profession across Pacific Island countries. The SoWMy 2021 report, the Pacific RMNCAH report, and recent situational analyses undertaken as part of a process of midwifery curricula review in five Pacific Island countries, indicate that public perception of midwifery is positive, and midwives are socially and culturally accepted [28,29].

Currently, all midwifery education programs offered in the Pacific are post-nursing programs. Unfortunately, this education pathway continues to contribute to the historical confusion as to the separateness of the two professions, and to the lack of visibility of midwifery as a separate profession to nursing in both regulation and legislation [5]. When midwifery is not identified in regulation and legislation there is difficulty in ensuring the profession is well represented in leadership positions, policy decisions, and educational development [39,40].

An overview of midwifery education in Pacific Island countries is presented in Table 1. The overview was collated by combining information from the SoWMy 2021 report [28], the Pacific RMNCAH report [29], and recent midwifery education reviews and situational analyses

Table 1
Overview of midwifery education in Pacific Island countries.

Country/Territory	Midwife density per 10,000 population	Midwifery Specific Education Policy	Midwifery Education Program (last updated pre-2022; offered)	Education Program Duration	Midwifery Faculty (% teaching in Midwifery Program)
COOK ISLANDS	17.1	No	No	-	-
FIJI	3.0	No	Yes (SIT 2009; 2022) (FNU 2017; 2022)	12 months	nr*
FEDERATED STATES OF MICRONESIA	1.3	No	No	-	-
KIRIBATI	nr	No	Yes (2015; 2018)	12 months* * (actual)	64%
NAURU	nr	No	No	-	-
NIUE	nr	No	No	-	-
PALAU	nr	No	No	-	-
REPUBLIC OF MARSHALL ISLANDS	3.4	No	No	-	-
SAMOA	5.3	No	Yes (2006; 2022)	12 months	100%
SOLOMON ISLANDS	nr	No	Yes (2012; 2022)	18 months	33%
TONGA	3.6	No	Yes (2013; 2018)	12 months	25%
TUVALU	nr	No	No	-	-
VANUATU	2.4	Yes	Yes (2015; 2020)	18 months	100%

* Not reported on

* * Actual program length differs from length stated in curriculum document

undertaken as part the Australian Department of Foreign Affairs and Trade (DFAT) supported UNFPA Transformative Agenda [30]. The curricula reviews and associated activities were undertaken by midwifery education consultants from the Burnet Institute, Melbourne, Australia, in collaboration with identified country focal points.

Six Pacific Island countries educate midwives in-country, and all six midwifery curricula are currently undergoing, or planning, a process of review and renewal. To date, midwifery education curricula reviews have been completed in Kiribati, Samoa, Solomon Islands and Tonga, and all reviews have progressed to curricula renewal. Renewed programs have not yet commenced being offered but planning is in progress for second semester 2023 or first semester 2024. All renewed programs have been extended to 18-months duration in line with the ICM Global Standards for Midwifery Education [7]. Curricula reviews are underway in Fiji, and under consideration in Vanuatu.

Prior to the recent reviews and renewals, midwifery curricula in Pacific Island countries were between 7 and 16 years old. Whilst the ICM do not provide recommendation on how often a midwifery curriculum should undergo review and renewal they do stress that programs of study should engage in a process of continuous quality improvement [16]. Many reports state the importance of 'regular' review of health professionals' curricula to ensure they are up-to-date and meeting the needs of the population served, however it is difficult to find a consistent recommended timeframe for review and renewal [31,35,36,38]. In the broader Pacific region, both the Australian Nursing and Midwifery Accreditation Council and the Midwifery Council of New Zealand generally approve programs of midwifery education for a five-year period thus supporting a regular and cyclic process of review, renewal and accreditation [1,13]. Using Australian and NZ midwifery education accreditation periods as a benchmark, all midwifery education programs in the Pacific region could therefore be considered due or overdue for review and renewal.

2. Country case studies

The following country case studies were developed by key midwifery educators in each of the Pacific Island countries where the midwifery curricula were recently reviewed. The country case studies provide information on the history of the midwifery education program, an overview of the current situation in midwifery education, and country

standards used to support the process of curriculum renewal.

(continued)

FIJI HISTORY OF MIDWIFERY EDUCATION	<p>Prior to 2009, midwifery was offered as a six-month in-service training program leading to registration as a midwife. In 2009 a midwifery curriculum was developed in collaboration with James Cook University (JCU) which led to the Post Graduate Diploma in Midwifery offered by the Fiji National University (FNU) in 2009 and by Sangam Institute of Technology (SIT) in 2010.</p> <p>The FNU curriculum was renewed in 2017 and regularly includes students from smaller Pacific Island countries such as Tokelau, Cook Islands, Tuvalu, and others. The SIT curriculum was reviewed in 2019 by external consultants but no renewal took place.</p>
CURRENT MIDWIFERY EDUCATION	<p>Both Post Graduate Diplomas in Midwifery continue to be offered in Fiji through FNU and SIT. Both midwifery programs are run in two semesters over 12-months. The Fiji MHMS currently sponsors 40 students per year across both midwifery programs (20 students per program), and DFAT sponsors 6 students at FNU. FNU's curriculum is now 5 years old, and SIT's curriculum is 13 years old.</p> <p>The Fiji Nursing Council provides a Scope of Practice (SoP) for Registered Midwives in Fiji that draws from the 2006 version of the Nursing and Midwifery Board of Australia National Competency Standards for the Midwife. An updated SoP for Registered Midwives in Fiji is due to be released and this document uses the ICM Essential Competencies for Midwifery Practice 2019 as basis for the scope of practice.</p>
REVIEW AND RENEWAL	<p>Curricula reviews completed in 2022 and a renewal process is planned for 2023.</p>
KIRIBATI HISTORY OF MIDWIFERY EDUCATION	<p>The original midwifery curriculum in Kiribati was a 6-month post-nursing program offered from 1999. It was then renewed and adapted from the 2008 Fiji National University 8-month midwifery curriculum, which was then revised in 2015 with support from the Vanuatu College of Nursing Education and Australian and New Zealand-based consultants. This revised curriculum was offered in 2016 and 2017 but has not been offered since.</p>
CURRENT MIDWIFERY EDUCATION	<p>The current curriculum has been extended to a 12-month program in a Postgraduate Certificate in Midwifery for Registered Nurses through the Kiribati Institute of Technology, however this program is not currently being offered. This curriculum is seven years old.</p> <p>There are no midwifery-specific competency standards for the midwifery education curriculum to align to, however midwifery is included in the Competencies for Registered Nurse Practice.</p>
REVIEW AND RENEWAL	<p>Curriculum review completed in 2021 and renewal is currently underway. Plans to support the midwifery faculty include assistance from UNFPA to support the transition to the 18-month curriculum and support for midwifery educators to complete Masters in Midwifery degrees.</p>
SAMOA HISTORY OF MIDWIFERY EDUCATION	<p>Prior to 1998 a reproductive health program was offered as an Advanced Diploma in Nursing (Fiji). In 1999, with the assistance of external consultants, a Graduate Diploma in Midwifery was first offered by the National University of Samoa (NUS).</p> <p>Further development of the current curriculum was undertaken in 2006 with the assistance of international midwifery curricula experts. In 2011, the curriculum was submitted for review alongside the Bachelor of Nursing and Diploma in Nursing curricula, however the midwifery curriculum was not reviewed.</p>
CURRENT MIDWIFERY EDUCATION	<p>Formal midwifery education continues to be offered as a post-nursing qualification through the Graduate Diploma in Midwifery at the NUS. This midwifery program is offered as two 14-week semesters over a 12-month period. The current</p>

(continued on next column)

REVIEW AND RENEWAL	<p>curriculum was last renewed in 2006 and therefore is now 16 years old.</p> <p>Samoa does not have stand-alone midwifery competency standards but includes midwifery in the Professional Standards for Nursing Practice in Samoa through the presentation of competency standards for Advanced Practice Nurses (Midwife). The NUS midwifery program includes students from smaller Pacific Island Countries such as Tokelau, Tuvalu, and others.</p> <p>Curriculum review completed in 2021 and renewal is currently underway.</p>
SOLOMON ISLANDS HISTORY OF MIDWIFERY EDUCATION	<p>Midwifery education was first offered in 2013 as the fourth year of a Bachelor of Nursing (Midwifery) degree at Solomon Islands National University (SINU). The course structure, but not the curriculum itself, was reviewed and updated in 2016.</p>
CURRENT MIDWIFERY EDUCATION	<p>The BN (Mid) continues to be offered through SINU as a four-year program with the first three years focusing on nursing education to gain a Diploma in Nursing. There is then a Ministry of Health requirement for two-years of practice as a Registered Nurse before completing the fourth year of mostly midwifery-specific education. This fourth year converts the Diploma in Nursing to a Bachelor level qualification.</p> <p>The midwifery program is conducted in three 18-week semesters over 18-months. The current curriculum is now 9 years old.</p> <p>The Solomon Islands does not have stand-alone midwifery competency standards but includes components of midwifery in their Solomon Islands Registered Nurse Standards through the use of midwifery indicators.</p>
REVIEW AND RENEWAL	<p>Curriculum review completed in 2021 and renewal is currently underway.</p>
TONGA HISTORY OF MIDWIFERY EDUCATION	<p>The current post-nursing midwifery curriculum was developed in 2013 and offered by the Queen Salote School of Nursing as an Advanced Diploma of Midwifery. The program has only been offered once since development and has not been reviewed or renewed since its initial development.</p>
CURRENT MIDWIFERY EDUCATION	<p>The Advanced Diploma of Midwifery curriculum continues to be offered at Queen Salote School of Nursing, with an admission pre-requisite of a minimum of 7 years post-nursing experience. The program is structured to run over 12-months and two semesters. The current curriculum is 10 years old.</p> <p>There are no midwifery-specific competency standards for midwifery education curricula to align to, and midwifery is included in the Koe Siate Folau 'a e Neesi Tonga - Tonga National Professional Standards for the Registered Nurse.</p>
REVIEW AND RENEWAL	<p>Curriculum review completed in 2020 and renewal is currently underway.</p>

3. Discussion

Midwifery education programs in Pacific Island countries have evolved over the last three or more decades from initial post-nursing programs of 6-months duration to the current 12-month post-nursing programs found in Fiji, Kiribati, Samoa, and Tonga. As outlined above, the recent renewal of curricula in Kiribati, Samoa and Tonga have extended programs to 18-months. The midwifery program in the Solomon Islands offers three 18-week semesters over a period of 18 months and Vanuatu have previously followed the ICM Model Curriculum Outlines and thus offer an 18-month, 23-module program. In the last ten years, only Fiji, Samoa, Vanuatu, and the Solomon Islands have consistently offered midwifery programs, however the Vanuatu program

is not currently offered as national accreditation approval has lapsed. Kiribati and Tonga have each offered the program once in the last five years. In 2022, only Fiji, Samoa and Solomon Islands offered a midwifery program.

There is no standard accreditation framework specifically for midwifery education programs in use across the Pacific region. However, a regional qualifications framework covering tertiary education is available for benchmarking, and individual countries either use the Pacific Qualifications Framework (PQF) or have adapted this framework to develop country specific qualification frameworks [18,2,23,26,34]. The PQF was developed using international and regional qualification frameworks as a benchmark and provides minimum quality standards and guidance for accrediting agencies, institutions, programmes and courses [18]. In addition to the qualification accreditation, professional regulatory bodies are usually responsible for professional accreditation of programs of study however, given the lack of midwifery education standards in the Pacific Island countries and the reliance on professional nursing standards, it is not clear as to what midwifery programs are benchmarked against.

The ICM have designed, developed, and tested a Midwifery Education Accreditation Programme (MEAP) that provides a standard global midwifery education accreditation system where programs of study are assessed against the ICM Global Standards for Midwifery Education [7, 16]. The Global Standards for Midwifery Education are comprised of six categories set out in Box 2. Each category presents elements that midwifery education program developers and designers can use to ensure the development of high-quality education programs. The ICM Global Standards aim to set benchmarks for midwifery education programs; promote high quality learning and teaching; provide a framework for designing, implementing, and evaluating the quality of a midwifery education programme; and ensure midwifery education programs incorporates the most recent ICM Essential Competencies for Midwifery Practice [10,7,9].

Within the Midwifery Program and Curriculum category, the ICM Global Standards [7] provide direction on length of midwifery education programs and state that post-nursing programs, as found in the Pacific, should be a minimum of 18-months duration and this should not include student break periods. The ICM Global Standards also state approximate hours in a fulltime post-nursing 18-month program should be around 3600 and that practice and theory should be integrated. Whilst institutions calculate hours and credits differently, if an hour of clinical practice or theory is just that, one hour, then students in a post-nursing midwifery program would complete 47 h per week for a full 18-months with around half being theory and half in practice. However, in many institutions, theory hours include face-to-face, self-directed, and revision and completion of assessments. Clinical hours may be undertaken in hospitals, health services/posts, clinics, or community placements and in simulated practice.

Current midwifery curricula across Pacific Island countries and other countries in the region, may not meet the ICM Global Standards recommended hours. Within the region, debate continues around how

midwifery education programs can provide quality clinical experiences, meet the ICM recommended hours, and provide a quality education experience for students [12,39,40]. Although the ICM Global Standards provide recommended hours, they also make clear that ensuring students are provided with sufficient time to demonstrate competence against the ICM Essential Competencies for Midwifery Practice is the most critical factor in determining program length [8]. Current curricula reviews and renewal activities in the Pacific are working to address both program hours and length of programs. As part of the curricula review and consultation process, lively discussions on the introduction a direct-entry midwifery program occurred. All countries decided to continue offering a post-nursing midwifery program at this point in time. However, consultation participants committed to continued dialogue, and potential planning a direct-entry pathway in the future.

Although the Pacific RMNCAH report called for the development of a regional midwifery strategy [29], no further progress has been made towards this. However, all countries that provide midwifery education have health-based strategic plans and RMNCAH policies that support midwives as key to improving outcomes for women and babies. The *Fiji Health Plan* identifies a shortfall of midwives and sets a target to increase numbers of healthcare workers, including midwives, by 2025 [3]. The *Kiribati 20-Year Vision* document states the need for achieving the desired health workforce capacity will require additional investment in basic hospital equipment, training of more nurses, doctors, public health workers, midwives, and medical officers [11]. Likewise, the Samoa Health Sector Plan identifies a continued priority of the health sector in Samoa as improving the health of women and babies through improvements in the provision of maternity services and the need to increase the number of Samoan students undertaking health-related studies [4]. The Solomon Islands National Health Strategic Plan includes a priority objective to improve maternal and child health outcomes through ensuring a sufficient workforce with appropriate skills, and an up-to-date curriculum that meets the changing needs of the community [14]. The most recent Tongan National Health Strategic Plan July 2015 – June 2020 identifies key performance indicators focused on midwifery interventions such as increasing rates of early pregnancy booking and antenatal visits, ensuring all high-risk pregnancies have access to diabetes screening and establishing antenatal education programs.

Each country identifies priorities around maternal and newborn health that could be achieved through the production of midwives who are educated and regulated to global standards and who work in enabling environments [15,33]. Therefore, it is vital that midwifery education programs in Pacific Island countries be strengthened in line with global standards and updated to ensure programs produce midwives who demonstrate competence against the ICM Essential Competencies for Midwifery Practice (ICM, 2019). Recommendations from the current curricula reviews in Pacific Island countries identify the need to align midwifery curricula through the use of the ICM Global Standards for Midwifery Education (see Box 2) as a benchmark for program development.

In addition to the urgent need to align education programs with

Box 2

The ICM Global Standards for Midwifery Education Categories.

Category 1. Program Governance.

Category 2. Faculty.

Category 3. Students.

Category 4. Midwifery Programme and Curriculum.

Category 5. Resources.

Category 6. Quality Improvement.

international standards and competencies, the recent midwifery education curricula reviews identified common areas that require strengthening to ensure programs are producing fit-for-purpose midwifery graduates. Common areas for strengthening curricula identified during the reviews are presented in Fig. 1.

Critical areas for strengthening midwifery education though strengthening midwifery curricula include a need to incorporate the ICM Global Standards for Midwifery Education so that they are evident in midwifery curriculum. Curriculum structure should include explicit information on underpinning philosophical frameworks, the vision for midwifery education and the program mission and intended learning outcomes. Clear graduate attributes/outcomes need to be articulated and the underpinning educational approach is presented and evident through the implementation of the program. The ICM recommend a competency-based approach to pre-service midwifery education programs [7]. As identified previously, the length of pre-service programs across the Pacific need to be increased to align with the ICM standards. Increasing program length not only provides more time for students to engage with new professional content and competencies but supports a deeper approach to learning.

A further area identified for strengthening is ensuring a whole of

program approach to assessment. Currently, there is an over-reliance on end-point examinations and limited variability in types of assessments used. This lack of variety in assessments limits the ability to constructively align learning outcomes, content and assessments and limits the ability to determine if students can demonstrate intended learning outcomes and meet the expected level of competence.

All countries offering a midwifery education program have a national or regional qualifications framework in place and as such, programs must demonstrate they meet the qualification framework level identified as relevant to the level of expected learning [17]. The Pacific Qualification Framework provides descriptors for each level, and all midwifery education programs are working towards Level 8 on this framework. This level is equivalent to midwifery education programs in Australia and New Zealand, where similar qualification frameworks are in place. To meet qualifications framework level descriptors, midwifery education curricula program-intended and other learning outcomes require strengthening to foster higher levels of learning.

Situational analyses undertaken as part of the recent midwifery curricula reviews and based on the recommended structure in the WHO Strengthening Quality Midwifery Education for Universal Health Coverage 2030 Framework for Action indicate that midwifery is valued

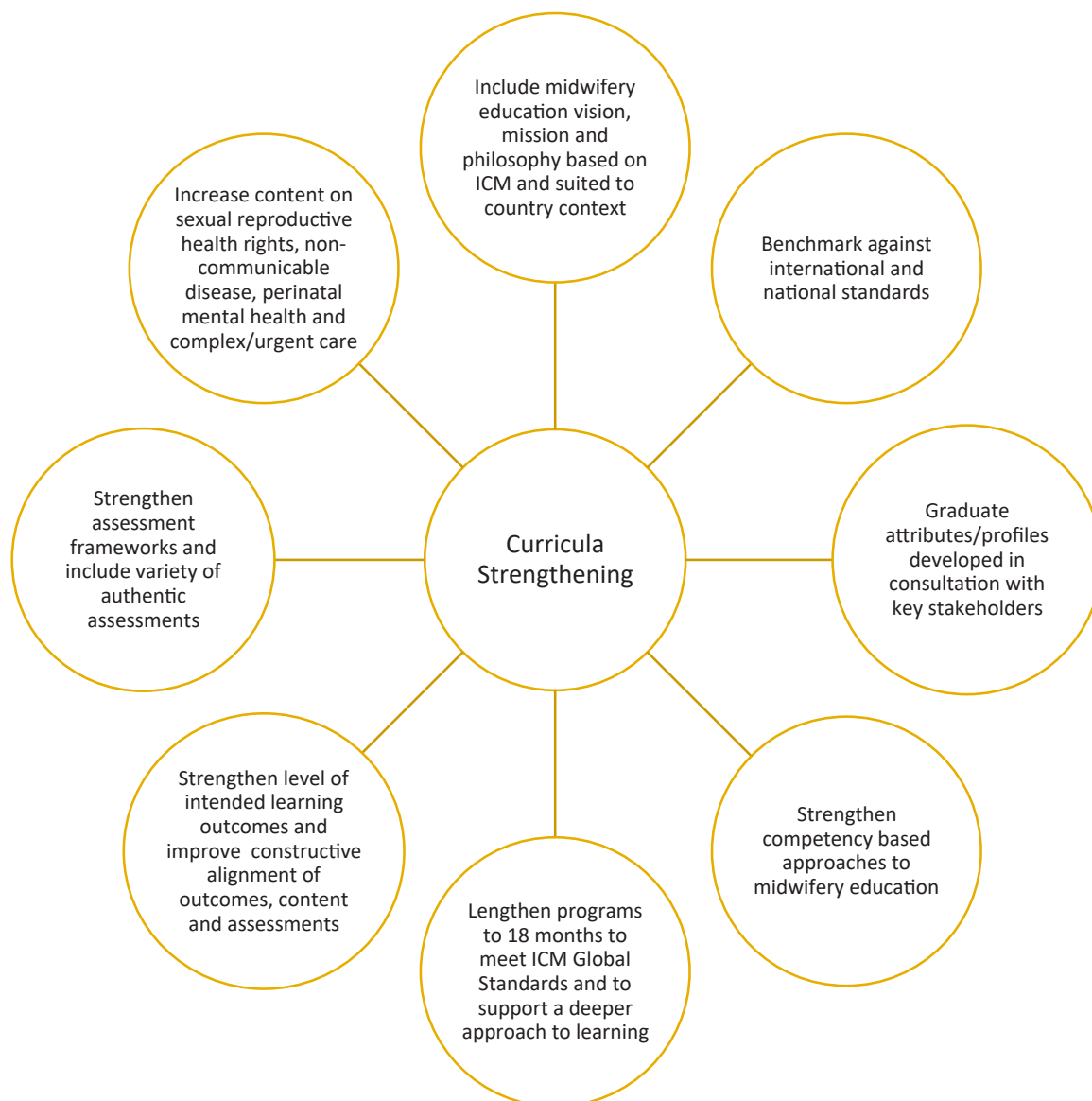


Fig. 1. Common curricula strengthening recommendations for Pacific midwifery education programs.

as a profession in the Pacific Region. However, further recognition through increasing midwifery representation in leadership positions, in policy, and in regulation remains a priority. As identified in SoWMy 2021 and the Pacific RMNCAH reports, urgent investment in midwifery workforce planning, high-quality education and training, service provision, and leadership is required to ensure the full potential of midwives is realised.

4. Conclusion

Global reports and repeated evidence identify well-educated and regulated midwives as key to improving outcomes for women and babies. In the Pacific region, midwifery is supported in country strategic plans, and is socially and culturally accepted. Using data from recent reports, curriculum reviews and country case studies, this paper has presented the current state of midwifery education in Pacific Island countries and identified the challenges and opportunities for strengthening midwifery education. Through alignment with global standards and country qualification frameworks, and with strengthening of competency-based education approaches, assessment frameworks, and sexual reproductive health rights and complex care content programs will produce fit-for-purpose graduates who meet the essential competencies for midwifery practice.

Ethical statement

Not applicable as our study does not involve the use of human or animal subjects nor patient records or research participants databases (Ethical standards of the Declaration of Helsinki, World Medical Association, 2013).

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CRedit authorship contribution statement

Rachel M Smith: Conceptualization, Data curation, Formal analysis, Investigation, Methodology, Visualisation, Writing – original draft, Writing – review & editing. **Boe Calvert:** Validation, Investigation, Writing – review & editing, Visualisation. **Eleni Kata:** Validation, Investigation, Writing – review & editing. **Senimelia Hataogo:** Validation, Investigation, Writing – review & editing. **Tareti Ruaia Ioane:** Validation, Investigation, Writing – review & editing. **Monica Tarabo:** Validation, Investigation, Writing – review & editing. **Maile Kiritome:** Validation, Investigation, Writing – review & editing. **Jyothi Abraham:** Validation, Investigation, Writing – review & editing. **Taua'itala Lees:** Validation, Investigation, Writing – review & editing. **Clara Devi:** Validation, Investigation, Writing – review & editing. **Leila Ross:** Validation, Investigation, Writing – review & editing. **Lower Leaving Mafi:** Validation, Investigation, Writing – review & editing. **Telesia Tuitupou:** Validation, Investigation, Writing – review & editing. **Kara Blackburn:** Validation, Formal analysis, Investigation, Data curation, Writing – review & editing, Visualisation. **Caroline SE Homer:** Conceptualization, Data curation, Formal analysis, Investigation, Methodology, Visualisation, Writing – review & editing.

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