

## PHVIT 9580 OsloMet – Course information



Photo: Christina Prinds

### Models and theories for midwifery

**What?** [PhD course within midwifery science](#) (5 ects)

**Where?** [Oslo Metropolitan University](#), Oslo, Norway

**When? Not clear yet, but:** March 15<sup>th</sup> -19<sup>th</sup> 2021

The course will focus on theories and models in midwifery and maternity care. Central theories and models in relation to childbirth and reproductive health will be introduced linked to e.g. salutogenesis, pathogenesis, evidence-based practice, a midwifery model of woman-centred care developed in a Nordic context (MiMo), the global Quality Maternal and Newborn Care framework (QMNC). Perspectives encompassing both quantitative and qualitative methodologies will be explored and implications of different theoretical approaches, linked to students' own research, will be discussed in the context of the Nordic region and internationally. The course is aimed at PhD students, post.doc researchers and holders of master's degrees planning for a PhD project. It has been developed by a Nordic network group of academic midwives from Denmark, Finland, Iceland, Norway and Sweden.

#### How to apply

Send an e-mail to [Ellen Blix](#) or [Tine Schauer Eri](#) with the following information:

Your name, country of residence, and a short summary with information about your PhD project (or research project, or planned PhD project), topic, method, theoretical approach, how far you have come, and why this course is relevant for your own project. A master's degree is minimum requirement to attend the course. Please do not attach any certificates at this stage.

<b>Course code and title</b>	<b>PHVIT9580 Theories and Models for Midwifery</b>
Course title in Norwegian	Teorier og modeller i jordmorfaget
PhD programme	PhD Program in Health Sciences
Credits	5
Compulsory/elective course	Elective
Language of instruction	English

### **Introduction**

There is an increasing internationalisation within the field of midwifery and maternity care research. Researchers from the Anglo-Saxon cultural area are dominating the field, because they are many in numbers, have a long research tradition, and are producing research of high quality. Guidelines and models of care aimed to be used in all countries are developed. International research literature and textbooks in English are important part of the curricula in midwifery educations in the Nordic countries as well as in other countries. The internationalisation is welcomed and international research, models of care and guidelines can improve quality and outcomes of care in the Nordic countries as well as other countries.

For small countries, there is a danger of introducing and implementing thoughts, models and guidelines without taking the local context in consideration. We find it important to know and recognize our own context for several reasons. We need to assess international research results, guidelines and models of care into a Nordic context, and to be conscious about what we can contribute with to the rest of the world.

This course will focus on theories and models in midwifery and maternity care. Central theories and models in relation to childbirth and reproductive health will be introduced e.g. linked to salutogenesis, pathogenesis, evidence-based practice, a midwifery model of woman-centred care, developed in a Nordic context (MiMo), the global Quality Maternal and New-born Care (QMNC). Perspectives encompassing both quantitative and qualitative methodologies will be explored and implications of different theoretical approach, linked to students' own research, will be discussed in the context of the Nordic region and internationally.

### **Admission requirements**

This course is aimed at PhD students admitted to the PhD Programme in Health Sciences and is also open to Nordic and international PhD students with a research project within the field. Admission requirements are a completed master's degree (120 ECTS credits) or equivalent qualification.

The course can also be offered to students who have been admitted to the "Health Science Research Programme, 60 ECTS", by prior approval from the supervisor and based on given guidelines for the research programme.

### **Required preliminary courses**

None

**Learning outcomes:**

On completion of the course, the PhD candidate has achieved the following learning outcomes, defined in terms of knowledge, skills, and general competence:

*Knowledge*

The PhD candidate can

- critically assess the historic and cultural roots of midwifery in the context of the Nordic countries.
- critically assess and evaluate the application of theories and models for midwifery and maternity care.

*Skills*

The PhD candidate can

- identify and integrate conceptual and theoretical frameworks for midwifery into the student's own research project.
- formulate and discuss complex issues, strengths and challenges of midwifery and maternity care in the Nordic context of high income and welfare societies.

*Competences*

The PhD candidate can

- communicate and take an active part in debates on theories and models in the context of the Nordic countries.

**Teaching and learning methods**

Work and teaching methods consist of lectures, self-study, group work and plenary discussions. A high degree of participants' activity and involvement is expected.

**Course Requirements**

None

**Assessment**

Individual home examination, to be submitted no more than two weeks after the end of the course. The examination includes describing and discussing complex issues in midwifery, strengths and challenges in maternity care in the Nordic context of high income and welfare societies. Furthermore, explore the historic roots of midwifery and critically assess the relevant theories and models of care for research in midwifery from a Nordic, as well as international, perspective. The essay must be written in English and consist up to 5000 words

**Permitted Exam Materials and Equipment**

All

**Grading scale**

Pass / Fail

**Examiners**

One internal and one external examiner will assess the essays submitted by all candidates.

**PhD course Theories and Models for Midwifery**  
**Where: Andrea Arntzens hus, Pilestredet 32, Oslo**  
**When: March 15<sup>th</sup> -19<sup>th</sup>, 2021**

Time	Lectures, activities
Monday, March 15 <sup>th</sup>	
09:30 - 10:15 Room:	Welcome Practical information Introductions All
10.30 – 11:15 Room:	Concepts: model, theory, framework, perspective Tine S. Eri, Cristina Prinds
11:30 – 12:15 Room:	Concepts: model, theory, framework, perspective Tine S. Eri, Cristina Prinds
12:15 – 13:15	Lunch
13:15 – 14:00 Room:	QNMC framework Andrew Symon
14:15 – 15:00 Room:	QNMC framework Andrew Symon
15:15 – 16:00 Room:	QNMC framework Andrew Symon

Time	Lectures, activities
Tuesday, March 16 <sup>th</sup>	
08:30 09:15 Room:	QNMC framework Andrew Symon
09:30 – 10:15 Room:	QNMC framework Andrew Symon
10:30 – 11:15 Room:	The Nordic context Ellen Blix
Lunch	
12:15 – 13:00 Room:	Group work and presentations of students about own work Moderators: all
13:15 – 14:00 Room:	Group work and presentations of students about own work Moderators: all
14:15 – 15:00 Room:	Group work and presentations of students about own work Moderators: all

Time	Lectures, activities
Wednesday, March 17 <sup>th</sup>	
08:30 09:15 Room:	Midwifery history – Sweden in a Nordic and international perspective Ingela Lundgren
09:30 – 10:15 Room:	Development of the midwifery profession in Norway – Gunnhild Blåka's work Tine S. Eri
10:30 – 11:15 Room:	Epidemiology as a theoretical perspective Ellen Nøhr
Lunch	
12:15 – 13:00 Room:	Group work: applying theories and models of care for midwifery research (“Midwifery Model Debate – live in House of Commons”) Moderators: Christina and Ellen Nøhr
13:15 – 14:00 Room:	Group work: applying theories and models of care for midwifery research (“Midwifery Model Debate – live in House of Commons”) Moderators: Christina Prinds and Ellen Nøhr
14:15 – 15:00 Room:	Salutogenic theory and maternity care Tine S. Eri and Ólöf Ásta Ólafsdóttir

Time	Lectures, seminars, activities
Thursday, March 18 <sup>th</sup>	
08:30 09:15 Room:	MiMo – a midwifery model of woman-centred childbirth care Ingela Lundgren and Ólöf Ásta Ólafsdóttir
09:30 – 10:15 Room:	MiMo – a midwifery model of woman-centred childbirth care Ingela Lundgren and Ólöf Ásta Ólafsdóttir
10:30 – 11:15 Room:	MiMo – a midwifery model of woman-centred childbirth care Ingela Lundgren and Ólöf Ásta Ólafsdóttir
Lunch	
12:15 – 13:00 Room:	“Medicalisation of childbirth – prolonged pregnancy and induction as an example” Eva Rydahl
13:15 – 14:00 Room:	“Medicalisation of childbirth – prolonged pregnancy and induction as an example” Eva Rydahl
14:15 – 15:00 Room:	

Time	Lectures, seminars, activities
Friday, March 19 <sup>th</sup>	
08:30 - 09:15 Room:	Existentialism as a theoretical perspective Christina Prinds
09:30 – 10:15 Room:	Norwegian midwives' perception of their practice environment Mirjam Lukasse
10:30 – 11:15 Room:	Group work Challenges in maternity care/midwifery in the Nordic countries (short presentations/reflections from each Nordic country, discussions) All
Lunch	
12:15 – 13:00 Room:	Group work Challenges in maternity care/midwifery in the Nordic countries (short presentations/reflections from each Nordic country, discussions) All
13:15 – 14:00 Room:	Course evaluation (time to fill in evaluation forms)
14:15 – 15:00 Room:	Information about the exam. Closure of course
<p>Andrew Symon, senior lecturer, University of Dundee, Scotland  Christina Prinds, associate professor, University of Southern Denmark, Denmark  Ellen Blix, professor, OsloMet, Norway  Ellen Nøhr, professor, University of Southern Denmark, Denmark  Eva Rydahl, University College Copenhagen, Denmark  Ingela Lundgren, professor, University of Gothenburg, Sweden  Mirjam Lukasse, professor, University of South-Eastern Norway/OsloMet, Norway  Tine Schauer Eri, associate professor, OsloMet, Norway</p>	
<p><u>Course committee</u>  Ellen Blix, professor, OsloMet, Norway  Tine S Eri, associate professor, OsloMet, Norway  Ólöf Ásta Ólafsdóttir, professor, University of Iceland, Iceland  Ingela Lundgren, professor, University of Gothenburg, Sweden  Ellen Nøhr, professor, University of Southern Denmark, Denmark  Christina Prinds, associate professor, University of Southern Denmark, Denmark  Anita Wikberg, senior lecturer, Novia University of Applied Sciences, Finland</p>	

## Curriculum

1. BENOIT, C., WREDE, S., BOURGEAULT, I., et al. 2005. Understanding the social organisation of maternity care systems: midwifery as a touchstone. *Sociology of Health & Illness*, 27, 722-737. (16 p)
2. BERG, M., OLAFSDOTTIR, O. & LUNDGREN, I. 2012. A midwifery model of woman-centred childbirth care--in Swedish and Icelandic settings. *Sex Reprod Healthc*, 3, 79-87. (9 p)
3. BRYAR, R. M. & SINCLAIR, M. 2011. *Theory for midwifery practice*, Basingstoke, Palgrave Maxmillan
  - a. Chapter 1: Signposting future developments in midwifery theory, practice and research (p 3-12).
  - b. Chapter 2: Conceptualizing midwifery (p 16-52).
  - c. Chapter 3: Midwifery theory development (p 59-87). (76 p)
4. CONRAD P. The shifting engines of medicalization. *J Health Soc Behav* 2005;46:3–14. (12 p). <https://doi.org/10.1177/002214650504600102>
5. DAGSVOLD I, MØLLERSEN S, STORDAHL V. What can we talk about, in which language, in what way and with whom? Sami patients' experiences of language choice and cultural norms in mental health treatment. *International journal of circumpolar health*. 2015;74:26952. (11 p)
6. DE VRIES R, NIEUWENHUIJZE M, BUITENDIJK SE. What does it take to have a strong and independent profession of midwifery? Lessons from the Netherlands. *Midwifery*. 2013;29(10):1122-8. (7 p)
7. Eri TS, Berg M, Dahl B, Gottfreðsdóttir H, Sommerseth E, Prinds C. Models for midwifery care: A mapping review. 2020;4 (17 p)
8. FAIR F, RABEN L, WATSON H, VIVILAKI V, VAN DEN MUIJSENBERGH M, SOLTANI H. Migrant women's experiences of pregnancy, childbirth and maternity care in European countries: A systematic review. *PLoS One*. 2020;15(2):e0228378. (26 p)
9. HALFDANSDOTTIR, B., WILSON, M. E., HILDINGSSON, I., et al. 2015. Autonomy in place of birth: a concept analysis. *Med Health Care Philos*, 18, 591-600. (10 p)
10. KENNEDY, H. P., CHEYNEY, M., DAHLEN, H. G., et al. 2018. Asking different questions: A call to action for research to improve the quality of care for every woman, every child. 45, 222-231. (10 p)
11. KRISTIENNE MCFARLAND A, JONES J, LUCHSINGER J, KISSLER K, SMITH DC. The experiences of midwives in integrated maternity care: A qualitative metasynthesis. *Midwifery*. 2020;80:102544. (8 p)
12. LUNDGREN, I., BERG, M., NILSSON, C. et al. 2019. Health professionals' perceptions of a midwifery model of woman-centred care implemented on a hospital labour ward. *Women Birth*. doi: 10.1016/j.wombi.2019.01.004. (10 p)
13. MACKENZIE BRYERS, H. & VAN TEIJLINGEN, E. 2010. Risk, theory, social and medical models: a critical analysis of the concept of risk in maternity care. *Midwifery*, 26, 488-96. (9 p)
14. MEIER MAGISTRETTI, C., DOWNE, S., LINDSTRØM, B., BERG, M. & SCHWARZ, K. T. 2016. Setting the stage for health: Salutogenesis in midwifery professional knowledge in three European countries. *International Journal of Qualitative Studies on Health and Well-being*, 11, 10.3402/qhw.v11.33155. (12 p)

15. MILLER, S., ABALOS, E., CHAMILLARD, M., et al. 2016. Beyond too little, too late and too much, too soon: a pathway towards evidence-based, respectful maternity care worldwide. *The Lancet*, 388, 2176-2192. (15 p)
16. PEDERSEN AW & KUHNLE S 2017. The Nordic welfare state model: Introduction: The concept of a "Nordic model". In: KNUTSEN OP (ed.) *The Nordic models in political science: challenged, but still viable?* Pages 249-272. Bergen: Fagbokforlaget. (24 p)
17. RENFREW, M. J., HOMER, C. S., DOWNE, S., et al. 2014a. Midwifery. An executive summary for the Lancet's series. *Lancet*. (7 p)
18. RENFREW, M. J., MCFADDEN, A., BASTOS, M. H., et al. 2014b. Midwifery and quality care: findings from a new evidence-informed framework for maternal and newborn care. *Lancet*, 384, 1129-45. (17 p)
19. ROTHMAN BK. Pregnancy, birth and risk: an introduction. *Health, Risk & Society*. 2014;16(1):1-6. (6 p)
20. SANDALL J, SOLTANI H, GATES S, SHENNAN A, DEVANE D. Midwife-led continuity models versus other models of care for childbearing women. The Cochrane database of systematic reviews. 2016;4:CD004667. (30 p)
21. SMEENK A, TEN HAVE H. Medicalization and obstetric care: an analysis of developments in Dutch midwifery. *Med Health Care Philos* 2003;6:153–65. (12 p). <https://doi.org/10.1023/A:1024132531908>.
22. SMITH, V., DALY, D., LUNDGREN, I., et al. 2014. Salutogenically focused outcomes in systematic reviews of intrapartum interventions: a systematic review of systematic reviews. *Midwifery*, <https://doi.org/10.1016/j.midw.2013.11.002> (6 p)
23. SYMON A, MCFADDEN A, WHITE M, et al. (2018) Adapting the Quality Maternal and Newborn Care (QMNC) Framework to evaluate models of antenatal care: A pilot study. *PLoS ONE* 13(8): e0200640. (14 p)
24. SYMON A, MCFADDEN A, WHITE M et al. (2019) Using the Quality Maternal and Newborn Care Framework to evaluate women's experiences of different models of care: a qualitative study. *Midwifery*, 73: 26-34 (9).
25. VERMEULEN J, LUYBEN A, O'CONNELL R, GILLEN P, ESCURIET R, FLEMING V. Failure or progress?: The current state of the professionalisation of midwifery in Europe. *Eur J Midwifery* 2019;3:2 <https://doi.org/10.18332/ejm/115038>. (9 p)
26. VIRDI KROIK, Å. 2016. *Working Together with South Saami Birth Stories – A Collaboration Between a Saami Midwife and a Saami Researcher*. *Engaging with Indigenous Communities*, 2, 145-156. (12 p)
27. ZOLA IK. Medicine as an institution of social control. *Sociol Rev* 1972;20:487–504. <https://doi.org/10.1111/j.1467-954x.1972.tb00220.x>. (18 p)

### **Additional literature:**

#### Quality Maternal and Newborn Care framework

SYMON A, PRINGLE J, CHEYNE H et al. (2016) Midwifery-led antenatal care models: Mapping a systematic review to an evidence-based quality framework to identify key components and characteristics of care. *BMC Pregnancy and Childbirth*, 16:168



- SYMON A, MCFADDEN A, WHITE M et al. (2019) Using a quality care framework to evaluate user and provider experiences of maternity care: a comparative study. *Midwifery*, 73: 17-25 <https://doi.org/10.1016/j.midw.2019.03.001>
- CUMMINS A, CODDINGTON R, FOX D et al. (2019) Exploring Australian Midwifery-led Continuity of Care (MiLCCA) using an evidence based framework. *Women and Birth*, 32 (S1): s28 <https://doi.org/10.1016/j.wombi.2019.03.013>

### Midwifery history

- FARSTAD, A. 2016. *På liv og død: distriktsjordmødrenes historie*, Oslo, Samlaget.
- GARÐARSDÓTTIR, Ó. L. 2002. Saving the child: regional, cultural and social aspects of the infant mortality decline in Iceland, 1770-1920.
- HÖGBERG, U. 2004. The decline in maternal mortality in Sweden: the role of community midwifery. *Am J Public Health*, 94, 1312-20.
- KOTSADAM A, LIND JT & J, M. 2017. *Call the Midwife. Health Personnel and Mortality in Norway 1887-1921*, Munich, CESifo Working Papers.

### Epidemiology

- SUSAN C, NIGEL U, TANJA P-M. An introduction to public health and epidemiology. 2nd ed. ed: United Kingdom: Open University Press; 2007. Chapter 2-6. Available at: [http://alraziuni.edu.ye/book1/nursing/An%20Introduction%20to%20Public%20Health%20and%20Epidemiology%20\(2007\).pdf](http://alraziuni.edu.ye/book1/nursing/An%20Introduction%20to%20Public%20Health%20and%20Epidemiology%20(2007).pdf)

### Medicalisation

- RYDAHL E, DECLERCQ E, JUHL M, MAIMBURG RD. Routine induction in late-term pregnancies: follow-up of a Danish induction of labour paradigm. *BMJ Open* 2019;9:e032815. <https://doi.org/10.1136/bmjopen-2019-032815>.

### Migrant women

- WIKBERG, A. A theory on intercultural caring in maternity care. *Scandinavian Journal of Caring Science*, DOI: 10.1111/scs.12856 (accepted for publication 17.3.2020)

### WHO report

- WORLD HEALTH ORGANIZATION 2016. *Midwives' Voices Midwives' Realities. Findings from a global consultation on providing quality midwifery care*, Geneva, World Health Organization. (76 p)