

ORIGINAL RESEARCH ARTICLE

Challenges, roles, and capacity of midwives in providing maternal health services in public health facilities in Addis Ababa, Ethiopia: A qualitative analysis

DOI: 10.29063/ajrh2025/v29i2.6

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Abstract

This qualitative facility-based cross-sectional study aimed to characterize the roles and challenges faced by midwives in delivering maternal health services in Addis Ababa. Conducted from September 1, 2023, to January 30, 2024, the study involved 15 midwives working across five hospitals and ten health centers. Data were transcribed and analyzed using Atlas.ti version 23. Findings revealed significant challenges, including high stress levels in 80% of participants, with 70% expressing a lack of confidence in specific skills such as emergency care and postpartum support. Key themes identified include the types of maternal services provided, the psychological impact of workplace dynamics, and the necessity for enhanced training programs. This study underscores the urgent need for targeted interventions to support midwives, thereby improving maternal and newborn care quality in public health facilities. (*Afr J Reprod Health* 2025; 29 [2]: 49-60).

Keywords: Attitude; endocrine disruptors; pregnant; knowledge

Résumé

Cette étude transversale qualitative en établissement visait à caractériser les rôles et les défis auxquels sont confrontées les sages-femmes dans la prestation de services de santé maternelle à Addis-Abeba. Menée du 1er septembre 2023 au 30 janvier 2024, l'étude a impliqué 15 sages-femmes travaillant dans cinq hôpitaux et dix centres de santé. Les données ont été transcrites et analysées à l'aide d'Atlas.ti version 23. Les résultats ont révélé des défis importants, notamment des niveaux de stress élevés chez 80 % des participantes, 70 % d'entre elles exprimant un manque de confiance dans des compétences spécifiques telles que les soins d'urgence et le soutien post-partum. Les thèmes clés identifiés comprennent les types de services maternels fournis, l'impact psychologique de la dynamique du lieu de travail et la nécessité de programmes de formation améliorés. Cette étude souligne le besoin urgent d'interventions ciblées pour soutenir les sages-femmes, améliorant ainsi la qualité des soins maternels et néonataux dans les établissements de santé publique. (*Afr J Reprod Health* 2025; 29 [2]: 49-60).

Mots-clés: Addis Ababa Ethiopia; maternal health; public health facilities; role of midwives; skilled birth attendants

Introduction

Maternal mortality remains a critical global health challenge, with 295,000 women dying during pregnancy and childbirth in 2017 alone.¹ The global maternal mortality ratio (MMR) was 211 per 100,000 live births, with sub-Saharan Africa and South Asia accounting for 86% of all maternal deaths.² Despite a 38% reduction in MMR since 2000, significant disparities persist, necessitating accelerated efforts to achieve the United Nations'

2030 Sustainable Development Goals, which aim to save at least 1 million women worldwide.³

In addressing maternal and neonatal health, access to professional birth attendance is essential.⁴ Studies suggest that two-thirds of maternal deaths and newborn fatalities could be prevented by scaling up access to midwifery care educated to international standards. Midwifery encompasses compassionate, skilled care throughout the maternal cycle, underscoring the necessity of trained midwives in low- and middle-income countries.

Their education and licensure correlate with improved care quality and a rapid decline in mortality rates.^{2,5}

The World Health Assembly's resolutions strengthen nursing and midwifery services, including capacity building, interdisciplinary health teams, and dataset strengthening.⁶ Quality midwifery care improves over 50 health-related outcomes, including sexual and reproductive health, immunization, breastfeeding, and early childhood development.¹⁻³ Midwives are vital in delivering essential services in humanitarian settings and support key health initiatives like the Astana Declaration and the Global Action Plan.⁶ They also ensure access to clean water, sanitation, and family planning.² However, suboptimal clinical experiences can hinder their learning and professional identity, despite the broad scope of midwifery, which includes support during pregnancy, childbirth, and newborn care.^{1, 3, 6}

While midwifery is recognized for its public health impact, Ethiopia, particularly Addis Ababa, faces unique challenges. The Ethiopian healthcare system is characterized by limited resources and varying levels of access to quality midwifery care. Local statistics indicate a maternal mortality rate that remains concerning, exacerbated by socio-economic factors and systemic barriers in healthcare delivery.⁷

This study aims to explore the specific challenges faced by midwives in Addis Ababa and identify strategies to enhance their role in reducing maternal mortality. By examining the local context and healthcare infrastructure, this research seeks to provide actionable insights to address existing gaps in maternal health services.

Methods

The study was conducted in Addis Ababa, Ethiopia's capital, from September 2023 to January 2024. It focused on public hospitals and health centers providing EmONC and BEmONC health services to mothers and newborns, including administering antibiotics, oxytocic drugs, anticonvulsants, and assisted vaginal deliveries. For this qualitative study, the midwives for the in-depth interview were chosen using a purposive sampling method based on their knowledge about the subject matter and years of experience (who were working in the respective field for at least 6 months) irrespective of their sex. The sample size

was determined by data saturation. Noteworthy, data saturation refers to the point where no new data can be collected from additional sampling.⁸

The study involved five qualitative data collectors and one supervisor, including obstetrics and gynaecology residents and senior midwives. The data was collected using open ended semi-structured questionnaire. To maintain consistency, the questionnaire was first prepared in English, then translated into Amharic, and then back into English again. The principal investigator provided training to the data collectors and supervisors, focusing on objectives, methods, and data collection. Data reduction, data display, and data interpretation were some of the techniques used to evaluate the quality of the data. Prioritisation and the removal of superfluous data were carried out to guarantee the study's relevance. Understanding the roles of skilled birth attendants, in particular midwives, in the delivery of maternal health care was the main goal of the study.

To enhance the rigor of the methodology, potential biases inherent in purposive sampling were acknowledged, and steps were taken to mitigate these, including thorough training for data collectors on maintaining neutrality and objectivity during interviews. Data management involved careful transcription and verification processes to ensure accuracy before thematic analysis using Atlas.ti. The data was then cleaned and exported to the thesis.

The study adhered to ethical guidelines and received approval from University of South Africa (UNISA) College of Health Studies Research and Ethics Review Committee. Informed consent was obtained from all participants, ensuring their understanding of the study's purpose, voluntary participation, and confidentiality measures. Data saturation was determined through a systematic review of interview transcripts, where the research team noted the point at which no new themes or insights emerged from additional interviews

Results

The results section focuses on the background and involvement of midwives in maternal health services in Addis Ababa, structured around key themes that emerged from the interviews. Key areas of exploration include midwives' competency levels, the services they provide, and the challenges they encounter.

Demographic characteristics of participants

A total of 15 participants from the selected fifteen health facilities. The fifteen midwives from the selected fifteen healthcare facilities comprised the sample of midwives for the qualitative data of the study. An accredited health professional who has received the necessary education and training to manage normal, uncomplicated pregnancies, childbirth, and the postnatal period, as well as to identify, manage, and refer patients with complications, is known as a skilled attendant^{9,10}. Though midwives, nurses, health officials, and physicians (doctors) were among the skilled providers, midwives were the only participants for the qualitative part. Interviews regarding training and proficiency for various procedures were conducted with fifteen skilled care providers (midwives) who were directly involved in maternity care at these public health centres and hospitals. All of the appropriate questions were taken into consideration when getting ready for the qualitative interview. In this section, we talked about responding to inquiries regarding the kind of maternity healthcare services offered in the health facilities, as well as the status of the respondents, including their educational background, work experience, in-service training, and self-contribution to the service. We also talked about asking questions about the education of the staff members to find out how their backgrounds and related personal conditions may help them fill the open position and how they will benefit the employer organisation.

The participants' years of expertise varied from 4 to 25 years. This was helpful in gathering various perspectives on the quality of maternal healthcare services in relation to mother empowerment and the state of the facilities. The biographical information about the participants, including their gender, age, level of education, and years of experience, is shown in Table 1 below. There are more females (9) than males (6) across both settings. The age group 30-39 years is the most represented (13 individuals), and the remaining two were aged between 20-29 years. Regarding the participants' highest level of education, the majority of participants hold a Bachelor's degree (9), while Master's degree holders are fewer (six). Table 1 summarizing participant demographics offers a

clear overview of the midwives' backgrounds, including their year of graduation and years of experience. This sets the stage for understanding their perspectives and contributions to maternal healthcare.

Themes: Background, and personal involvement of midwives in the maternal health services provision

From the study findings, five themes emerged. These were: (1) Background, and personal involvement in the maternal health services provision (2) Services included in maternal health care and how these services are explained and measured (3) How maternal health measured in the facilities How maternal health services are provided (ANC, delivery and PNC) (4) Gaps and challenges to provide maternal health services (5) Measures taken to solve challenges and observed progresses of maternal health services. The themes are supported by subthemes which are in turn supported by categories of subthemes.

The first theme was the background, and personal involvement of midwives in maternal health services delivery in Addis Ababa public health facilities. The first theme was supported by one subtheme and three categories of the subtheme. Table 2 below shows the theme.

The qualitative research on the experiences, involvement, and background of midwives in the provision of maternal health care at Addis Ababa's public health facilities was taken into consideration for this assessment. There won't be any restrictions on participants' age, gender, grade or year, or ethnicity.

Subtheme 1.1: Level of competency and contribution to maternal health care

It was vital to evaluate the years of experience, in-service training, training updates, or refresher training on issues relevant to antenatal care or postnatal care in order to comprehend the role of midwives engagement and quality maternal health care services. In fifteen in-depth interviews, each participant was asked to personally reply to the questions that delved deeper into the subjects covered. The following were the categories of this sub-theme that the participants conversed:

Table 1: Sample demographic variables of Midwives participated in the qualitative in the In-depth interview, Addis Ababa, Ethiopia, January 2024

Demographic variable		Hospital	Health center	Total
Gender	Males	2	4	6
	Females	3	6	9
Age (years)	20-29	1	1	2
	30-39	4	9	13
Level of education	Bachelor's degree	1	8	9
	Master's degree	4	2	6
Years of experience	< 5 years	1	1	2
	5 - 10 years	1	2	3
	>10 years	3	7	10
Received in-service training	Yes	5	10	15
	No	0	0	0
Personally provide care to mothers	Yes	5	10	15
	No	0	0	0

Table 2: Theme, Sub-theme, and Categories of midwives in the maternal health services provision

Theme	Sub-themes	Categories
Background and personal involvement in the maternal health services provision	Level of competency and contribution on maternal health care	Year of graduation and years of experience Getting in-service training, training updates or refresher training on ANC and PNC Personal involvement of to provide any maternal health care services

Category 1.1: Year of graduation and years of experience

Midwives with varying years of experience shared insights into how their education and training shaped their current practices. For example, one midwife (IDI SW10HC) stated,

"Having graduated over a decade ago, I've seen significant changes in procedures, but many basics remain the same."

On the other hand, another midwife from a public health center (AKW3HC) replied that, *"I graduated over a decade ago, and I feel like the skills I learned back then are sometimes outdated. New techniques could improve our care significantly."*

"I graduated in BSc midwifery from the Government University within the expected 4 year timeline before six years."

IDI SHC (28 years Midwife, In-depth interview interviewee)

Eight additional participants, each holding a Bachelor of Science degree in midwifery, gave the identical response when asked how long they had attended the university or college, even though their graduation years varied.

(MHL, AGW8HC, MyHC, G-MHC, AKW7HC, KHC, AKW3HC, NSLHC)

Additionally, a different respondent provided the following response:

"It took me the expected two years to finish my MSc in midwifery at the university."

IDI GhHL (39 years Midwife, In-depth interview interviewee)

Despite having different graduation years, five participants with Master of Science degrees responded identically when asked how long they had attended the university or college. **(RDHL, ZHL, YHL, SW10HC, FMHC)**

Category 1.2: Getting in-service training, training updates or refresher training on ANC and PNC

The importance of continuous education was emphasized. Many midwives expressed the need for regular updates on antenatal care (ANC) and postnatal care (PNC). A participant (IDI MHL) noted,

"Without refresher courses, it's hard to keep up with new guidelines. I often feel unsure about recent changes."

Another respondents also explained the concern as follows:

"Regular training helps me stay updated on the latest guidelines. Without it, I'd feel lost and less effective in my role."

"After earning my Bachelor of Science, I worked for this healthcare centre in the midwifery department. I have received numerous in-service training sessions on family planning, antenatal care, PMTCT, delivery, and postnatal care during the last ten years."

IDI AGW8HC (35 years Midwife, In-depth interview interviewee)

Another person gave the following response as well:

"In my nine years as a midwife at this health centre, I have learned a great deal, and this job has provided me with great opportunities to continue learning. I'm searching for a new job there because it appears like this facility would be a good fit for my intended career path. There are a lot of good things about this organisation, and I can't wait to learn more about it."

IDI FMHC (37 years Midwife, In-depth interview interviewee)

Category 1.3: Role of midwives and personal competency of the midwife to provide any maternal health care services

Professionals might benefit from short-term training like in-service training to help them carry out their jobs and obligations more effectively. After finishing a course at a university or college, people can gain practical work experience in domains

related to pregnancy through an initiative called "in-service training on maternal health." These courses are frequently referred to as work-integrated learning or workplace-based experiential education.¹¹ Midwives can get useful knowledge and abilities from in-service training that they can utilise in their particular department, which makes it indispensable. In addition, it gives midwives a chance to see the medical institution, learn about it, and network with other experts in the field.¹²

Midwives described their roles in providing a range of maternal health services. However, many acknowledged limitations in their competencies, particularly in advanced procedures. A midwife from a maternity hospital (IDI GhHL) shared, *"I often feel unprepared to handle complications during delivery. Training on emergency protocols is critical."* This underscores the need for targeted training to enhance their skill sets.

One participant from a general hospital gave the following explanation of his educational background and opinions about his wait times in the medical facility:

"I was employed by this healthcare facility in the midwifery department after receiving my Bachelor of Science in midwifery and leaving the university. I was elevated to junior supervisor after eight years, and then I became the department leader. I enjoy applauding and appreciating my colleagues when they meet their quotas. Over the past three years, I have led my staff to success by earning the highest mother satisfaction percentage among health facilities in Addis Ababa."

IDI RDHL (34 years Midwife, In-depth interview interviewee)

Another respondent also replied as:

"While I have achieved a lot in my career, lowering maternal morbidity and mortality is the most recent accomplishment that is relevant to this position. Our health center is having trouble achieving its aims and objectives. I put the strategies into practice and started scheduling my time more wisely to deal with the flood of leads."

IDI FMHC *"I know my capabilities, but when I'm not supported with the right tools and training, it limits what I can do for my patients."*

IDI SW10HC (32 years Midwife, In-depth interview interviewee)

The following is a summary of the more in-depth responses we received from a respondent working for a maternity hospital:

“The hospital where I work has made interesting progress towards its objectives. My thoughts are centered on women, specifically the labouring mother. Hence, my effort was a complement to this accomplishment. Serving as a staff member at this medical facility makes me very happy.”

IDI GhHL (39 years Midwife, In-depth interview interviewee)

“All of my previous tasks have been quite enjoyable, but the one that stands out to me the most is when our customer achieved record-breaking earnings with a campaign that was based on my suggestion. I worked in the ANC, delivery, and PNC maternity care service rooms during my tenure at the maternal health department. I think every employment experience I've had taught me something worthwhile, but working in the ANC room was the one that helped me develop the most.”

IDI YHL (38 years Midwife, In-depth interview interviewee)

Category 1.4: Challenges faced by Midwives

Despite their dedication, midwives face significant challenges that affect their ability to provide optimal care. Some reported difficulties with specific procedures, such as managing obstetric emergencies, due to limited training. One participant from a public health center (**IDI AGW8HC**) mentioned, *“In critical situations, I often rely on my intuition rather than formal training, which can be risky.”*

Other midwives also replied as follows”

“We face staff shortages and high patient loads. It's overwhelming, and I worry that my patients don't receive the attention they need. When I can't give proper attention to my patients, I see the consequences—delayed referrals, missed complications. It's heartbreaking.” **IDI MyHC**

Experienced midwives offer a wealth of practical knowledge and intuition that can enhance patient care. However, their reliance on older methods can create challenges, especially if those methods don't align with the latest research. (Figure 1a and 1b)

From the responses sampled, it is apparent that midwives working for public health facilities of Addis Ababa are graduated, received in-service training or training updates or refresher training on topics related to antenatal care or postnatal care, and have some understanding and skill of maternal health care services as being care that considers the client. The literature reviewed also defines midwife as “A midwife is a person who has successfully completed a midwifery education programme based on the ICM Essential Competencies for Midwifery Practice and the framework of the ICM Global Standards for Midwifery Education, recognised in the country where it is located; who has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery and use the title ‘midwife,’ and who demonstrates competency in the practice of midwifery.”¹³

A midwife is a healthcare provider who provides care to patients before, during and after childbirth.¹⁴ Midwifery refers to skilled, knowledgeable and compassionate care for childbearing women, newborn infants and families across the continuum throughout pre-pregnancy, pregnancy, birth, postpartum and the early weeks of life. Midwifery practice involves a wide scope of care activities that are undertaken to pursue the overall well-being of pregnant women. This includes providing continuous support to the women during their antenatal, intrapartum, and postpartum periods, being responsible for conducting births, caring for the newborns, and preventing and managing complications in pregnancy and childbirth. These require that midwives are highly competent in undertaking various work tasks in partnership with the women and to cope with the complex and dynamic nature of the practice environments.¹⁵ Midwives' competency level may be impacted by the trainings they receive during their university years, in addition to in-service, refresher, and updates on their skills. When midwifery students first enter a practicing setting, they may become frustrated because to the demanding learning requirements. Research indicates that during their clinical assignments, student health professionals frequently encounter difficulties and endure high levels of stress.¹⁶ Notably, midwifery students report higher levels of stress than students pursuing other professions. Studies have indicated that the clinical stress experienced by midwifery students can be

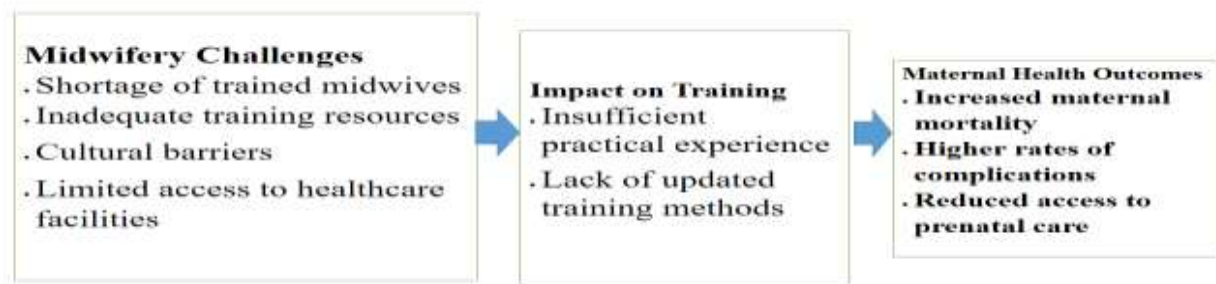


Figure 1a: Diagrammatic presentation showing the relationships between midwifery challenges, training, and maternal health outcomes



Figure 1b: Diagrammatic presentation showing the relationships between midwifery challenges, training, and maternal health outcomes

attributed to two factors: their relationships with clinical educators and coworkers, or their lack of confidence in providing care and fear of making mistakes.¹⁴ Unfavourable clinical experiences that student midwives perceive could be detrimental to their ability to learn well and recognise themselves as future professionals.¹⁶

Discussion

The focus of this thought-provoking study on midwifery conducted in public health facilities of Addis Ababa is the basic requirements of birthing women, as well as those of their infants and families. Despite being acknowledged for decades,

many of those demands are still unmet. It calls for additional approaches.¹⁴ On occasion, a midwife is in charge of giving care to pregnant mothers and their infants during the prenatal, intrapartum, and postnatal phases. Throughout childbirth, midwives offer excellent, culturally aware care. They deliver babies in a clean, safe manner, tend to the infant, and efficiently handle and refer crises to minimise maternal and newborn illness and death.¹⁷ A midwife's job is to help women and their families through every stage of pregnancy and labour by offering maternity care.¹⁸ The clinical rationale for providing skilled care during pregnancy and childbirth is indisputable.¹⁹ Skilled attendants, like midwives, doctors, and

nurses, who have been trained to manage normal (uncomplicated) pregnancies, childbirth, and the immediate postnatal period,¹⁵ as well as identify, manage, or refer complications in the woman and newborn, are the best people to ensure the survival and safety of pregnant mothers and their babies.²⁰

In many nations, midwifery is already well recognised for providing essential and affordable support for high-quality care for pregnant mothers and newborns. That being said, its potential benefits in terms of social, economic, and health are still far from being realised on a worldwide basis.¹⁴ This study bolsters the body of evidence and illustrates the extent of the good that may be accomplished via the application of midwifery, particularly in the setting of efficient health systems.^{13,15} A thorough and comparative investigation of the competences of trained attendants, such as midwives, was provided by this study, along with an exploration of their perspectives and experiences about in-service training. These results will guide the development of a user-centered in-service training programme that will be applied in Addis Ababa's public hospitals and health centres. With a strong focus on women's needs, the study offers a paradigm for high-quality maternity care. Its definition of midwifery is predicated on considering abilities, dispositions, and conduct instead of particular job titles. The study's results confirm the need for a change in maternity care delivery from a fragmented system that emphasises pathology detection and treatment to a whole-system strategy that offers professional care to everyone. It will be necessary to integrate the hospital and community through efficient multidisciplinary teamwork. A key component of this strategy, according to the evidence highlighted throughout the theme and subtheme, is midwifery.

From the perspective of this study, midwives' practical values inform their role in the delivery of maternal health services. They showed compassion, respect, and decency to every person, regardless of their background. According to this particular study, midwifery involved helping each woman navigate a typical but evolving life stage. It's crucial to have a sympathetic and caring attitude right away in order to build a meaningful relationship, which would include being aware of any unique needs the woman might have. The power of a grin is underappreciated; it can demonstrate friendliness and a want to be there for the woman right away,

helping to allay fears. This result is consistent with Susan's perspective.¹⁶

The experienced midwives bring invaluable insights from years of practice and suggest a mix of foundational knowledge and evolving practices, but it's crucial that they stay updated with the latest evidence-based guidelines and may lead to relying on outdated methods, struggle to implement the up-to-date best practices, which might affect maternal and infant outcomes. Continuous professional development and open-mindedness to new techniques can help bridge this gap, ensuring that both experienced and newer midwives can provide the best care possible.¹⁵ For maintaining competency and to improve maternal and infant outcomes, it's crucial for experienced midwives to engage in continuous professional development. This can include attending workshops, participating in peer discussions, and seeking out new research findings. Creating an environment that encourages open dialogue about practices and innovations can also help. Mentorship programs, where seasoned midwives collaborate with newer practitioners, can facilitate knowledge sharing and support a culture of learning. Ultimately, integrating both foundational knowledge and new evidence ensures that all midwives can provide high-quality, informed care to their patients.^{13,16}

The WHO, Nursing and Midwifery Council and other concerned Organisations list the following as some of the responsibilities of midwives: providing women with the necessary guidance, support, and care during pregnancy, labour, and the postpartum period; administering full antenatal care, including screening tests in health facilities; offering counselling and advice prior to and following screening and tests; performing deliveries independently and tending to the newborn; managing complications during pregnancy and childbirth using the fundamentals of emergency obstetric care; identifying high-risk pregnancies and referring them to physicians and other medical specialists; offering support and guidance in the wake of miscarriage, termination, stillbirth, neonatal abnormality, and neonatal death; give primary care to women who are of reproductive age through the Basic Package of Health Services; counsel and educate women and their families in pertinent health areas; offer a programme of parenthood preparation and full childbirth preparation, including advice on nutrition and

hygiene; offer support and guidance on day-to-day baby care, including breastfeeding, bathing, and making up feeds; provide all non-surgical family planning methods and counselling for surgical methods; adhere to established health centre policies, procedures, and objectives; Initiatives for ongoing quality improvement; norms for infection control, safety, and the environment; Lower risk of needing a C/S and lower incidence of labour induction and augmentation; assist in lowering infant mortality and preterm birth rates, take all essential action in an emergency, perform prompt resuscitation when needed, and assist in lowering mother mortality and pregnancy-related complications.^{18,19,21-23} With some restrictions, the midwives employed by Addis Ababa's public health facilities performed the majority of the listed roles, with the exception of assisting in lowering the rate of labour induction and augmentation, reducing the need for caesarean sections, and offering primary care to women of reproductive age through the Basic Package of Health Services. This comprehensive evaluation synthesised the data showing midwives contributed to cooperative environments and their connections with other health professionals involved in the delivery of health services, including maternal health services, in public health facilities. It also blatantly displays the stark differences in the levels of training, support, development, and qualification provided to midwives and healthcare facilities. Furthermore, there were notable differences between regulation and evidence of on-the-ground practice in a number of service delivery categories. This finding is consistent with the systematic review conducted by Beek, *et al*¹⁷. This study analyses how the midwives collaborate closely with women to make sure that during this significant life event, their choices, preferences, and opinions are taken into account.

According to the study, there is a significant discrepancy between midwives' present levels of knowledge and proficiency and evidence-based criteria. The study found that some midwives lacked proficiency in performing even the most basic preventive and life-saving interventions. For example, most were unable to accurately take a patient's history and conduct a physical examination; they were also unable to determine which laboratory tests were necessary and how to interpret the results; they were also unable to comprehend the elements of immediate newborn

care and to correctly carry out the fundamental operations to control postpartum haemorrhage. Even with all the supplies on available, many were unable to explain or demonstrate effective aseptic technique, nor did they properly document the procedures. This result aligns with the findings of a study conducted in four sub-Saharan countries,²⁴ and contradicts with the FMOH Guideline.²⁵

Moreover, this study highlights the importance of both personal competency and institutional support in providing high-quality maternal health services. A lack of resources can compromise care quality, impacting maternal outcomes.¹⁴ High patient-to-midwife ratios can lead to burnout and inadequate care, which may increase risks for complications during pregnancy and childbirth.^{13,26}

The results of this study suggest that some of the major themes ingrained in the skills attendants are midwifery education, training, and practice standards, such as midwives' understanding of maternal health care. This is in line with the FMOH Guidelines, which emphasizes, the necessity of information, training, and development for health professionals.^{25,26} The guideline states that in order for healthcare workers to remain current in their field and to consistently enhance the quality of services they offer, they must possess the necessary knowledge, skills, and opportunities for professional development. In-depth participants of this study stated that associations, self-directed learning, and interactions with their midwifery educators and coworkers were how they learned this information. The findings of a study carried out in Zimbabwe coincide with this result.²⁷ This study revealed that a midwife's role is to care for all women, newborn babies, and their families with competence, knowledge, respect, and compassion. Midwives worked with women at many stages of their lives, including before and throughout pregnancy, childbirth, the postpartum period, and the first few weeks of a newborn's life. In addition to supporting very early infant development and the parents' adjustment to parenthood, this also covers women's future reproductive health, well-being, and decisions. The primary goal of midwives is to guarantee that care is always directed towards the needs, opinions, choices, and needs of the mother as well as the needs of the newborn child. Midwives uphold and facilitate the human rights of women and children. The standards of proficiency for

midwives, developed by the Nursing and Midwifery Council, are in line with this conclusion.¹⁹

This study significantly enhances global understanding of midwifery in low-resource settings by identifying key challenges faced by midwives, such as limited resources, inadequate training, and systemic healthcare barriers, which are crucial for addressing gaps in maternal health services. It clarifies the multifaceted roles of midwives, highlighting their essential contributions not only in childbirth but also in providing comprehensive prenatal and postnatal care, education, and family support. Furthermore, the research advocates for capacity building through targeted training initiatives that can bolster midwives' skills and confidence, ultimately improving maternal health outcomes. Lastly, the findings serve to inform policymakers about the urgent need for supportive frameworks and investments in midwifery education and practice, particularly in resource-constrained environments.

Strengths and limitations

This study assessed midwives working in hospitals and health centers, analyzed data using a thematic content analysis approach, and transcribed and assembled data using Atlas ti version 23. This study was limited by the exclusion of private health facilities and voluntary work in organizations, colleges, or communities with volunteer midwives, which may result in selection bias. These may lead to missed insights into service delivery variability, geographic disparities, and the effectiveness of care beyond the clinical setting. A more comprehensive approach that includes private care experiences, geographic and socioeconomic factors, and community support systems would yield a richer understanding of maternal health service quality in the study area. Concerns regarding the results' generalizability are further raised by the very small sample size, which could lead to overfitting. When interpreting the study's findings, these aspects were taken into account.

Conclusion

This study underscores the critical yet underappreciated role of midwives in delivering maternal health services within the public health facilities of Addis Ababa. Despite their significant contributions to prenatal, intrapartum, and postnatal

care, midwives face numerous challenges, including limited resources, inadequate training, and systemic barriers that hinder their effectiveness. The findings reveal a pressing need for comprehensive training programs that address both the foundational skills and emerging best practices essential for high-quality care. By emphasizing the midwife's compassionate and holistic approach to maternal and infant health, the study highlights the importance of integrating women's unique needs into care delivery. Moreover, it advocates for policy reforms that support midwifery education and practice, thereby ensuring that midwives are equipped to enhance maternal and newborn outcomes. Ultimately, the study calls for a collaborative, system-wide approach that recognizes the indispensable role of midwives in improving health outcomes for mothers and their families, thereby laying the groundwork for a more equitable and effective healthcare system.

Recommendations

The study of midwifery in Addis Ababa suggests several recommendations to improve services and address challenges faced by midwives. These include enhancing training and education, strengthening institutional support, fostering collaborative healthcare environments, addressing systemic barriers, emphasizing culturally sensitive care, monitoring and evaluating services, and promoting awareness and advocacy. Training programs should focus on foundational skills and evidence-based practices, while continuous professional development should be encouraged. Resource allocation should be improved, and mentorship programs should be established to facilitate knowledge sharing and skill development. Collaborative healthcare environments should be fostered, and policy changes should be advocated for to address systemic barriers. Training should also focus on cultural competence and emotional support. Regular assessments of midwifery services and data collection should be conducted to track outcomes and guide future training and resource allocation.

Acknowledgements

The authors would like to thank all the data collectors and supervisors. Our appreciation is extended to the health facilities' staff members for

their invaluable insights and information provided during our data collection at field.

Competing interests

The authors declare that they have no financial or personal relationship(s) that may have inappropriately influenced them in writing this article.

Author contributions

Both authors contributed equally during the process of proposal development. SAT and Robert TN participated in data collection and analysis. SAT prepared the draft. Then TRN revised drafts of the paper. All authors read and approved the final manuscript.

Funding

The authors received no financial support for the research, authorship, and/or publication of this article.

Data availability

Raw data were generated at Public health facilities of Addis Ababa. Derived data supporting the findings of this study are available from the corresponding author Sintayehu Abate on request.

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