



## Midwifery policy in contemporary and modern China: From the past to the future

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### ABSTRACT

**Objective:** This study aims to outline the progress of midwifery-related policies in contemporary and modern China as well as the obstacles in this process, and to provide recommendations for policy makers in the establishment of Chinese midwifery policies, ultimately promoting the development of midwifery in China.

**Background and introduction:** Policy plays an increasingly important role in midwifery development, particularly needed in modern China. A review of policies of midwifery could help policy makers develop effective strategies to address current problems in China, including the insufficient numbers of midwives, the shrinking of responsibility and the degradation of midwives' competency.

**Methods:** The Policy Triangle was used to examine through literature the laws and regulations regarding midwifery from 1928 in China and was conducted from April to September in 2013. This was followed by insider interviews with two senior policy makers from the National Health Commission to explain nursing policy progress, thereby identifying the reasons why midwifery has developed more slowly than nursing.

**Results:** The development of midwifery in China could be classified into four stages: (1) the beginning period (1928–1949), beginning with the first midwifery rules; (2) the development period (1949–1979), in which the quality and quantity of midwives were significant; (3) the unclear positioning period (1979–2008), without clear midwifery policy; and (4) the subordination to nursing period (2008–present), with the *Nurse Byelaw 2008* stating that midwives must apply for nursing licenses.

**Discussion:** The main factors influencing midwifery policies are: (1) social background, such as the changes of different governments and health care reform, and (2) the powers of the actors. Currently, it is an appropriate time to develop strategies for policy makers to facilitate midwifery development in China.

**Conclusions and Implications for Health Policy:** Midwifery policy should be independently included in the frame of national medical industry reform because midwives are an indispensable part of the health care workforce. In-depth research should be conducted to confirm the position of midwifery in China to ensure its sustainable development.

### Background

Women's and children's health is considered to be crucial to public health globally. The maternal mortality rate (MMR) is a vital and widely used index to assess women's and children's health conditions. Over the past two decades, China has witnessed remarkable decline in MMR. According to the National Health Commission of the People's Republic of China (NHC), the MMR has dropped from 80.0 per 100,000 in 1991 to 24.5 per 100,000 in 2012 (NHFPC, 2013). Despite the sharp decline, there still exists a big gap between China and other developed countries.

Compared with Japan, Singapore and Sweden where the MMR is 4 to 6 per 100,000 (NHFPC, 2013), China still has a long way to go.

Decades of evidence have been showing that the delivery of intrapartum care is an overwhelming priority in reducing MMR (Alkema et al. 2016; Campbell and Graham, 2006; Ten Hoope-Bendar et al., 2006). Evidence from the Lancet Maternal Survival Series Steering Group showed that the most effective strategy to lower MMR is to provide every woman with midwifery care by skilled midwives (Carine and Wendy, 2006). Besides, several countries have witnessed a 50% drop of MMR in the late 19th century mainly by the delivery of professional midwifery care during birth (Carine and Wendy, 2006).

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Another challenge to maternal and children health in China is the high cesarean section (CS) rate. A global survey by WHO showed that among the 24 involving countries in Asia, Africa and South America, China has the highest CS rate of 46.5% (Pisake et al., 2010). When not medically indicated, cesarean section could represent poor perinatal outcomes (Mary et al., 2014). One of the most important reasons of the high CS rate is the absence or elimination of midwifery care (Mary et al., 2014). Hence, the key role of midwifery care and midwives cannot be ignored.

However, midwifery care in China is hard to meet the need at present. On one hand, there is a desperate shortage of midwifery workforce. Study in 2010 showed that the number of midwives for every 1000 people in China is only 0.03, far below that of the developed countries, and even that of many developing countries in Asia, such as Mongolia, the Philippines, and Vietnam (Pang, 2010). *The State of the World's Midwifery 2014* showed an enhancement of that number with 0.158 midwives per 1000 people in China (UNFPA, 2014), which is still one-twentieth of that in Sweden and Britain and one-tenth of that in Malaysia (UNFPA, 2014). On the other hand, there is obvious deficiency in midwives' competencies and professional functions. The majority of midwives in China have technical secondary degree, with 16.85% college degree, and only 0.51% bachelor degree (Sun, X.N. 2014). *Essential Competencies for Basic Midwifery Practice 2013* established by ICM were widely used to evaluate midwives' competencies (Zhang et al., 2014; Zhang and Lu, 2013). It showed that midwives in China have lower scores in knowledge than in skills in all seven dimensions (Dai et al., 2018). Besides, midwives have satisfactory scores in first level competencies while scored low in middle and high level competencies, which means a loose grasp of advanced midwifery skills (Dai et al., 2018). Both the shortage of midwives and the deficiency of midwifery skills pose a desperate need to strengthen midwifery in China.

With the advocacy of China's Two-Child Policy, the 'Baby Boom' is expected to reach its peak in 2026 (Zhai et al., 2014), which will definitely put more stress on the already limited numbers of midwives. What's more, Two-Child Policy brings about higher requirement of midwifery skills. Evidence showed that, after the Two-Child Policy, the amount of women delivering a second baby raised 62%; the percentage of women aging 35 and above raised from 6.4% to 8.8%; the percentage of women with a history of CS rose from 9.8% to 15.0% (Kang et al., 2015). The above dilemma of midwifery in China have drawn the attention of decision-makers. The *13th Five-Year Plan (2015–2020)* and the *Health China 2030* are calling for actions to improve maternal and children health care by effective and efficient priorities.

ICM indicates that the three key foundations for midwifery development are midwifery competency-based education, midwifery association and midwifery policies and regulations (ICM, 2015). It is a relief to see that midwifery education of bachelor degree was established in four universities in China in 2016 and that Chinese Maternal and Child Health Association has been making great efforts to regulate midwifery practice, such as the establishment of the Standardized Evaluation Scheme of Midwifery Practice Training Project in 9 training bases around China (Wang, 2018). Among the three key foundations mentioned above, midwifery policies and regulations might be the one that have quite slight progress and that hinders current development of midwifery in China.

Therefore, this study aims to outline the progress of midwifery-related policies in contemporary and modern China as well as the obstacles in this process, and to provide recommendations for policy makers in the establishment of Chinese midwifery policies, ultimately promoting the development of midwifery in China.

## Methods

Literature review and two insider interviews were used in this study.

## Literature review

The CNKI and Chinainfo databases were searched for relevant literature from April to September in 2013 with the keywords "midwifery", "midwifery education", "midwifery policy", and "health-care for women and children", among others. The policies on midwifery and women's and children's health were collected from Laws and Regulations on Health of the People's Republic of China, Health Codes of the People's Republic of China, the official websites of the Ministry of Health, the State Council, the National Center for Women and Children's Health, the Chinese Center for Disease Control and Prevention, and laws and regulation data on the People's website. Data obtained from the above process were analyzed by external criticism and internal criticism, followed by a summary of literature in chronological order.

## Insider interview

Two insiders were selected to be the interviewees by the method of 'purposive sampling' based on the research purpose. The two interviewees were people who were familiar with the policy-making process and research background. Based on the findings of literature review, a semi-structured interview outline was used. Before the interview, informed consent and potential benefits and risks were made clear to the interviewees. The interview was recorded as well as taken notes, then transcribed soon after the interview. The transcription was reviewed to assure the anonymity of the interviewees. Data were analyzed by the method of coding and theme refining.

This study was exempted from ethical review for the reason that effective measures were taken to exclude harm to the interviewees by the Peking University Institutional Review Board in 2012 without an Ethics Approval Number. Approximately thirty percent of this manuscript has been used and was published in *Chinese Nursing Management* in 2015 (in Chinese).

## Theoretical framework

The Policy Triangle described by Sarah (Sarah et al. 2004) was used in this study. The content of the Policy Triangle is that policy making and promotion are determined by (1) the social background, (2) the content of the policy, (3) the process of the policy, and the actor that has the driving power (Sarah et al., 2004). In the present study, the four aspects in Policy Triangle were used to collect and analyze the literature as well as the data from the interview: social background, content and process, as well as the driving power at that time, thus identifying the fundamental components in the history of midwifery policies.

## Results

### *Policy development processes of midwifery in contemporary and modern China*

This study showed that the policy of modern midwifery in China can be divided into four periods: (1) the beginning period (1928–1949); (2) the development period (1949–1979); (3) the unclear positioning period (1979–2008), and (4) the subordination to nursing period (2008–present).

#### 1) the beginning period (1928–1949)

Before the 20th century, there was no professional or formal midwifery education in China. In July 1908, a female doctor from America, Jin Yamei, established the Beiyang Female Medical School and Midwifery was one of the classes, which was viewed as the beginning of modern midwifery in China. (Zhao, 2009) *The Midwife's Working Rules* were published in July 1928 by the Kuo Min Tang Government (KMT Government), representing the official designation of midwives.

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