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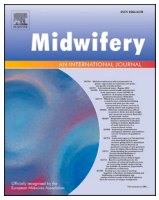

Review Article

Midwifery theories: A scoping review

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ABSTRACT

Problem: The identification of midwifery theories will contribute to the identification of a midwifery model of care for women experiencing low-risk pregnancies, and to support its implementation in Portugal.
Background: Previous research has explored the concept of woman-centredness as the core principle underpinning midwifery practice, mapped existing midwifery models of care, synthesized multiple theories and the scope of midwifery to achieve conceptual integration, and identified the aspects of midwifery care that most significantly contribute to the quality of care for women and their babies. However, to the best of the authors' knowledge, no other review has mapped the theories that underpin midwifery practice.
Aim: This study aims to map and summarise the theories that underpin midwifery practice.
Methods: The JBI methodology for scoping reviews was used to conduct this review.
Findings: A total of 16 documents were included in this review. Sixteen theories were identified and the differences between them vary in both underpinning philosophical ideas and the methodology used to develop them.
Discussion: The four concepts of the nursing-midwifery metaparadigm were identified in all documents and a fifth concept, midwife's self-knowledge, should be included in the characterisation of a midwifery theory, once it has a strong presence in all four concepts, underpinning them.
Conclusion: This scoping review identified the theories underpinning midwifery practice. The compilation of these theories can be used to strengthen the scientific area and profession: development of theoretical knowledge as professional autonomy and power, internal control for the profession, guidance to professional practice, practice standardization, inter and intra-professional communication, and outcomes assessment and improvement.

Introduction

Theories provide structure for a phenomenon, direct thinking, observations, and interpretations and further provide direction for actions. Midwifery and nursing theories provide a pathway for evidence-based practice and allow professionals to organise, analyse and understand the client's findings that are fundamental to make decisions, to plan and to execute their care, predicting and assessing the results. The use of a theory in midwifery care brings benefits to the user since it provides a systematic and intelligent approach to care practice and profession, which ultimately results in good health results for a whole society for which midwives are recognised (Tomey & Alligoog, 2002). Theory defines and clarifies midwifery and the purpose of midwifery practice, states not only the focus of practice, but also specific goals and outcomes, making midwifery more evident (McEwen & Wills, 2019).

The prevailing paradigms (models) provide different perspectives for midwifery practice, management, teaching, research and the subsequent development of a Midwifery Theory, and, through research, constitute a framework which is the underpinning of a study (McEwen & Wills, 2019).

Previous research investigated the concept of woman-centredness as the central principle underpinning midwifery practice (Crepinsek et al.,

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2022), mapped existing midwifery models of care (Eri et al., 2020), synthesised multiple theories and the scope of midwifery to achieve conceptual integration (Peters et al., 2020), and identified the aspects of midwifery care that contribute most significantly to the quality of care for women and their babies (Renfrew et al., 2014). To the authors' knowledge, no other review mapped the theories that underpin midwifery practice. To fill this gap, and to feed into further research, the purpose of this scoping review was to identify the underlying midwifery theories that inform midwifery practice of midwives.

This review is part of a wider implementation project to develop midwifery units in Portugal. The results aim to fill the first step of the framework proposed by the Medical Research Council Guidance: "*Develop or Identify a Complex Intervention*" (Craig et al., 2008; Skivington et al., 2021). The key considerations of this step are four core elements: context, theory, stakeholders and economic evaluation.

Since the wider project proposes a new model of care (standard care is doctor-led) for women with uncomplicated pregnancies, understanding the theory that defines the concepts used in the proposed model is of utmost importance. The purpose is to unveil how these concepts are articulated, and how a new model can be developed and operationalised in practice. Portugal is one of the few countries in the European Region where midwifery-led care in the national health service is not an option for pregnant women, despite the solid evidence of their benefit to women, consequently babies and the overall society (Goncalves et al., 2022).

A scoping review on midwifery theories is vital to systematically explore and map the diverse theoretical frameworks that underpin midwifery practice. This type of review provides a comprehensive overview of the existing theories, highlighting how they contribute to the practice and development of midwifery. It also identifies gaps in the literature where further research is needed, ensuring that midwifery practice is grounded in robust, evidence-based theories. By synthesizing these theories, the review can inform and enhance the development of midwifery services, particularly in international contexts where diverse healthcare settings require adaptable and well-founded theoretical approaches. Ultimately, this review serves as a critical resource for both practitioners and researchers, guiding the application of midwifery theory in practice and shaping the direction of future research.

Thus, this scoping review aimed to map and identify the theories that underpin midwifery practice building on the conceptual framework to implement midwifery units in Portugal.

Scoping review was the chosen methodology as it is the most appropriate type of review to map and identify evidence and key characteristics related to a concept.

Methods

The authors found a scoping review method was deemed the most adequate method for this review since: no published literature clearly identifies the theory/ies that inform midwifery practice and scoping reviews help to identify the types of available evidence in a given field examining how research was conducted on a given field. We also aimed to gain comprehensive and in-depth understanding on midwifery practices' theory and this review type seeks to identify key characteristics related to a concept.

JBI Reviewer's Manual for Scoping Reviews (Peters et al., 2020) and the framework of Arksey and O'Malley (Arksey & O'Malley, 2005) with enhancement of Levac, Colquhoun and O'Brien, (Levac et al., 2010) guided this review through five stages – identifying the research question, identifying relevant studies, study selection, charting the data, and collating, summarizing, and reporting the results. An *a priori* protocol (Paz et al., 2023) was developed, registered (Registration DOI: https://doi.org/10.17605/OSF.IO/Y3QZE) is publicly available and was methodically followed. PRISMA-ScR (Tricco et al., 2018) was used to report this review.

Research question

Based on the aim of the present study, the following research question was formulated:

- What theories have been used by midwives to inform midwifery practice?

Inclusion criteria

Population

This scoping review considered all studies that focus on midwives' involvement in the development of theories which inform midwifery practice.

Professional titles vary from country to country according to their own legislation. Therefore, this review will consider all professionals with the title "midwife" or "nurse-midwife", according to the country's professional recognition and regulation and/or based on the universal standard underlying the definition of International Confederation of Midwives (ICM) [15]: "midwife is recognized as a responsible and accountable professional" with a successfully completed midwifery education program based on the ICM Essentials Competences for Basic Midwifery Practice and the framework of the ICM Global Standards for Midwifery Education, registered and/or legally licenced in the country where located, who works in partnership with women or families.

Concept

A theory is a group of interconnected concepts and statements that suggest actions to guide practice (Tomey & Alligoog, 2002). It provides a framework to describe, explain, predict, and/or control a phenomenon (Gray et al., 2017; Powers & Knapp, 2006).

In contrast, a conceptual model is an image of a phenomenon, i.e "*a set of interrelated concepts that symbolically represents and conveys a mental image of a phenomenon*" (*Powers & Knapp, 2006*). According to these authors, conceptual model or conceptual framework are often used in place of one another.

Models emerge from theory and are a representation of the interaction between concepts, highlighting patterns, which present an overview of theory thinking. They demonstrate how theory can be applied into practice (Tomey & Alligoog, 2002).

The concept considered in this review were the theories underpinning midwifery practice.

This encompasses terms such as practice theory, midwifery theory, nurse-midwifery theory, and others, as we will elaborate upon. Articles describing theories, which may or may not contain models that represent them diagrammatically, will be included.

Context

The context considered in this review was midwifery practice.

Midwifery is a profession with a unique body of knowledge, skills and professional attitudes drawn from disciplines shared by other health professionals, practised by midwives (Godfrey C ICM 2017) using the midwifery model of care. In some countries, midwives are specialist nurses on maternal and obstetric health, therefore, in these countries midwifery practice is nurse-midwifery practice (Bryar, 1995).

This review considered published and unpublished documents that include theories which inform midwifery practice or nurse-midwifery practice and describe a midwifery theory or nurse-midwifery theory according to the theories evaluation framework developed by McEwen and Wills (McEwen & Wills, 2019) and the developing theory for midwifery practice framework of Bryar (Bryar, 1995).

Only articles about theories on midwifery practice or nurse-midwifery practice were considered.

Type of evidence sources

This scoping review considered quantitative, qualitative, mixed

methods studies, and any type of study that describes midwifery theories, published or unpublished, and grey literature. This was to ensure the catch of all the frameworks.

Articles published in English, Portuguese and Spanish were included.

Theories about implementation of midwifery models of care or midwives' education were excluded from this review.

Search strategy

A three-step search strategy was used in this review (Peters et al., 2020). First, an initial limited search of MEDLINE (via PubMed) and CINAHL (via EBSCOhost) was undertaken to identify articles on the topic. Then, a search strategy was developed using the text words of titles and abstracts and the index terms of relevant articles found on the initial search, for MEDLINE via PubMed (Appendix 1). Second, the search strategy, including all identified key words and index terms, was adapted for each included information source. The reference lists of the articles selected for full-text review were screened for additional papers. Third, a gray literature search was undertaken.

Information sources

The following databases were searched: MedLine via PubMed, CINAHL (via EBSCOhost), Web of Science, SciELO (Scientific Electronic Library Online) and SCOPUS (Elsevier). Sources of unpublished studies and gray literature were included: Repositório Científico de Acesso Aberto de Portugal, British Library EThOS (Electronic Thesis Online Service) and DANS (Data Archiving and Network Services).

To ensure the inclusion of all possible theories no date filter was applied.

Source of evidence screening and selection

Articles and documents identified in the search were uploaded to Rayyan® (Ouzzani et al., 2016). Duplicated and documents without full text available were excluded. For remaining documents, titles and abstracts were screened for eligibility according to the inclusion criteria. Two independent reviewers selected the documents based on title and abstract screening, and followed by full-text examination of all documents that met the inclusion criteria. In case of a disagreement between the two reviewers, a third reviewer would arbitrate. The reasons for further exclusion of full-text documents and further detail of the screening process are described in Fig. 1.

Data extraction

A data extraction tool was adapted from the JBI data extraction template, (Peters et al., 2020) and was previously developed and piloted by the reviewers (Paz et al., 2023).

The data extracted included specific details about the concept, context, study methods, and key findings relevant to the review objective. A revision of the data extraction tool (Appendix 2) was necessary resulting in adding the components of the theory definition to the four concepts that constitute the metaparadigm of midwifery (Bryar, 1995).

The final included documents were analysed using ATLAS.ti (GmbH At 2023) extracting the necessary data to answer the research question.

Analysis and presentation of results

The authors did not assess the documents for quality since it is not a purpose of a scoping review. This review is a secondary analysis of documents and therefore exempt from ethical approval (Suri, 2020).

The framework of McEwen and Wills (McEwen & Wills, 2019) was selected to guide the analysis and synthesis process. This framework described the criteria for reviewing grand theories and designed a method to specifically evaluate middle range and practice theories, as a three-phase process: theory description, theory analysis, and theory evaluation, which we used to the inclusion of the documents in this scoping review.

As theory, in midwifery, is intimately bound up with practice, it is often termed as practice theory. Midwifery or nurse-midwifery theory arises from midwifery practice (inductive approach) and from a range of other disciplines (deductive approach), providing "a structure within which midwives can compare the present experiences of the woman they are caring for with the responses identified in the theory" (Bryar, 1995).

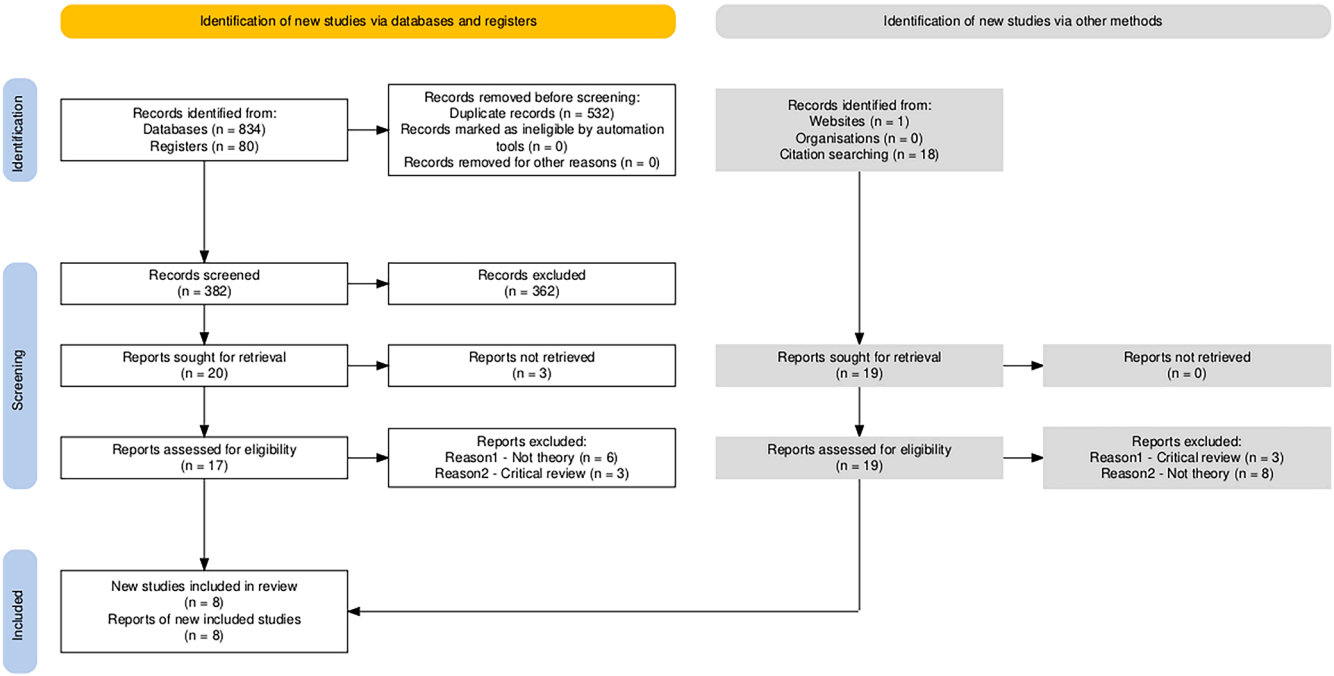

Fig. 1. Flow diagram of literature search, study selection, and inclusion/exclusion process, modified from PRISMA (Haddaway et al., 2022).

Lehrman states that the perspectives of nursing theories offer the potential for supporting nurse-midwifery care research (Lehrman, 1988) so, nurse-midwifery theories have common themes in terms of four concepts that constitute the metaparadigm of nursing – person, environment, health and nursing (Fawcett, 2006; Fawcett, 1984). Thus, midwifery or nurse-midwifery theories are formulated from an understanding of the relationships between the four concepts which are described by Bryar [19]: person, health, environment and midwifery. In her framework, Bryar (Bryar, 1995) suggests the inclusion of a fifth element to the characterisation of a midwifery theory, the concept of personal or self-knowledge, which underpins the four other concepts.

For easier analysis of the results, data was synthesised into the four categories defined by Bryar (Bryar, 1995) and summarised in tables, allowing for the identification of the evidence and key characteristics related to the theory concepts. A narrative summary and discussion are provided alongside the tabulated results.

Results

Selected studies

The search identified 834 documents in MedLine (via PubMed), CINAHL, Web of Science, SciELO (Scientific Electronic Library Online) and SCOPUS (Elsevier) databases, and 80 in other sources of unpublished studies and gray literature, such as the Open Access Scientific Repository of Portugal (Portugal), British Library EThOS (Electronic Thesis Online Service) and DANS (Data Archiving and Network Services). 532 duplicated articles were excluded as well as further 362 following title and abstract screening (as not relevant). Of the 20 documents included for retrieval, 3 were not found in full text, so they were also excluded. To the 17 included articles found in the database search further 19 were added by searching the reference lists of the articles selected for full-text reading and gray literature. A total of 36 articles were included for full-text reading. The two independent reviewers selected the articles by full-text examination of all studies that met the inclusion criteria. The articles that did not describe theories were excluded. For all the reviews found, the reference lists were searched for additional relevant studies. Articles that met the inclusion criteria were included, with the review articles themselves were excluded. No disagreements arose between the two reviewers. A total of 16 documents were finally included in this scoping review (Fig. 1).

Characteristics of the included studies

Table 1 present the characteristics of the included studies, all theoretical of qualitative nature, developed since 1988 all over the world (in countries of four of the 5 world's continents): Australia, Iceland, Netherlands, New Zealand, Scotland, South Africa, Sweden, Swiss, USA and Tanzania.

Regarding population, all the studies, considered midwives to the development of the theory. Nine studies also considered women receiving midwifery care, and one study included other stakeholders (obstetricians, educators, and other health carers).

In terms of the concept, all 16 articles described a midwifery theory construct, according to the framework developed by Bryar (Bryar, 1995), and they provide definitions of the common themes that constitute the midwifery paradigm – person, environment, health and midwifery. In thirteen articles (Lehrman, 1988, Dickson, 1997, Fleming, 1998, Kennedy, 2000, Freeman et al., 2004, Thompson, 2004, Bogossian, 2007, Maputle, 2010, Halldorsdottir & Karlsdottir, 2011, Berg et al., 2012, Homer et al., 2012, ICM 2014, Meyer et al., 2017) the relationship between these concepts is illustrated diagrammatically. All the theories described by the authors, examine, understand, test and develop midwifery care, according to the framework developed by McEwen and Wills (McEwen & Wills, 2019).

All the studies considered a midwifery practice context.

The theories identified provide a valid set of concepts and specific behaviours describing antepartum, intrapartum, postpartum, newborn, and women care as well as professional behaviours.

All theories are middle-range theories with the exception of Professionalism of the good midwife (Halldorsdottir & Karlsdottir, 2011), which is a grand theory.

The theories were generated with the intention of forming a body of knowledge for evidence-based midwifery care. One of these theories, Theory Building in Nurse-midwifery (Thompson, 1989), was formulated on the foundation of previously developed and published concepts in midwifery care from the American College of Nurse-Midwives (ACNM) Philosophy and Standards of Practice.

The identification of the evidence and key characteristics of the theories is related to the four concepts that constitute the metaparadigm of midwifery and nurse-midwifery theories.

Metaparadigm of midwifery and nurse-midwifery

Person

Person, the recipient of midwifery care, is the woman for all the theories identified. Some of them (Fahy & Parratt, 2006; Halldorsdottir & Karlsdottir, 2011; Kennedy, 2000; Lehrman, 1988; Lugina et al., 2002; Meyer et al., 2017; Thompson, 2004) also include the baby and/or the family. Women are described as human beings with bio-psycho-social characteristics, and also spiritual and emotional needs.

Midwifery

Despite all the studies defined midwife as a professional with defined and regulated competences, 14 authors (Berg et al., 2012; Bogossian, 2007; Dickson, 1997; Fahy & Parratt, 2006; Fleming, 1998; Freeman et al., 2004; Homer et al., 2012; Kennedy, 2000; Lehrman, 1988; Lugina et al., 2002; Maputle, 2010; Meyer et al., 2017; Thompson, 1989; Thompson, 2004) considered the country's professional recognition and regulation, one (ICM 2014) considered the ICM definition (Godfrey C ICM 2017), and another (Halldorsdottir & Karlsdottir, 2011) considered both. The studies considering certified midwives by the country's professional recognition and regulation originate from Australia, Iceland, New Zealand, Scotland, South Africa, Tanzania, Sweden, Switzerland and USA.

Midwifery is described as the profession defined and regulated according to the country's professional recognition and regulation and/or based on the universal standard definition of the International Confederation of Midwives (Godfrey C ICM 2017). All documents described midwives/nurse-midwives as professionals who have the knowledge to care for women/families going through experiences such as pregnancy, labour, and childbirth, postpartum, and breastfeeding. In their descriptions, they state that midwifery aligns with the promotion, protection, and support of women's human, reproductive, and sexual health rights, respecting ethnic and cultural diversity.

The professional competencies of a midwife, and the legal requirements to practice midwifery, vary from country to country and are described in each document, according to the regulations of the country where the study was conducted.

The question of what it means to be a midwife is marked by ambiguous definitions that vary from one study to another and are somehow unclear in some of the documents. However, a common pattern along the analysis is the definition of the midwife as a professional who is with the women (accompanies the women, side by side) and continuously provides her with the most actual and evidence-based knowledge, which facilitates the woman to make the best decisions about her health and the health of her children and family. Being with the woman is described as more than a physical presence beside the woman, but also as the presence of a person who deeply knows and respects the woman's values, beliefs, and culture, and walks alongside her, helping her to fulfil her needs and desires and supporting her choices. To do so, a midwife needs to bring together knowledge from

Table 1
Characteristics of the included studies.

Citation details	Country	Objective	Methodology	Participants/ Population	Theory	Theory type according to McEwen and Wills (McEwen & Wills, 2019)	Model that emerged from the theory
Lehrman (Lehrman, 1988)	USA	To test the predicted relationships among a component of nurse midwifery care, psychosocial health outcomes and other maternal psychosocial variables.	Theoretical research and nonexperimental and correlational design	- Midwifery professionals as stated in the Philosophy of the American College of Nurse-Midwives. - women who laboured and gave birth while receiving care from nurse-midwives	A Theoretical Framework for Midwifery Care	Middle range theory	Nurse-Midwifery Practice Model
Thompson, Oakley (Thompson et al., 1989)	USA	To define the theoretical construct of the nurse-midwifery care process.	Theoretical research (Development of a middle range descriptive theory of nurse-midwifery care), qualitative research – data collected from observations of videotaped consultations	- Certified nurse-midwives according to the American College of Nurse-Midwives - women who received antepartum consultations from those midwives	Nurse-midwifery care process theory	Middle range theory	Nurse-Midwifery Process of Care
Dickson (Dickson, 1997)	Australia	To develop a practical model for midwifery based on caring concepts.	Theoretical and qualitative research – data collected from the analyses of the needs of midwifery clients: philosophical assumptions have been made to form the grounding for the theory, the core of which is a caring midwifery interaction.	- Australian midwives - clients of midwifery	A Theory of Caring for Midwifery	Middle range theory	A Model of Caring for Midwifery
Fleming (Fleming, 1998)	New Zealand and Scotland	To develop a research-based conceptual model of midwifery practice.	Theoretical and qualitative research – data collected from interviews	Practising midwife: - nurse-midwife and independent midwife (according to New Zealand's legislation); - Scottish midwives practising at hospital; - midwife's clients.	Midwife-client relationship	Middle range theory	Model of interdependence women with midwives with women
Kennedy (Kennedy, 2000)	USA	To describe exemplary midwifery practice.	Theoretical research, descriptive research (describe exemplary midwifery practice), qualitative research – data collected from a Delphy study)	- Midwives certified by the American College of Nurse-Midwives (ACNM) or the ACNM Certification Council, nominated by the leadership of MANA and leadership of the ACNM that included the Board of Directors, education program directors, and a stratified random sample of 62 nurse-midwifery service directors across the United States; or who had been honoured for excellence by the ACNM, including recipients of the Hattie Hemschemeyer Award; - women for whom selected midwives had cared in the past.	Exemplary Midwifery Practice	Middle range theory	Model of Exemplary Midwifery Practice
Lugina, Johansson (Lugina et al., 2002)	Tanzania	To describe a theoretical framework developed from the views of midwives in relation to provision of	Qualitative focus groups study using grounded theory approach	- 49 nurse-midwives in five focus group discussions each having 9–11 participants.	BSP – Basic Social Process in midwifery and nursing	Middle range theory	Process of becoming a good resource and support person for post-partum women

(*continued on next page*)

Table 1 (*continued*)

Citation details	Country	Objective	Methodology	Participants/ Population	Theory	Theory type according to McEwen and Wills (McEwen & Wills, 2019)	Model that emerged from the theory
		systematic post partum care.					
Freeman, Timperley (Freeman et al., 2004)	New Zealand	To examine whether equal power is essential to the perceptions of partnership in midwifery practice and to propose an alternative model of how power might best be shared.	Theoretical and qualitative research – data collected from interviews, questionnaires, and thinking aloud tape recordings), nonexperimental design (cross-sectional design)	- Independent and hospital-based midwives with country's (New Zealand) professional recognition and regulation. - nulliparous women at low obstetric risk for whom labour care was provided.	Partnership in midwifery care	Middle range theory	Shared decision-making conceptual model
Thompson (Thompson, 2004)	USA	To present a rights-based model for midwifery care of women and childbearing families.	Theoretical and qualitative research Qualitative (discussion of a human rights framework applied to midwifery care)	- Midwives according to American College of Nurse-Midwives and International Confederation of Midwives	A Human Rights Framework for Midwifery Care	Middle range theory	Bioethical decision-making model
Fahy and Parratt (Fahy & Parratt, 2006)	Australia	To describe, explain and predict the relationships between the environment of the individual birth room, issues of power and control, and the way the woman experiences labour physiologically and emotionally.	Theoretical and qualitative data collected from case studies (the theory was synthesised inductively from empirical data generated by the authors in their roles as midwives and researchers)	- Midwives - Australian College of Midwives.	Birth Territory theory	Middle range theory	
Bogossian (Bogossian, 2007)	Australia	To review the fundamental theoretical constructs relating to social support and proposes a conceptual model to assist midwives in applying social support theory to their practice.	Theoretical and qualitative research	- Midwives according to country's (Australia) professional recognition end regulation.	Social support in midwifery	Middle range theory	Conceptual Model of Social Support
Maputle (Maputle, 2010)	South Africa	To develop a 'woman-centred' childbirth model that could be used to assist the attending midwives in the facilitation of mutual participation while managing mothers during childbirth by enhancing the implementation of the Batho–Pele principles.	Theoretical, exploratory, descriptive, and qualitative research (data collected from unstructured in-depth interviews, participant observation, visual analogue scale (VAS), unstructured conversations and field notes): a qualitative design was chosen for this project because the focus was on exploring and describing the experiences of childbirth for mothers, as well as the experiences of midwives who manage the mothers during childbirth.	- Mothers who were admitted to deliver their babies, and - Attending midwives who were providing midwifery care in the obstetric unit of one hospital in the Capricorn district, Limpopo Province (South Africa).	Mothers and attending midwives' experiences during childbirth	Middle range theory	Conceptual model of women-centred care
Halldorsdottir and Karlsdottir (Halldorsdottir & Karlsdottir, 2011)	Iceland	To present an evolving theory on the empowerment of childbearing women, where the midwife's professionalism is central	Theoretical and qualitative research (data collected from descriptive survey (one study), phenomenology (three studies), theory construction (three scholarly works) secondary analysis (two studies)	- Midwives certified according to Midwives' associations in various countries, and the International Confederation of Midwives, have formulated professional standards for midwives; - Women.	Theory of professionalism in midwifery	Grand theory	Professionalism of the good midwife

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Table 1 (*continued*)

Citation details	Country	Objective	Methodology	Participants/ Population	Theory	Theory type according to McEwen and Wills (McEwen & Wills, 2019)	Model that emerged from the theory
Berg, Asta Olafsdottir (Berg et al., 2012)	Sweden and Iceland	To define and develop an evidence-based midwifery model of woman centred care in Sweden and Iceland.	Theoretical and qualitative research (data collected from focus group interviews): using a hermeneutic approach, a model based on a synthesis of findings from 12 of own published qualitative studies about women's and/or midwives' experiences of childbirth was developed (for validity testing, the model was assessed in six focus group interviews with 30 practising midwives in Iceland and Sweden).	- Practising midwives in Iceland and Sweden.	Women-centred childbirth care	Middle range theory	Midwifery model of women-centred childbirth care
Homer, Griffiths (Homer et al., 2012)	Australia	To describe the consensus development of the Core Competencies and Educational Framework for Maternity Services in Australia.	Theoretical and qualitative research (a national consensus approach was undertaken using consultation processes with a Steering Committee, a wider Reference Group and public consultation)	- Key stakeholders from professional organisations and providers of services related to maternity care and consumers of services (GP obstetricians, obstetricians, and midwives). A Steering Committee and Reference Group were established. These groups represented a wide range of professional colleges, organisations and consumers involved in maternity services across Australia.	The Core Competencies and Educational Framework	Middle range theory	Core Competency Model
ICM (ICM 2014)	Netherlands	A Core Document of the ICM to describe the philosophy of Midwifery Care and the ICM Model of Midwifery Care.	Theoretical and qualitative research (a universal definition of the philosophy of midwifery care based on the ethical principles of justice, equity, and respect for human dignity).	- Midwives according to the International Confederation of Midwives.	Midwifery led care	Middle range theory	ICM Model of Midwifery Care
Meyer, Frank (Meyer et al., 2017)	Switzerland	To increase understanding of decision-making in complex home-like birth settings by exploring midwives' and women's perspectives and to develop a dynamic model integrating participatory processes for making shared decisions.	Theoretical and qualitative research (data collected by interviews): the study, based on grounded theory methodology, analysed 20 interviews of midwives and 20 women who had experienced complications in home-like births.	- 20 Midwives registered on the Swiss Midwives' Federation - 20 women who had experienced complications in home-like births	Decision-making in midwifery	Middle range theory	Dynamic model of decision-making in childbirth

other disciplines such as psychology, own experiences as a woman (or men), and values and attitudes, developed throughout live.

Health

All the studies focus on a salutogenic perspective of the women's needs for midwifery care, expressed as normalcy of birth, birth as a natural event, power of normal pregnancy/labour/birth/postpartum/breastfeeding when no interference occurs, not hurrying the birth process, instinctive birthing, the potential of women to give birth naturally. Ten studies (Berg et al., 2012; Bogossian, 2007; Dickson, 1997; Fahy & Parratt, 2006; Halldorsdottir & Karlsdottir, 2011; ICM 2014; Kennedy, 2000; Lehrman, 1988; Thompson et al., 1989; Thompson, 2004) seem to

underly on what facilitates health rather than what hinders risks (related to childbirth) demonstrated as health-oriented care, maintaining women's health, acting to encourage behaviour conducive to the woman's well-being throughout her life cycle, empowering women and promoting confidence, self-esteem and protection. At the heart of midwifery is the well-being of the woman and child. The midwife strengthens a woman's confidence, facilitating recognition of her own strengths and capacities, protecting and enhancing the health and social status of women. Nearly all studies (Bogossian, 2007; Berg et al., 2012; Fleming, 1998; Freeman et al., 2004; Fahy & Parratt, 2006; Halldorsdottir & Karlsdottir, 2011; Kennedy, 2000; Lehrman, 1988; Lugina et al., 2002; Maputle, 2010; Thompson et al., 1989; Thompson, 2004) concern holistic health care, defining health as the extent to which dynamic equilibrium of the body-mind-feelings-environment of the individual is maintained, respects human dignity, cultural and ethnic diversity, respects the uniqueness of the woman, supports mothers' cultural and personal preferences and choices, body and mind as one, holistic and continuous in nature, grounded in an understanding of the social, emotional, cultural, spiritual, psychological, and physical experiences of women. One study (Dickson, 1997) does not specifically englobe this holistic terminology, but instead uses a social perspective to describe health: emotional and cultural well-being according to the client's values, practices and beliefs. Hence, all the studies emphasize that midwives ought to incorporate health considerations that encompass the entirety of human physiological processes and how individuals perceive and experience them, shaped by their beliefs, values, culture, and spirituality. For all the authors of the analysed documents midwives should prioritise women's experience of these processes safeguarding their natural and biological dimensions. To achieve this, midwives require insight not only in the physiological aspects but also in the choices made by women and men (including the midwives themselves) as they navigate these life processes.

Environment

The analysis of the definition of environment revealed disparities amongst the studies. Nevertheless, a consistent theme across all 16 theories was the emphasis on the relationship between the midwife and the woman.

Apart from one study (Fahy & Parratt, 2006), no other described the physical and architectural aspects of the environment, and simply acknowledged the importance of keeping the environment calm. Each study highlighted the need to tailor the environment according to the emotional, psychological, cultural and spiritual needs of the woman's and her individual experience, as well as aligning to her preferences and wishes. Fahy and Parratt (Fahy & Parratt, 2006) propose the name "Terrain" to designate the physical features and geographical area of the individual birth space, which encompasses two opposing sub-concepts: 'Sanctum', defined as a homely environment, so that the woman feels safe, with a door to maintain privacy and access to a bathroom with a bath; and 'Surveillance room', a clinical environment, which optimises the professional's work and comfort.

Woman-centred care has been referred to as a concept, a tool, or a philosophy in 12 documents (Berg et al., 2012; Fleming, 1998; Freeman et al., 2004; Homer et al., 2012; ICM 2014; Kennedy, 2000; Fahy & Parratt, 2006; Lehrman, 1988; Maputle, 2010; Meyer et al., 2017; Thompson, 1989; Thompson, 2004), and linked to a dynamical and reciprocal midwife-woman relationship. The remaining four documents described an environment of care centralized in the women, but did not refer to women-centred-care: Dickson (Dickson, 1997) described the environment provided to support the physiological processes that women or their families undergo during pregnancy, labour, and parenthood; Lugina, Johansson (Lugina et al., 2002) and Bogossian (Bogossian, 2007) focused in the interaction between the women and their careers, i.e. the environment is the social support as a resource provided by another person and perceived as effective by the recipient; and Thompson (Thompson, 2004) describes the environment as the way girls and women are treated by others, focusing in the principles of justice and respect for human dignity. Fifteen authors (Bogossian, 2007; Berg et al., 2012; Dickson, 1997; Fleming, 1998; Freeman et al., 2004; Fahy & Parratt, 2006; Halldorsdottir & Karlsdottir, 2011; ICM 2014, Kennedy, 2000; Lehrman, 1988; Lugina et al., 2002, Maputle, 2010; Meyer et al., 2017; Thompson, 1989; Thompson, 2004) support the concepts of woman's autonomy and responsibility in the care process (shared responsibility); Homer, Griffiths (Homer et al., 2012) additionally identified key skills, knowledge, behaviours and attitudes necessary for midwives. They developed a set of competences aimed at guiding midwives in applying them in care provision and the decision-making process.

Nine studies (Dickson, 1997; Fleming, 1998; Freeman et al., 2004; Fahy & Parratt, 2006; Homer et al., 2012; Kennedy, 2000; Lehrman, 1988; Maputle, 2010; Thompson, 1989) report the concept of continuity of care.

The frameworks' analysis allowed the description of the four concepts of the midwifery metaparadigm (McEwen & Wills, 2019), underpinned by a fifth concept (Bryar, 1995), for all the articles selected and the induction of categories and sub-categories as a common conceptual basis for midwifery theory (Table 2).

Discussion

The articles included in this scoping review relate to theories presented from 1988 onward, since no studies prior to this date could be identified despite the absence of a date filter. According to Bryar (Bryar, 1995), the development of midwifery theory began in the late 1970s, which may explain the scarcity of publications before 1988.

The research identified middle-range theories that are highly specific to nurse-midwifery care in all aspects of practice. McEwen and Wills (McEwen & Wills, 2019) would defend that middle-range theories are more realistic and testable in contrast to the grand theories, which, although the perspectives of each of the current nursing theories offer the potential for supporting nurse-midwifery care research, are often difficult to link to reality. Middle-range theories are developed by studies in which data is collected about an area of practice or experience (Bryar, 1995), so they are practice theories, as the ones identified in this research. Fifteen of the sixteen documents included in this review identified practice theories which meets Chinn and Kramer [43]'s observation that over the years there has been a shift in nursing/midwifery theory towards the development of practice and research-based theory, away from the more general or grand 'theories' of nursing. In fact, only one grand theories was identified in this research, which keeps Chinn and Kramer (Chinn & Kramer, 1995) statements from 1991 current.

Sixteen practice theories were identified, and the differences between them vary in several characteristics: the philosophical ideas underpinning the models, and the methodology used to develop them.

According to the theories evaluation framework developed by McEwen and Wills (McEwen & Wills, 2019), the four concepts of the

Table 2
Analytic units.

Categories	Sub-categories
Person	Bio-psyco-social and spiritual being
Midwifery	Professional competences
	Scope of practice
	Midwife's self-knowledge
Health	Salutogenesis/ normalcy
	Health promotion
	Holistic care
	Midwife's self-knowledge
Environment	Relationship women-midwife
	Women-centred care
	Shared responsibility
	Continuity of care
	Midwife's self-knowledge

nursing-midwifery metaparadigm were identified in all the 16 documents, which confirmed each study referred to a midwifery/nurse-midwifery theory. The analysis of the theories allowed the description of the key characteristics and the common aspects for each of the four concepts. A common aspect of the nursing-midwifery metaparadigm across all theories was revealed: the concept of "person". In each document, women were consistently identified as the focal point. Midwifery as a definition (the second concept of the nurse-midwifery metaparadigm) has revealed several minor differences amongst the studies. All of them referred to the scope of midwifery practice and defined midwifery as a profession with well-defined competences, variable from country to country. To practise midwifery, in other words, is to be a midwife, is to be with the woman, not only by her side, but also by her mind, deeply knowing and respecting her values, beliefs and culture, and walking alongside her, helping her to fulfil her needs and wishes and supporting her choices. This definition is consistent with the ancestral and etymological definition of midwife: *mid* "with" + *wif* "woman", literally "woman who is with" (Etymonline 2024).

Health was a concept well defined in all studies, referred to the scope of midwifery's action and incorporating contextual, social, cultural, emotional, biological, familial and physiological factors. Physiological/normal life events such as pregnancy, labour, childbirth and the postpartum, are part of women's health and englobes the woman's instinctive and intuitive forms of living, as supported by ACNM, MANA (ACNM, MANA, NACPM 2013). These should be protected and strengthened by midwives in their practice as well as a women's self-confidence and sense of power/control over her own body and experiences. Midwives consider health to be all the physiological processes of human life and the way in which human beings (including the midwife herself) adapt and experience them. Midwife's self-knowledge as a fifth element (according to Bryar 1995) also features the concept of health for most all studies. The link between this fifth element and the concept of health is supported by other authors who describe the influence of carers' experiences on their form and notions of care (Lindeza et al., 2020).

The environment, more than physical space and architecture, refers to an atmosphere where the midwife relates to the woman considering her individual physical, emotional, psycological, familiar, cultural, social, and spiritual characteristics, to facilitate her choices about her health and the health of her family, encountering her preferences and desires but also the best evidence. So, the midwife is described as not only facilitating/creating this environment, but also being the environment, with her own value system. Once again, we also find the presence of the fifth element of Bryar (Bryar, 1995) in the concept of environment, stating environment is not just the physical space but the atmosphere that is created by and with all the persons involved, which is sustained by Barton and Grant (Barton & Grant, 2006).

In this review, midwife's self-knowledge was a strong presence in all the four concepts that characterise a midwifery theory amongst the documents. A midwife needs to bring together scientific knowledge with knowledge developed throughout life through her own experiences as a woman (or men), through values and attitudes. So, as suggested by the Developing theory for midwifery practice framework of Bryar (Bryar, 1995), midwife's self-knowledge should be a concept included to the characterisation of a midwifery theory.

This is supported by the review of Renfrew, McFadden (Renfrew et al., 2014), who identified that improved communication, education, information, and respect from midwifery care providers are aspects that most significantly contribute to the quality of care for women and their babies. When combined with good quality clinical care, these factors are essential to keeping women and their newborns safe (Renfrew et al., 2014). The importance of a trusting relationship, in which the midwife preserves women's personal control and offers respectful care, is also highlighted in an analysis of midwifery care concepts and description of the aim and objectives of midwifery practice, thereby contributing to clarifying midwives' work to other professions and users (M Peters et al., 2020).

Previous research in theories and models of care in midwifery, has highlighted that the philosophical framework of midwifery as a profession is supported by the concept of women-centred care (Crepinsek et al., 2022). The concept of women-centred care is associated with reciprocity, shared decision-making, continuity of care, relationship and empowerment, and links it to a dynamic and reciprocal midwife-woman relationship, where midwife supports the woman's autonomy and engage her in the care process. This, in turn, links the concept of this midwife-woman relationship to salutogenesis and the biopsychosocial model of childbirth (Eri et al., 2020). All these concepts emerged as subcategories of the categories identified in the analysis of the theories in this review, which correspond to the 4 concepts that characterise a midwifery theory: Person, Midwifery, Health, and Environment. In the category person, the sub-category Bio-psyco-social and spiritual being emerged. Within the midwifery category, the following sub-categories were identified: Professional Competences, Scope of Practice, and Midwife's self-knowledge. Four sub-categories contributed to the definition of category Health: Salutogenesis, Health promotion, Holistic care, Midwife's self-knowledge. The category Environment featured five sub-categories: Relationship women-midwife, Women-centred care, Shared responsibility, Continuity of care, and Midwife's self-knowledge.

This review mapped existing midwifery theories and identified subcategories within each category, reflecting common themes among the various midwifery theories analysed. This allowed for a more precise characterization and definition of the concepts they relate to. Uncovering the implicit theoretical foundations and key mechanisms within established midwifery models of care is crucial for their successful adaptation to other contexts where midwifery-led care is either not yet implemented or requires significant re-design. By identifying the underlying principles that make these models effective, healthcare systems in different regions can tailor and integrate midwifery-led approaches to meet local needs and cultural expectations. Furthermore, understanding these core elements enables healthcare providers and policymakers to design more effective programs, ensure smoother transitions, and overcome potential barriers to implementation, ultimately improving maternal and neonatal outcomes in diverse settings.

It should be noted that the sub-category midwife's self-knowledge appears in almost all the emerging categories, which allowed it to be identified as a basic concept for characterising a theory, a fifth element, as Bryar (Bryar, 1995) points out. However, not as an isolated concept, but as a concept that supports/underpins each of the other four. Therefore, midwife's self-knowledge should be integrated in the definition of each of the four basic concepts used to characterise a theory. This statement is supported by the principles of patient-based care and patient-autonomous decision-making, which are common to both medical and nursing sciences (Innovation AfC 2013; Pearson et al., 2010).

In addition, a widening field of competences within midwifery practice is emerging which may require development of further midwifery theory adapted to those circumstances. This review serves as a critical resource for both practitioners and researchers, guiding the application of midwifery theory in practice and shaping the direction of future research.

Limitations

The scope of this review represents a potential limitation, as it may not have captured all relevant documents. To mitigate this challenge, our approach involved comprehensive literature searches guided by an experienced professional. Nevertheless, we acknowledge that refining the inclusion criteria could have potentially improve the review's focus. Another limitation could be the authors preunderstandings of the subject which may have influenced the work. We attempted to overcome potential bias by ensuring the protocol was thoroughly followed and

involving two independent reviewers throughout the process.

Conclusion

The development of a descriptive theory of midwifery/nurse-midwifery care is an important step to the provision of safe and satisfying care for women and families. The results of the development of midwifery theories provide a valid set of concepts and specific behaviours describing antepartum, intrapartum, postpartum, newborn, and women care as well as professional behaviours.

The analysis of the studies enabled the researchers to discern a common conceptual framework underlying the midwifery theories outlined in this scoping review. This framework encompasses several key elements. Firstly, the recipient of care, the woman, characterised by her individual bio-psycho-social and spiritual attributes. Secondly, care provision, midwifery, recognised as a regulated profession with varying professional competencies across different countries, and operating within a defined scope of practice. Thirdly, health, the focal point of midwifery care, having midwives emphasising health promotion through a salutogenic approach, while managing pregnancy, childbirth, and the childbearing process with a focus on normalcy. This entails addressing all facets of the woman, including biological, physical, psychological, social, familial and spiritual dimensions. Lastly, the environment, deemed essential and women-centred, established through a nurturing relationship between the midwife and the woman, ensuring continuity and fostering trust, where they both share responsibility, contribute to the process of care. A fifth concept links these four, the midwife's self-knowledge, underpinning the definition of the others 4 concepts. Midwives' own perceptions of health, environment and society, and the experience of being a woman (or a man), creates an unique context to practice midwifery.

Implications for practice and research

This scoping review identified several frameworks of theories specific to nurse-midwifery, which allow to foresee advantages such as the development of theoretical knowledge as professional autonomy and power, internal control for the profession, guidance to professional practice, practice standardization, inter and intra-professional communication, and outcomes assessment and improvement (McEwen & Wills, 2019; Tomey & Alligoog, 2002).

CRediT authorship contribution statement

Sara D.C. Paz: Writing – review & editing, Writing – original draft, Validation, Resources, Project administration, Methodology, Investigation, Formal analysis, Data curation, Conceptualization. **Andreia Soares Goncalves:** Writing – review & editing, Writing – original draft, Validation, Resources, Methodology, Investigation, Formal analysis, Data curation, Conceptualization. **Conceição Moreira Freitas:** Validation, Investigation, Formal analysis. **Filipa Sampaio:** Writing – review & editing, Writing – original draft, Validation, Resources, Methodology, Investigation, Formal analysis, Data curation, Conceptualization. **Ana Paula Prata:** Writing – review & editing, Writing – original draft, Validation, Resources, Project administration, Methodology, Investigation, Formal analysis, Data curation, Conceptualization.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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Supplementary materials

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