

Midwifery Education At Risk

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Abstract

Midwifery education in Japan falls far short of the international standard with respect to the course requirements and the length of the clinical training. Student midwives in Japan are required to assist ten deliveries during the designated two-month clinical practicum, a difficult task to satisfy due to Japan's low birthrate. In contrast, midwifery education in Western countries takes between 12 and 48 months to finish and the E.U. standard requires students to assist at least 40 deliveries during their clinical training. Midwifery training in Japan had been traditionally offered as a non-degree certificate program at private institutions. However, four-year universities have started to offer the program as an elective program. At four-year universities, some midwifery course requirements have been deleted and the length of the clinical training has been shortened because of the congested curriculum. Serious discussion is necessary regarding the improvement of midwifery education in Japan.

Key words : Midwife, Clinical training, Midwifery Education

1. Introduction

Japan's midwifery education is in crisis. Compared with the education offered in other countries, the curriculum of midwifery education in Japan is limited and the clinical training period is too short. While midwifery is regarded as a highly professional job in most European countries, it is considered to be part of nursing profession in Japan. This was the result of the GHQ policy established by the United States in 1948, when the U.S. forces occupied Japan. At that time, the American delegates failed to understand the value of midwifery in Japan, where more than 95% of babies had been safely delivered by midwives. The delegates considered this custom primitive¹⁾ and promoted deliveries by doctors. The United States later changed its stance, however, and today, American nurse-midwives are actively involved in home birth services as well as public, private, university and military hospitals. The U.S. offers midwifery education at the graduate level, and their midwives are working in every part of the world to improve the health of women and children. Their contributions have been highly appreciated in the reduction of infant and maternal mortality, cesarean births, and episiotomy²⁾. In contrast, Japan has more or less retained the GHQ legacy, and today roughly 98% of babies are born in hospitals³⁾.

While midwifery is considered to be a profession in its own right in most advanced countries and requires specialized training, Japan offers midwifery education at the undergraduate level together with other nursing courses or as a non-degree certificate program. Partly because of the poor appreciation of the profession, Japan's midwifery training and the curriculum are far from satisfac-

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tory compared with the European standards and this has created some problems. Taeko Mori, a midwife who have worked as a midwife in Brazil for two years, testified at the 152nd session of the Diet held in 2001 that Japanese midwifery education was far below the global standards and unskilled medical workers often become a burden in an international setting⁴⁾.

Thanks to the waves of globalization, increasingly more Japanese people are working abroad. It is expected that the number of Japanese medical workers who take an active part in foreign countries will continue to increase. It is unfortunate for both Japanese women and women in other countries if our midwifery education falls short of the global standard. We briefly overview the system of midwifery education in Japan and compare the requirements for midwifery training with those of other countries to see how our system fares.

2. Midwifery Training in Japan

Traditionally, licensed nurses and students who had completed required nursing courses were allowed to enter the one-year certificate programs offered at midwifery training schools or junior colleges. Students were generally given eight months to complete the clinical training. These programs still exist, but some four-year universities have started to offer midwifery education as an elective program for the third and fourth-year students who are majoring in nursing science to become registered nurses as well as public health nurses. The required number of credits for the program is 22 (720 hours) by law, but students of the one-year certificate program have been required to take at least 35 credits. At four-year universities, however, some of the courses have been omitted because it is believed to overlap with other nursing courses. At Okayama University, for example, the total number of credit requirements for the midwifery program is 14, including five credits of clinical training to be completed in two months. Since a full-scope midwifery practicum requires continuity of care through pregnancy, birth and postnatal care, the length of the practicum is crucial. It is impossible to observe the full course of pregnancy and birth within the designated two-month practicum.

Under the current law, students are required to deliver about ten babies during the period of clinical training. However, it had not been easy to meet the requirement even for students of the one-year certificate programs due to Japan's low birth rate. It has been reported that some student midwives assisted only four or five babies during the training⁴⁾. It is unrealistic to expect students to assist 10 deliveries within the two-month practicum.

Goda and others reported a strong correlation between the number of babies students delivered and the degree of their confidence in their midwifery skills⁵⁾. However, even after assisting ten deliveries, there were only two with which more than half of the students felt confident out of the fourteen requisite midwifery skills⁵⁾. It is unknown how many deliveries are necessary before they feel ready to become professional midwives. Further study is necessary to determine whether or not our delivery requirement is satisfactory for students.

3. Global Standards for Midwifery Training

Table I shows the course requirements for midwifery in some advanced countries. As we have mentioned, the EU standard requires students to assist at least 40 deliveries. The required training period varies depending on the country or the clinical experience of students, but no country finishes midwifery training in six months like Japan. These countries consider it necessary for future midwives to have a deeper knowledge of perinatal care and some experience in assisting high-risk deliveries. Whether the E.U. standard of 40 deliveries is reasonable or not is unconfirmed, but with the current level of midwifery education we offer at four-year universities, Japanese students

Table I Midwifery Course Requirements of Several Countries

Country	Length of Midwifery Education (months)	Required Number of Deliveries	Required Period of Practicum (months)	Admission Requirements
Japan	6	10	2	Direct entry or RN
U.K.	18 for licensed nurse or 36 for others	40	12 ~ 27	Licensed nurse or Direct entry
France	48	80	33	Baccalaureate in Nursing
Sweden	12	50	8	Licensed nurse with 6 months' practice experience
Norway	24	50	12	Licensed nurse with one-year practice experience
Holland	48	40	24	Direct entry
Germany	36	30	24	Direct entry

Note: direct entry means applicants without nursing background can apply if they have finished secondary education

Source: The Japanese Journal for Midwives, vol. 39 no. 11. 1985 and vol. 44. no. 5. 1990. Introduction to Midwifery, Japan Nursing Association Publishers. 1996.

will never develop the same expertise as their Western peers.

4. Conclusion

Japan's midwifery education falls far short of the European standards. Future midwives are expected to have skills for handling high-risk deliveries and an extensive knowledge of perinatal care. To attain these goals, the establishment of a two-year midwifery program with one-year clinical practicum would be ideal. However, it will take some time before such a program becomes a reality given the fact that midwifery education had started as a non-degree program. In order to offer more satisfactory midwifery education at four-year universities, instituting internship after graduation seems necessary.

Although Japanese women who opt for home deliveries assisted by midwives are still in the minority, the number of such women is increasing. There are groups of women promoting deliveries at home in Japan, and midwives are an important part of that movement⁶⁾. It has been reported that many Japanese women, even if they had given births in hospitals, depend on their midwives for advice regarding their prenatal care as well as care for newborns⁷⁾.

Although high-risk pregnancies have been increasing and about 25% of babies are born by cesarean sections, most women can have babies in a natural way. Nowadays, a significant number of terminal patients choose to die at home and house calls of doctors and nurses are becoming common. Likewise, having babies at home is becoming popular. Women all over the world deserve more skilled, trustworthy and knowledgeable midwives. Serious discussion is required regarding the quality of midwifery education and training presently offered in Japan.

REFERENCES

- 1) Yuji Taketani, Sumiko Maehara eds: An Introduction to Basic Midwifery Vol. 1: General Midwifery, Igakushoin, Tokyo, 2000.
- 2) American College of Nurse-Midwives. <http://www.midwife.org/2002>.
- 3) Health and Welfare Statistics Association: Journal of Health and Welfare Statistics. Vol. 49, no. 9, Tokyo, 2002.
- 4) Japan Society of Midwifery Education: The Minutes of the 153rd Diet Session on partial alterations of the P.W.N.

- Law. Tokyo, 2002.
- 5) Noriko Goda, Yuka Okazaki and Kiyoko Shirai: Delivery Assistance Techniques. Bulletin of School of Health Sciences Okayama University, 4: 1-9, 1993.
 - 6) International News, Midwifery. 220-221, 1995.
 - 7) Kaoru Iwama, Chieko Kon and Chie Kon: The Opinion Survey on Male Midwives in Aomori Prefecture. The Japanese Journal for Midwives, 50:580-584. 1996.

危機に立つ助産師教育

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要 約

日本の助産師教育はその期間の短さ, 臨床訓練の不十分さで国際的に大変見劣りしている。国際化の中で卒業生が海外で活躍する機会も大幅に増えている現在, 先進国として世界的基準に恥じない教育実践が求められる。これは国内のより質の高い助産師へのニーズにも合致することである。わが国の助産師教育課程は昭和23年に制定された保健婦助産婦看護婦法に基づいている。この法律は戦後間もないGHQの指導下に産声を上げた。制定当時のアメリカには助産師制度はなく, 助産師の教育期間は6ヶ月以上とされ今日に至っている。しかし, 今日の欧米では助産師教育期間は12~48ヶ月(実習は8~33ヶ月)とされ, 日本の2倍以上である。分娩介助数も日本の10例程度に対し, EU基準では最低40例が義務付けられており, 高度な助産技術の習得を目指している。従来, わが国における助産師教育の主流は看護師教育を終了した者を対象とした1年課程の助産師学校養成所および短期大学専攻科における専門的な助産学教育であった。この課程では指定規則の基準に加えて, 各校独自に助産師教育の充実を図る努力が行われてきた。しかし, 近年の看護学教育の急速な4年制大学化に伴い, 4年制大学における助産師教育は最低の指定基準を満たすために, 助産学専門科目の一部は選択科目として位置付けられ, その他は看護学の科目に読み替えられる事となった。この様な状況の中で, 今後の助産師教育をどう国際的基準に合わせていくか, 真剣な議論が必要である。

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