How to promote midwives' recognition and professional autonomy? A document analysis study.

Abstract

Objective: To identify challenges associated with midwives' professional autonomy in Belgium and develop recommendations to promote midwives' recognition and professional autonomy.

Design: Through a document analysis study we identified challenges, categorized them into themes and linked them with Greenwood's sociological criteria for a profession. This involved an in-depth synthesis of findings from our published studies to comprehensively examine the challenges to optimizing midwifery autonomy and to develop corresponding recommendations.

Findings: We identified challenges related to midwife-led continuity care models, regulation of the midwifery profession, collaboration with stakeholders, professional esteem and professional culture. Based on them, our recommendations include prioritizing midwife-led continuity of care, fostering collaboration, tailoring continuous professional development, increasing public awareness and advocating for policy changes. The attribute of a profession which is lacking the most in midwifery in Belgium is recognized authority, which may result in midwives being undervalued, underutilized and underpaid.

Key conclusions: In this paper we identified challenges in Belgian midwives' recognition and professional autonomy and provided recommendations to address them, emphasizing the importance of recognized authority in midwifery. Implementing these recommendations can positively impact midwives' recognition and autonomy in Belgium and potentially in other countries.

Implications for practice: It is essential for policy makers to address the issue of the lack of recognized authority in midwifery, as it plays a critical role in facilitating decision-making, policy development, and the professionalization of the field. Implementing the outlined recommendations can drive positive changes in midwifery recognition and autonomy in Belgium and beyond.

Keywords:

midwives; midwifery; midwifery autonomy; autonomy; professional autonomy; professionalisation

1. Introduction

Professional autonomy, a cornerstone of midwifery's philosophy (Healy, Humphreys, & Kennedy, 2017), is considered a central concept in the professionalisation of midwifery (Prosen, 2022). Through its autonomy, a profession is entrusted with safeguarding the public from those who lack the necessary competences to work within the relevant profession (Halldorsdottir & Karlsdottir, 2011). Professional autonomy has a positive effect on health professionals' job satisfaction (Gözükara & Çolakoğlu, 2016; Papoutsis, Labiris, & Niakas, 2014), sense of belonging (Thompson & Prottas, 2006) and subjective wellbeing of the job (Smith, 2014). In some countries, midwives' professional autonomy is restricted contrasting with countries' legislation and evidence about the positive outcomes of midwifery care models. In the current maternity care context, midwives might not be able to practice to their full extent (Mead, Bogaerts, & Reyns, 2007). Internationally, hospital-based midwives have limited control over the organisation of their work such as one to one care or continuity of care, most of which are determined by hospital management (Vermeulen et al., 2021). Additionally, medicalisation of birth is suggested as limiting midwifery autonomy (Baird, 2007). However, literature is inconclusive about whether midwives themselves want to be more autonomous (Healy, Humphreys, & Kennedy, 2016; Pollard, 2003; Prosen, 2022). Nevertheless, a WHO report confirmed that midwives worldwide seek more professional autonomy and professional respect by other maternity care professionals (WHO, 2016).

Recently, attention has been directed towards the professional autonomy of Belgian midwives. Belgian midwives' degree of autonomy varies. In hospitals, midwives often work under the authority of obstetricians, although this can differ among hospitals and regions (Vermeulen et al., 2021). Conversely, primary care midwives in Belgium tend to have more autonomy in the organization of their work, whether working independently, in group practices, or within public health organizations ("Key data in health care – Healthcare professionals. Belgian Federal Public Service Public Health, Food Chain

Safety and Environment," 2022). Belgium consists of three highly autonomous communities and regions: the Flemish Region (Dutch-speaking), the Walloon Region (French-speaking), and the Brussels-Capital Region (bilingual). Its political organization is intricate, based on regional and linguistic considerations. However, assessing the overall professional autonomy of Belgian midwives remains challenging due to regional differences or local practices. These inconsistencies highlight the need for further research and attention to gain a comprehensive understanding of Belgian midwives' professional autonomy across all regions and professional domains.

Based on four earlier published studies, a document analysis was conducted to identify challenges related to midwives' professional autonomy in Belgium and develop recommendations for promoting their recognition and professional autonomy.

In the first study, a discussion paper was conducted, examining the professionalisation of midwifery in Belgium through the application of Greenwood's sociological criteria for a profession. The analysis revealed that midwifery in Belgium has made progress in research and education, following recognized guidelines and complying with the European Directive 2005/36/EC ("Directive 2005/36/EC. 2005," European Parliament. 2005). National legislation and regulation provide protection for the midwifery profession in Belgium, aligning with European Directives. However, challenges exist in terms of limited recognition by clients and the need to fully implement the scope of midwifery, develop advanced roles, facilitate midwifery-led models of care, and promote autonomous practice. Furthermore, the presence of different decision-making levels and regional responsibilities in Belgium may result in fragmented advocacy efforts by midwifery associations.

To achieve autonomy, a clear and shared view of midwifery autonomy was considered essential for a joint understanding of the concept. In our second study, a definition of midwifery autonomy was developed, using a modified Delphi survey with 27 content experts (see Supplemental information 1: Questionnaire Definition). The consensus definition of midwifery autonomy in Belgium comprised 15

components related to midwives' work content, professionalism, and relationship with others. We identified work related content when the midwife was responsible, could independently take decisions and controlled her work. Professionalism of the midwife encompassed expertise, authority, and competence, while relationship with others included respect for the autonomy of midwives, their recognition and respect by other maternity care professionals. Together these components encompassed the essentials of midwifery autonomy in Belgium. Belgian midwives' views on their current and future autonomy were explored in a consecutive study, using this consensus definition (published in 2022, reference removed for peer review).

In a subsequent study, a descriptive observational survey was conducted using an online questionnaire (see Supplemental information 2: Midwives' views). The survey involved 312 midwives from various clinical areas in Belgium. Findings indicated variations in perceived autonomy among respondents. Brussels' midwives felt the most autonomous, while Walloon midwives felt the least autonomous. Primary care midwives reported higher levels of autonomy compared to hospital-based midwives. Midwives with over 30 years of experience and primary care midwives felt less recognized and respected by other maternity care professionals. Despite rating their own autonomy as high, the majority of respondents believed that midwives should have greater autonomy in the future. Recognition and respect from society and other maternity care professionals were identified as vital for midwives, regardless of age, region, or professional setting. Most respondents believed that a professional midwifery association should establish regulations governing their practice. However, certain primary care midwives advocated for more effective and professional functioning of midwifery associations in Belgium (published in 2023, reference removed for peer review).

The last study, a qualitative exploratory one, using online focus group interviews with 27 maternity care stakeholders, health professionals, policy advisors, hospital managers and service-users, reported considerable variation between midwives, with different levels of autonomy. This difference was

mainly attributed to the professional domain of the midwife. Maternity care stakeholders in Belgium generally believe that an autonomous midwife should be adequately educated and committed to continuous professional education, competent, experienced and thus ensuring safe and qualitative care. Additionally, a healthy collaboration with all stakeholders in maternity care was emphasized. A maternity collaborative framework, where all maternity care professionals respected each other's competences and autonomy, was advised as crucial for providing safe and quality care. To reduce undesirable differences among Belgian midwives and support their professional autonomy and professionalisation, it was suggested to implement a compulsory registration in a regulatory body with supervisory power (published in 2023, reference removed for peer review).

The rationale for this study, building on the findings from four earlier studies (references removed for peer review), is to synthesize and expand upon the existing knowledge regarding the challenges to midwives' professional autonomy and to develop actionable recommendations for enhancing their recognition and autonomy. This study is essential beyond Belgium as it offers a transferable model for enhancing midwives' professional autonomy internationally. By providing actionable recommendations and strategies, it serves as a blueprint for other countries seeking to address similar challenges and improve midwifery practice. The inclusive approach ensures its relevance and applicability in diverse healthcare settings, promoting global advancements in midwifery autonomy and recognition.

2. Methods

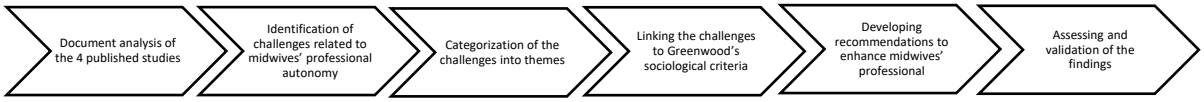
We utilized a rigorous and systematic approach, involving an in-depth synthesis of the results from our four published studies in order to examine comprehensively the challenges to optimize midwifery autonomy and develop corresponding recommendations. These studies addressed four research questions to explore the professional autonomy of Belgian midwives: 1) What is the state of the professionalisation of midwifery in Belgium? (published in 2021, reference removed for peer review),

2) How can midwifery autonomy in Belgium be defined? (published in 2022, reference removed for peer review), 3) How do midwives view their professional autonomy? (published in 2023, reference removed for peer review) and 4) How do multiple key maternity care stakeholders view midwives' professional autonomy? (published in 2023, reference removed for peer review).

The research aims, design, participants, data collection and data analysis of the four respective studies are outlined in Table 1. All studies were self- funded and ethical approval was obtained from the xxx (removed for peer review) in May 2021 (registration number: B.U.N. 143/202/100/0490). Approved amendments were made for consecutive studies by the ethics committee in December 2021 and August 2022.

To extract key insights through a document analysis study, we meticulously selected, appraised, and synthesised data from these documents as suggested in literature (Bowen, 2009). Drawing upon these insights as a foundation, we identified challenges (Noyes et al., 2019), and subsequently categorized these challenges into cohesive themes. To address these challenges effectively, we employed Greenwood's structured framework (Greenwood, 1957), which facilitated a systematic analysis of the challenges in relation to the attributes of professionalisation, offering valuable guidance for identifying specific areas that require attention. Based on this analysis, we developed recommendations aimed at tackling the identified challenges and promoting midwifery recognition and autonomy. To ensure a comprehensive understanding of the findings, both the first and last authors thoroughly examined and assessed the challenges, themes, and recommendations. Additionally, the entire research team was actively involved in the process, contributing to the validation and comprehensive assessment of the findings.

Figure 1: Methods overview



3. Findings

The challenges related to midwives' professional autonomy were categorized into themes, providing a comprehensive framework for understanding and addressing these challenges. Furthermore, recommendations for future research are also delineated. The recommendations are proposed actions or suggestions that address the challenges and aim to improve midwives' professional autonomy.

3.1. Challenges associated with midwives' recognition and professional autonomy

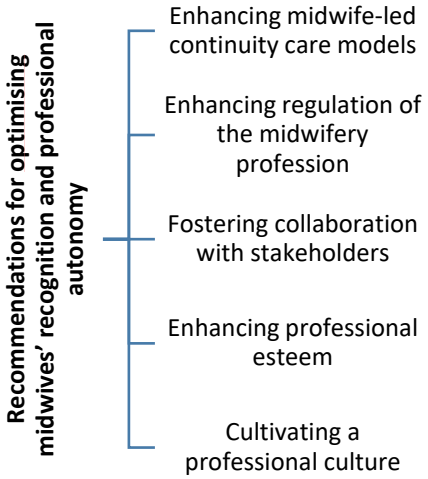
We identified challenges encompassing various aspects related to midwifery practice, education, collaboration, recognition, and the need for both local and global initiatives to advance professional midwifery autonomy. Next, the challenges were clustered into five themes, namely: 1) midwife-led continuity care models, 2) regulation of the midwifery profession, 3) collaboration with stakeholders, 4) professional esteem and 5) professional culture (Table 2). The implementation and advancement of midwifery practice face various challenges across different themes. Addressing these challenges is vital for advancing midwifery practice, ensuring high-quality, collaborative and autonomous care. Additionally, the identified challenges were linked with Greenwood's criteria for a profession, a key finding emerged regarding the attribute of recognized authority. It was revealed that midwifery in Belgium lacks the expected level of recognition from clients, other healthcare professionals, and

hospital managers, which is an essential criterion for professional status according to Greenwood's sociological framework. T

3.2. Recommendations for optimising midwives' recognition and professional autonomy

In order to promote and enhance midwives' recognition and professional autonomy, several key recommendations are outlined. These recommendations aim to address various aspects of midwifery practice and the broader healthcare system. The following sections will explore each recommendation, emphasizing their importance and potential impact on midwifery care. By implementing these recommendations, it is envisioned that midwives will have increased opportunities for autonomous decision-making, improved collaboration with stakeholders, and ultimately, enhanced quality of care for women and families.

Figure 2: Recommendations for optimising midwives' recognition and professional autonomy



3.2.1. Enhancing midwife-led continuity care models

These recommendations are closely tied to the following challenges: fully implementing the comprehensive scope of midwifery practice, enhancing autonomy within hospital settings, and advocating for the recognized benefits of midwife-led continuity of care.

The low level of continuity of midwifery care, limited choices for service-users and restricted opportunities for independent midwives to work within hospitals should be addressed. Service-users' limited knowledge about midwives' competencies may affect midwives' recognition and autonomy (Vermeulen, Buyl, Luyben, Fleming, & Fobelets, 2023). An increased public awareness of midwives' roles and competencies is therefore recommended. Influencing the public opinion is an important way to effectuate a cultural change in maternity care. To initiate cultural change, we recommend implementing targeted public information campaigns, introducing structural changes in maternity care, and employing strategies to inspire public opinion (Vermeulen, Swinnen, D'haenens, Buyl, & Beeckman, 2016). As Belgian midwives' and service-users' groups have voiced the need to introduce midwife-led continuity care, government funding for this kind of services is necessary. We recommend a paradigm shift in maternity care in Belgium, aiming to develop a sustainable model of care that optimizes resources utilization and expands beyond a hospital-based approach.

As professional autonomy over midwifery practice is challenged, we recommend that hospital managers acknowledge the professional autonomy of midwives. We strongly encourage hospital managers to actively participate in discussions regarding maternity care and to take a leading role in establishing a maternity care task force. To increase autonomous practice in hospitals, we recommend assessing the barriers and facilitators regarding the access of independent midwives to hospitals. Additionally, we suggest enhancing the conditions for independent midwives to gain access to hospitals in order to promote midwife-led continuity of care models, which adds to safe and qualitative care for all service-users as well as contributing to professional autonomy. A recent report aiming to enable service-users in Belgium to give birth with their own midwife in the hospital, provides a solid foundation for successful collaboration between midwives and the hospital, encompassing scientific, legal and financial aspects (Coppens, Denys, Lynen, & Vandeputte, 2023). Expanded roles for midwives, particularly in the provision of antenatal and intrapartum care, need to be considered.

Midwife-led continuity of care is a strong contributor to personalised safe and quality maternity care (Maimburg, Declercq, & de Jonge, 2023). To promote the added value of midwife-led continuity of care, we recommend to introduce midwifery led models of care and put these models up in a macro-level debate with other maternity care professionals, healthcare politicians, health services, insurances an service-users. Additionally, we suggest to develop an interprofessional maternity care task force comprising all identified stakeholders to shape the future of maternity care in Belgium. Given their crucial role in establishing the recommended structures, policy advisors should actively participate in these forward-thinking discussions. To enhance the acceptance of such a paradigm shift, additional requirements can be established, including adherence to evidence-based guidelines, ongoing supervision, continuous professional development, and involvement in interprofessional collaborative networks.

3.2.2. Enhancing regulation of the midwifery profession

These recommendations prioritize key areas such as promoting compliance with professional and ethical standards, fostering continuous education and professional development, and ensuring the delivery of safe and quality care.

Internationally, the latter change in midwifery regulation is evidenced by the gradual move away from the regulation focussed on the interests of the profession towards arrangements where the primary purpose is public protection and patient safety (Marshall, Lloyd, & Reform, 2019). Compliance of all midwives with professional and ethical standards is therefore strongly advised and need to be ensured. The aim of regulation is to support midwives in working autonomously within their full scope of practice ("International Confederation of Midwives. Global Standards for Midwifery Regulation," 2011). A professional regulatory framework can serve in strengthening the midwifery profession and raise the standard of midwifery practice worldwide (Marshall et al., 2019). The establishment of a regulatory and supervisory body with appropriate authority needs to be considered, drawing

inspiration from models such as the Order of Medical Doctors. (*Gecommentarieerde Code van medische deontologie [Commented Code of Medical Deontology] Orde Der Artsen. [Order of Doctors]* 2019). A survey of European midwifery regulators (2009) identified that midwifery is mostly regulated either within an autonomous midwifery regulatory body or through a shared responsibility between a ministry and a midwifery regulatory body ("Nursing and Midwifery Council. Survey of European midwifery regulators," 2009). This approach can help ensure safe and quality care while catalysing midwives' autonomy and professionalisation. To foster midwives' professional autonomy and promote a unified professional culture, it is crucial to recognize membership in a professional organization or an Order as an integral requirement for midwives' license to practice. By establishing this link, midwives can not only gain a sense of professional identity, but also benefit from the optimised autonomy, resulting from being part of a collective body.

We recommend elaborating a 'lifelong midwifery education continuum', by focussing on continuous professional development routes for all midwives. As in the UK, it might be considered that midwives maintain their registration by demonstrating that their knowledge and skills are current and that they apply the standard of midwifery practice in their daily practice (Marshall et al., 2019). It is recommended to organise continuous professional development activities as a joint initiative with hospitals, other maternity care professionals and service-users' groups. Furthermore, all continuing development activities should align with current scientific knowledge and be accredited by a supervisory authority. The recent Belgian Kwaliteitswet Gezondheidszorg (Healthcare Quality Law, 2022) requires Belgian health professionals, midwives included, to maintain a portfolio that demonstrates their skills, experience and continuous professional development activities. However, the implementation of this portfolio has not yet taken place.

It is acknowledged that the use of evidence-based guidelines ensures professional autonomy and quality of care, these guidelines need to be developed altogether with obstetricians, midwives and

service-users' groups, preferably as a joint initiative. Moreover, these guidelines can be refined and customized within regional maternity collaborative networks, thereby enhancing the validity, acceptance and implementation of the guideline within the maternity care community. It can additionally be considered to incorporate evidence-based guidelines into electronic medical records, as is the case with general practitioners. This may promote the use and implementation of evidence-based guidelines.

Given the significant variations in autonomy levels among Belgian midwives across different professional domains, we recommend the adoption of established principles for independent midwives in Belgium to be followed by all midwives (*Advies van de Federale Raad voor de Vroedvrouwen betreffende vroedvrouwen die onder hun eigen verantwoordelijkheid bevallingen uitvoeren [Advice of the Federal Council for Midwives concerning midwives who perform births under their own responsibility]*, 2015). To comply with these principles, independent midwives have to meet several prerequisites (Vermeulen et al., 2021). We therefore recommend in particular the supervision of newly graduated midwives by an experienced midwife, the implementation of evidence-based care and being a member of a professional association and a midwifery network.

The relationship between effective figures of midwifery-led care in labour and childbirth in Belgium and professional autonomy remains uncertain due to incomplete data resulting from self-registration, with some missing Walloon data. A first stand-alone report on midwife-led care in Belgium in 2020 was published in 2022 (Vandeputte et al., 2022). One of the three established Belgian midwifery associations initiated the registration of midwife-led care to assess its prevalence and promote professional autonomy. However, these registration parameters have not yet been integrated into the official perinatal registration systems. The inclusion of more midwifery-related parameters in the existing registration at Studiecentrum voor Perinatale Epidemiologie (SPE) and Centre d'Épidémiologie Périnatale (CEPIP) needs to be considered e.g. birth position, and method of foetal monitoring during

labour, maternity care professional who attended the birth (Vandeputte et al., 2022). We recommend a structural embedding and inclusion of midwifery-led care registration. Additionally, the voluntary nature of perinatal registration at SPE and CEPIP need to be assessed. It could be worth considering the inclusion of midwives' participation in perinatal registration as a specific requirement for obtaining a midwifery license to practice.

3.2.3. Fostering collaboration with stakeholders

Interprofessional collaboration has the potential to contribute to health professionals' professional autonomy by fostering shared decision-making, mutual respect, and a collaborative practice environment (Salhani & Coulter, 2009). However, it is important to ensure that while engaging in interprofessional collaboration, professionals retain their own professional identity and the ability to use their unique voice rather than solely adapting to the group. The foundation for successful interprofessional collaboration lies in interprofessional education, which should be integrated into both undergraduate and postgraduate educational curricula in healthcare. By structurally embedding interprofessional education and collaboration, healthcare professionals can develop the skills and knowledge necessary to engage in collaborative practice while maintaining their professional identity.

We additionally recommend interprofessional collaboration in regional maternity collaborative networks enabling all maternity care professionals to join this network. Such a structural network may promote collaboration in maternity care and, consequently, contribute to increased professional autonomy (Phillippi, Holley, Thompson, Virostko, & Bennett, 2019). Municipalities and associations of maternity care professionals are encouraged to work together to get the respective professionals and service-users’ groups in touch with each other. Incorporating service-users' voices into maternity care can enhance the provision of respectful and personalized care (Maimburg et al., 2023). These interprofessional maternity collaborative networks should be structurally integrated into primary care zones with the aim of coordinating the efforts of local governments, health professionals, and service

users. Additionally collaboration in the networks should promoted by professional associations of maternity care professionals. Such collaboration networks may be considered as a condition imposed by health insurance companies when negotiating agreements with midwives and hospitals. It is recommended to establish transparent care paths that clearly outline collaboration among maternity care professionals, as this can greatly contribute to the coordination and continuity of care. Furthermore, the integration of birth plans within maternity care practices is recommended to facilitate shared decision-making and enhance service-users' sense of autonomy and control over their birth experiences. There is a need for the development of a comprehensive, multidisciplinary, and interprofessional approach to creating a standardized birth plan template in collaboration with service-users. This initiative aims to enhance continuity of care but also address the current issue where birth plans may be disregarded when there is a need for transfer to a hospital during labour or when parents decide to give birth in a hospital setting.

To optimise professional development in maternity care, it is essential to foster more joint initiatives among maternity care professionals. By organizing continuous professional development activities through collaborative efforts, such as involving midwives, obstetricians, nurses, and other stakeholders, opportunities for learning and sharing best practices can be created. Moreover, to ensure a women-centred approach, it is recommended to include service-user groups in these postgraduate activities. Their perspectives and insights can contribute to shaping the content and delivery of professional development programs, ultimately improving the quality of care provided in the field of maternity care.

To promote midwives' professional autonomy and advance the field of midwifery practice, collaboration with policy makers is crucial. In the specific context of Belgium, it becomes imperative to address the legal clarification of further education, including masters and doctorate programs, that would enable midwives to pursue advanced roles as midwife practitioners. There is an international

consensus that engaging in a discussion regarding the defining elements of advanced midwifery practice can greatly contribute to enhancing professional autonomy for midwives (Goemaes, Beeckman, Verhaeghe, & Van Hecke, 2020). Collaborating with policy makers is essential to establish the necessary frameworks and regulations that recognize and support the development of advanced midwifery practice in Belgium.

3.2.4. Enhancing professional esteem

These recommendations strive to enhance the recognition of midwives and rectify disparities in autonomy and acknowledgment.

To improve the recognition of midwives, a multifaceted approach is recommended. This includes increasing public awareness of midwives' roles and competences through targeted education campaigns and highlighting their valuable contributions to maternity care. Additionally, by implementing structural changes in maternity care and employing strategies to inspire public opinion, we can initiate a cultural shift that recognizes and appreciates the vital role of midwifery. Furthermore, investigating service-users' knowledge and attitudes towards midwifery care provides valuable insights for addressing any misconceptions or gaps in understanding. Lastly, designing transparent and evidence-based care paths that outline the collaboration and respective competences of all maternity care professionals can foster a more unified and recognized role for midwives within the healthcare system.

The decline in our midwives’ self-perceived societal and professional recognition after more than 30 years of professional experience is surprising and remains unexplained. Conversely, a decrease in the self-perceived autonomy of midwives older than 50 year and those with more than 21 years of experience was noticed. We recommend hospital managers and policy advisers to develop an appreciation policy for these midwives. Flexible job pathways for more experienced midwives need to be considered and implemented. Recognizing the expertise of experienced midwives and involving

346 them in mentoring and facilitating growth opportunities for younger colleagues can play a crucial role
347 in fostering a supportive and empowering environment. This collaborative approach not only
348 acknowledges the value of experienced midwives, but also promotes knowledge sharing and
349 continuous learning within the field, ultimately contributing to the overall advancement of midwifery
350 practice and the autonomy of midwives.

351 **3.2.5. Cultivating a professional culture**

352 There is a call for an increased professional functioning of the Belgian professional associations of
353 midwives. Midwifery associations need to be strong political actors to promote and negotiate the
354 autonomous position of all their members. While respectful collaboration and structural partnerships
355 with other maternity care professional and service-users' group should be established, professional
356 associations should represent the interests of all midwives, regardless of their professional domain.
357 Professional associations' role in the ongoing process of midwifery professionalisation is key to
358 promoting and negotiating midwives' autonomous position. Given that only a limited number of
359 primary care midwives perceive professional associations as playing a significant role in governing their
360 profession, we recommend that professional associations enhance the visibility of their work and
361 engage in dialogue This approach will ensure that the specific needs of all midwives are addressed,
362 fostering a sense of respect and inclusion.

363 Cultivating a professional culture that promotes collaboration with stakeholders and unity among
364 midwifery associations is essential to overcome the challenges posed by differing needs in different
365 regions. While the Belgian professional midwifery associations may have distinct agendas and focuses,
366 it is important to establish common ground and foster a shared vision of the profession and the role
367 of midwives. To achieve this, we recommend building bridges between the respective midwifery
368 associations, service-users' groups, other associations representing maternity care professionals, and
369 policy-makers. By treating these stakeholders as equal partners, meaningful collaboration can be

fostered, allowing for the alignment of goals, exchange of expertise and collective efforts to enhance the recognition and advancement of midwives' professional autonomy.

Fostering collaboration among associations and applying our definition of midwifery autonomy internationally can strengthen professional autonomy and promote a broader understanding of midwifery globally. There is a potential to apply our consensus definition of midwifery autonomy internationally, as its contents are based on international literature and all European midwifery education programmes have to meet the same European standards. Our definition of midwifery autonomy can potentially encourage an international dialogue, grounded in a common understanding of autonomy, enabling stakeholders in maternity care to strengthen professional midwifery autonomy. To explore midwives' perspectives on their existing and prospective autonomy, a questionnaire was developed, utilizing the consensus definition of midwifery autonomy. Conversely, we recommend the translation and psychometric validation of our questionnaire. Our instrument may help to explore the state of midwives' autonomy in other countries.

4. Discussion

This study offering an initial lens through which we gained valuable insights into the recognition and professional autonomy of midwives in Belgium. Through a comprehensive document analysis, we identified challenges across multiple dimensions of midwifery, including practice, education, collaboration and recognition. These challenges underscore the importance of implementing both initiatives to advance professional midwifery autonomy. The identified challenges were further grouped into five themes: midwife-led continuity care models, regulation of the midwifery profession, collaboration with stakeholders, professional esteem, and professional culture. These themes are in line with previous research which identified that European midwives' roles in practice as well as their professionalisation are matters of concern (Mivšek, Hundley, van Teijlingen, Pahor, & Hlebec, 2021; Prosen, 2022; Vermeulen et al., 2019). Each theme highlights a specific aspect that necessitates

attention and action from multiple stakeholders. Additionally, recommendations were developed to promote midwives' recognition and professional autonomy. As such this study has the potential to enhance the status of the midwifery profession, its credibility within society and midwives' professional autonomy in Belgium.

Our recommendations aim to enhance the recognition and professional autonomy of midwives by emphasizing midwife-led continuity of care practices and engage in debate with stakeholders. Indeed, midwives' recognition and professional autonomy needs to be the subject of debate with other maternity care professionals, service-users and policymakers (Feo et al., 2018). Collaboration and respect among all maternity care professionals should be fostered through interprofessional education and collaboration programs. Interprofessional education is a critical approach for preparing students for interprofessional teamwork to enhance the quality of patient care (van Diggele, Roberts, Burgess, & Mellis, 2020). Interprofessional education enables students to identify with their profession as well as creating a safe place to gain insight into other professionals' competencies. Moreover, students obtain knowledge about being a professional participant and enrich their professional identity (Haugland, Brenna, & Aanes, 2019). In addition, the establishment of a maternity collaborative framework and a regulatory body with supervisory power may ensure safe and quality care, while also supporting midwives' professional autonomy and professionalisation (van Minde, 2022). Existing literature supports the notion that reinforcing regulation of the midwifery profession and strengthening midwives' associations would be advantageous for the overall advancement of the midwifery profession (Castro Lopes et al., 2016).

Additionally, continuous professional development should be tailored to current scientific knowledge, and pathways for advancement in midwifery roles should be clarified. Moreover, raising public awareness about midwives' roles and competences is essential, alongside engaging in cultural changes in maternity care. Finally, advocating for policy changes, such as legal clarifications and the

418 establishment of regional maternity collaborative networks, can further support midwives' autonomy
419 and the overall improvement of maternity care. By prioritizing these themes and implementing
420 targeted strategies, we can establish the foundation for recognizing midwifery as an autonomous and
421 respected profession, leading to optimal maternal and new-born health outcomes (McInnes & Mc
422 Intosh, 2012).

423 Implementing recommendations to enhance midwives' recognition and autonomy may face
424 challenges such as resistance from traditional healthcare models and financial constraints for
425 education programs (Prosen, 2022). Overcoming these obstacles involves fostering interprofessional
426 dialogue, securing sustainable funding sources, and advocating for policy changes. Cultural shifts
427 towards embracing midwifery roles and establishing effective regulatory frameworks further support
428 the advancement of midwifery autonomy and improved maternity care outcomes (Zolkefli, Mumin, &
429 Idris, 2020).

430 Our findings align with Greenwood's attributes of a profession, which serve to define and distinguish
431 a profession from an occupation or trade. By linking the challenges to the attributes of a profession,
432 we gained additional insights into the aspects that need particular attention and focus. Aligning the
433 challenges with Greenwood's framework provides a strategic direction for future initiatives, enabling
434 targeted interventions that enhance the professional recognition and advancement of midwives in
435 Belgium. The attribute of a profession in which midwifery in Belgium is lacking the most is recognized
436 authority, as per Greenwood’s sociological criteria for a profession. This signifies that midwives in
437 Belgium do not have the level of recognition from their clients, other health professionals, and hospital
438 managers that is expected of a profession. While recognized authority is an important attribute of a
439 profession, it reflects the level of trust and confidence that society has in the competences of its
440 professionals. In addition, midwives want to be recognised and respected by society and other health
441 professionals. Indeed, previous research identified that Danish midwives are determined to go above

and beyond in their profession, but they also seek appreciation and social recognition in return (Jepsen, Mark, Nøhr, Foureur, & Sørensen, 2016). The high level of job autonomy experienced by New Zealand midwives is reinforced by the recognition and respect they receive from women and colleagues, who understand and appreciate their scope of practice (Clemons, Gilkison, Mharapara, Dixon, & McAra-Couper, 2021). A lack of recognized authority may result in midwives being undervalued, underutilized, and underpaid (*World Health Organization Strengthening quality midwifery education for universal health coverage 2030*, 2019). Limited recognized authority can also lead to a lack of autonomy in decision-making and a reduced input into policy-making (Weiss-Gal & Welbourne, 2008). Overall, when faced with a lack of authority, midwives can leverage their competences and professional networks to advocate for change, collaborate with others, and actively contribute to the advancement and recognition of the midwifery profession as a critical component of maternity care.

Strengths and limitations

This study integrates findings from previous research to create a cohesive framework addressing midwives' professional autonomy in Belgium, utilizing document analysis for a systematic understanding. It emphasizes practical policy recommendations and unified advocacy strategies, involving a broad range of stakeholders to ensure comprehensive and collaborative solutions. Additionally, the study provides forward-looking recommendations to address current challenges and prepare for future developments in healthcare and society.

The methodology employed in this study has several strengths. It utilized a rigorous and systematic analysis of our four published studies, employing thematic analysis to identify main themes in the data. The iterative analysis process extracted key insights from the results, conclusions, and implications of the respective studies. To ensure trustworthiness, a meticulous process of data selection, appraisal, and synthesis was undertaken, guaranteeing both the reliability and relevance of the findings. (Bowen, 2009). As suggested in literature, the involvement of multiple researchers provided a comprehensive

understanding of the findings (Polit & Beck, 2009). Additionally, the use of Greenwood's structured framework facilitated a systematic analysis of challenges in relation to professionalisation attributes, guiding the identification of specific areas for improvement. While our document analysis has provided valuable insights into challenges facing midwifery autonomy, some limitations should be noted. Firstly, the study's reliance on a limited number of sources may restrict the breadth of identified challenges and recommendations. Secondly, the findings may not generalize beyond the specific context of Belgium, potentially limiting applicability to other healthcare systems. Additionally, potential cultural biases in the document selection process could influence the outcomes of this study, as the analysis is based on studies conducted within the Belgian healthcare context. This may not fully represent the diverse midwifery practices and challenges in other regions or countries, resulting in a skewed understanding of midwifery autonomy and recognition that does not account for varying cultural, legal, and professional norms globally. To mitigate these biases, future research should aim to include a broader range of studies from different cultural and regional backgrounds, ensuring a more comprehensive and inclusive analysis. Additionally, the subjectivity inherent in interpreting qualitative data introduces the possibility of bias in identifying and categorizing challenges. Finally, the study's focus on specific aspects of midwifery autonomy may omit broader systemic factors influencing professional practice (Vahid et al., 2015). These limitations underscore the need for cautious interpretation and adaptation of the study's recommendations in diverse healthcare settings.

5. Conclusions

This paper presents the findings of a comprehensive document analysis study on the recognition and professional autonomy of Belgian midwives. We identified significant challenges associated with midwife-led continuity care models, regulation of the midwifery profession, collaboration with stakeholders, professional esteem, and professional culture. Drawing from these findings, we provide recommendations to promote midwife-led continuity of care, foster collaboration, advocate for policy

changes, and enhance public awareness to support midwives' professional autonomy. Additionally, we identified that recognized authority was the professionalisation attribute that is most lacking in Belgium, which might have negative consequences for midwives' autonomy, decision-making and policy-making. Our document analysis study contributes to the current knowledge of midwives' recognition and professional autonomy and may lay the foundation for future studies in this area. Addressing the challenges and implementing the recommendations of this study could have a positive impact on the professionalisation of midwifery, not only in Belgium but also in other countries facing similar challenges.

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624 **Table 1: Schematic overview of the methods of respective studies included in this research project**

	Research aim 1: To describe the state of the professionalisation of midwifery in Belgium,. (Published in Women and Birth, 2021)	**Research aim 2: To define a consistent definition of midwifery autonomy in Belgium.** (Published in Journal of Advanced Nursing, 2022)	**Research aim 3: To explore Belgian midwives' views on their current and future autonomy.** (Published in Healthcare, 2023)	**Research aim 4: To explore maternity care stakeholders' views on Belgian midwives' professional autonomy.** (Published in Healthcare, 2023)
Design	A text analysis of relevant policy and academic texts underpinned by Greenwood's sociological criteria for a profession	A modified Delphi study	A descriptive observational survey	A qualitative exploratory study
Participants	N/A	27 content experts from different professional settings in Belgium (hospital, primary care, education and research)	312 midwives from different professional settings in Belgium (hospital, primary care, education and research)	27 maternity care stakeholders in Belgium (health professionals, policy advisors, hospital managers and service-users' groups)
Data collection	Literature search of policy and academic texts on maternity are in Belgium.	A self-constructed online questionnaire, based on 17 critical components retrieved from literature	A self-constructed online questionnaire, based on the 15 validated items from the consented definition of midwifery autonomy in Belgium	Online synchronous heterogeneous focus group interviews, using a self-constructed interview guide with four open-ended questions
Data analysis	Structured text analysis using Greenwood's sociological criteria for a profession: own body of knowledge, recognised authority, broader community	The content validity index (CVI) of individual critical components was calculated for each critical component's clarity and relevance. Additionally, content experts	Quantitative analysis, using a Tukey honestly significant difference test, descriptive statistics and Chi-square. Additionally, quotes from respondents were used to	Thematic analysis: transcription of recordings, familiarising with the data and coding into recurrent and common themes

	sanctions, own code of ethics and professional culture sustained by professional association	could suggest other items and adjustments	contextualize the quantitative data	

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627 **Table 2: Challenges and recommendations**

Themes	Challenges	Challenges linked to Greenwood's sociological criteria for a profession	Recommendations
Midwife-led continuity care models	To implement the full scope of midwifery practice	Recognised authority	To promote good midwife-led continuity of care practices
			To promote midwifery and increase midwives' visibility
			To consider expanded roles for midwives, especially in the provision of antenatal and intrapartum care
	To increase autonomous practice in hospital	Recognised authority	To advice hospital managers to acknowledge the professional autonomy of midwives
			To advice hospital managers to actively participate in maternity care discussions
			To assess the barriers and facilitators regarding the access of independent midwives to hospitals.
			To set up the conditions for independent midwives to gain access to hospitals in order to promote midwife-led continuity of care models
	To increase awareness of the added value of midwife-led continuity of care	Recognised authority	To consider midwife-led continuity care models of care and to debate this model with other stakeholders, service-users included
			To set up a maternity care task force to shape the future of maternity care in Belgium
			To advice policy makers to consider financial incentives to promote midwife led care continuity services.
Regulation of the midwifery profession	To ensure compliance with professional and ethical standards	Broader community sanctions Own code of ethics	To consider the establishment of an Order of midwives ensuring safe and quality evidence-based care
		Own body of knowledge	To develop evidence-based guidelines in close collaboration between obstetricians, midwives. and service-users

			To refine and customize evidence-based guidelines within regional maternity collaborative networks
			To tailor all continuous professional development activities to update scientific knowledge
		Broader community sanctions	To install a supervisory authority accrediting professional development activities for midwives
	To ensure adequate education and continuous professional development	Own body of knowledge	To structurally embed interprofessional education and collaboration within educational programs
			To organise continuous professional development activities as a joint initiative with hospitals, other maternity care professionals and service-users' groups
	To ensure safe and high-quality care	Broader community sanctions	To adopt some of the legal principles for independent to all midwives
			To integrate midwifery-led care registration in the official established perinatal registration
			To consider the inclusion of more midwifery-related parameters in the existing registration
			To assess the voluntary nature of perinatal registration
Collaboration with stakeholders	To ensure interprofessional collaboration	Recognised authority	To-encourage collaboration and unity among maternity care professionals by fostering partnerships between municipalities and established professional associations.
			To set up a maternity collaborative framework, where all maternity care professionals respect each other's competences and autonomy
			To-advocate for collaboration within regional maternity collaborative networks by encouraging all maternity care professionals to actively participate in network meetings.
			To structurally embed interprofessional undergraduate and postgraduate education in order to establish strong foundations for interprofessional collaboration
			To foster transparent care paths, outlining collaboration among maternity care professionals.
	To ensure structural collaboration with service-users	Recognised authority	To structurally embed service-users in a collaborative maternity network which is critical for shaping the future of maternity care in Belgium
			To structurally embed birth plans in maternity care in order to facilitate shared decision-making and enhance service-users' sense of autonomy and control
		Own body of knowledge	To develop continuous professional development routes for all midwives in line with the lifelong midwifery education continuum

	To develop advanced midwifery roles		To legally clarify the concept of further education leading to advanced midwife practitioners (MSc, PhD)
			To legally clarify the concepts of advanced midwifery roles
Professional esteem	To improve the recognition of midwives	Recognised authority	To increase public awareness of midwives' roles and competences
			To consider structural changes in maternity care and strategies to inspire public opinion to initiate cultural change
			To investigate service-users' knowledge and attitudes towards midwifery care
			To design transparent care paths, outlining the collaboration and respective competences of all maternity care professionals
	To address discrepancies in autonomy and recognition	Recognised authority	To examine the impact of regional sociocultural profiles on midwives' autonomy and recognition
			To examine the impact of regional policies on midwives' autonomy and recognition
			To explore why Walloon midwives feel less autonomous
			To explore why older midwives, primary care midwives and Walloon midwives feel less recognised and respected
			To advice hospital managers and policy advisers to develop an appreciation policy for elder midwives
Professional culture	To consider a professional functioning of midwifery associations	Professional culture sustained by formal professional associations	To-strengthen midwifery associations as influential political actors to actively promote and negotiate for the position and interests of all their members.
			To-recognize membership to a professional organization or an Order as a vital requirement for midwives' license to practice, enabling them to effectively represent all midwives and foster a sustainable professional culture.
	To unite midwifery associations	Professional culture sustained by formal professional associations	To advice professional associations to intensify the dialogue with all their members and to represent the interests of all midwives, regardless of their professional domain
			To advice professional associations to motivate all their members meticulously participating in the official established perinatal registration
		Professional culture sustained	To strive for interconnection between midwifery associations, other health professionals in maternity care and policy-makers with service-users groups

		by formal professional associations Recognised authority	To-facilitate collaboration between municipalities and associations of maternity care professionals to foster meaningful connections between professionals and service-users within the respective communities.
			To set up regional maternity collaborative networks with the involvement of all stakeholders
	To encourage an international dialogue around professional midwifery autonomy	Own body of knowledge	To translate and validate the psychometric properties of our questionnaire aiming to explore midwives' views on their autonomy for international use
			To apply the consolidated definition of midwifery autonomy internationally

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