

Midwives' experiences of developing advanced clinical practice roles in complex pregnancy care

Abstract

Background/Aims Increasingly, service users choose pregnancy when living with pre-existing medical comorbidities. Advanced practice in midwifery is being developed to support these women's needs. The aim of this study was to explore how direct entry midwives develop and practice at an advanced level.

Methods A total of 10 midwives were purposively sampled from a national Whatsapp group and interviewed. The data were analysed thematically.

Results Participants wanted to learn more about complex pregnancy and this drove them to advanced clinical practice training and development. The new knowledge was empowering and they drew on support from colleagues and practitioners outside midwifery.

Conclusions There is a place for advanced level practice in maternity care to meet the increasing demands of complex pregnancies.

Implications for practice Advanced midwifery practitioners can contribute to real impactful interprofessional working to meet the needs of the perinatal population with complex medical conditions.

Keywords

Advanced practice | Career pathways | Level of practice | Midwifery | Skills development

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Maternity services across the UK continue to evolve in response to the changing demographics of the pregnant population and advances in maternal medicine. The establishment of 17 national maternal medicine networks across England and the introduction of the obstetric physician's role in maternity care reflect the needs of the growing number of women with long-standing, complex medical diseases (NHS England, 2023a).

Pregnancy induces significant changes in all aspects of human physiology, with rates of maternal morbidity and mortality increased by diseases that pre-date pregnancy and by complications that arise during pregnancy (Brown et al, 2022). The changes in maternity services are framed in a background of successive UK maternal death reports (MBRRACE, 2023), and most recently, national maternity service reviews that highlighted failures of maternity professionals to identify common medical conditions and recognise deteriorating maternal health (Kirkup, 2015; Ockenden, 2022).

The autonomous role of the midwife lies in clinical expertise in uncomplicated bio-physiological pregnancy and birth, providing maternity care throughout the pregnancy continuum (Royal College of Midwives, 2016). Over the last four decades, there has been an alteration in the professional profile of midwifery, moving away from dual qualified nurse-midwife registrants in favour of direct entry midwives. The proposition for this change at the time was to increase the status of the midwife by strengthening the profession's identity as guardians of normal birth (Association of Radical Midwives, 1976) and move away from the sickness medical model of nursing (Maggs, 1994). As a result, direct entry midwifery graduates have had their training rooted in midwifery and childbirth theory with minimal nursing and medical topics covered.

Medical conditions and additional needs in the childbirth continuum were reintroduced to the curriculum in the Nursing and Midwifery Council (NMC, 2019) proficiency standards for midwifery. This move partly addresses the requirements of the growing medical complexity in the childbearing population.

Advanced clinical practice in midwifery

The complexity of maternity care required for a significant number of current service users falls outside most midwives' traditional clinical skillset, knowledge base and training, particularly for those who have been educated in previous iterations of the NMC (2009) standards. More recently, some midwives have been adapting their clinical practice and, in line with other healthcare professional groups, have undergone further training as part of an advanced clinical practice Master's degree.

Advanced practice is available for nurses and midwives to study at Master's level in multiple universities across the UK and Ireland. Although programmes vary with a range of optional modules, all contain a common core of the four pillars of advanced practice: clinical practice, leadership, education and research. This education pathway has resulted in the creation of sub-specialist advanced clinical practice roles in some maternity services, with extended responsibilities and a new scope of professional autonomy for pregnancies with complexity. The development of advanced midwifery practice is in-keeping with the national multiprofessional advanced practice framework (Health Education England (HEE), 2017) and the ambitious NHS England (2023b) long-term workforce plan to train, retain and reform NHS staffing.

HEE commissioned a review of advanced practice in midwifery in 2020, which included a review of nine published papers from four studies separately undertaken in England, Ireland and Belgium. A deep dive analysis into the development of advanced practice in maternity services was also included (Crozier et al, 2021). Many of the available studies used small sample sizes and included advanced nurse practitioners. The titles 'specialist' and 'advanced' are often used interchangeably in studies, but in practice these are two distinctly different roles, which makes drawing strong conclusions and generalising difficult. However, the findings of available studies were congruent, demonstrating similar barriers and enablers to implementation of the advanced midwife practitioner role (Crozier et al, 2021).

Although the review identified a dearth of evidence of advanced practice in midwifery, Ireland had regulated advanced practice in nursing and midwifery (Nursing and Midwifery Board of Ireland, 2018), while there was little evidence of the impact of the level of practice on maternity care and women's experience (Casey et al, 2019). The scoping review found that experienced midwives had an appetite for significant career development that enabled them to provide direct clinical care and 'be with woman', and this was identified as a primary reason for seeking to develop through the advanced practice route. The review also identified a lack of information and understanding of models of

advanced practice in midwifery among senior midwifery leaders, which could be a potential barrier to further development of advanced practice in midwifery services.

When the midwifery proficiencies (NMC, 2019), were mapped against the advanced practice framework there were significant gaps in leadership, education and research elements. Following this review, advanced practice midwifery capabilities were developed with broad input from the profession, regulators and leaders (Crozier et al, 2022). In March 2024, the NMC gave approval to develop additional regulation for advanced practitioners, which is subject to further engagement with stakeholders and a public consultation. The NMC recognises the importance of advanced practice in health and social care. However, they identified inconsistencies in education, training, qualifications, responsibilities and governance processes, all of which can create a risk to public safety that regulation may help to mitigate (NMC, 2023a).

The midwifery voices project was funded by Health Education England. It focused on exploring the experience of direct entry midwives undertaking advanced clinical practice. Crozier et al's (2021) study on advanced midwifery practitioners found that those who came from nursing backgrounds had developed interests in particular areas of disease or disability before entering midwifery, which they then drew upon when developing their role profiles in advanced practice. The present study focused on midwives who entered the profession directly with no previous healthcare background, to understand their motivation and journey to advanced practice. The study's objectives were to explore the barriers and facilitators to developing advanced practice skills and knowledge, bearing in mind that undergraduate training primarily focused on uncomplicated bio-physiological pregnancy and birth. The first cohorts of midwives graduating under the new midwifery standards of proficiency (NMC, 2019), which included a greater focus on knowledge and skills in caring for women with additional needs and medical complexities, would have graduated in 2022, so none of the participants had completed those programmes.

Methods

This was a qualitative study using semi-structured interviews. Qualitative methods were used to gain a deeper insight into the experiences of advanced midwifery practitioners. This was identified as the optimal method to gather rich data on a topic that is poorly explored and documented.

Participants

Participants were recruited by purposive sampling based on the inclusion criteria (*Table 1*). Midwife volunteers were invited to take part in the study via a national

Table 1. Inclusion and exclusion criteria

Inclusion	Exclusion
<ul style="list-style-type: none"> Registered midwife with current Nursing and Midwifery Council Undertaken direct entry midwifery degree Has/currently undertaking MSc in advanced clinical practice in the UK Employed in an NHS or trainee advanced clinical practice post 	<ul style="list-style-type: none"> Dual registered nurse–midwife Practising midwifery outside of the UK

advanced clinical practice midwives WhatsApp group. Participants had either completed or were undertaking a Master’s qualification in advanced clinical practice. All participants were currently practising in England at the time of the study.

A total of 11 midwives were given an information sheet outlining the requirements of the midwifery voices study and an invitation to participate, 1 month before the interview. One midwife withdrew, leaving a sample of 10. Nine of the interviews were recorded in a film studio by an independent media company, with one participant

interviewed on Microsoft Teams, as they were unable to attend in person but wanted to participate.

Data Collection

The narrative semi-structured interviews were conducted by three of the authors, who were all midwives, in June 2023 and lasted 30–50 minutes. Each interview was observed by another member of the team of authors. Interviews were filmed and transcribed verbatim. A semi-structured interview guide with four pre-populated questions was used as a prompt for further discussion. The prompt questions were:

1. What led you to go from a traditional midwifery role to an advanced clinical practice role?
2. Advanced practice midwifery roles often focus on maternal disease and medical complications. Have you experienced any challenges moving from a normality focus into one of disease?
3. What were the biggest enablers and challenges to your advanced practice role development?
4. What advice would you give to any midwives aspiring to become advanced clinical practitioners?

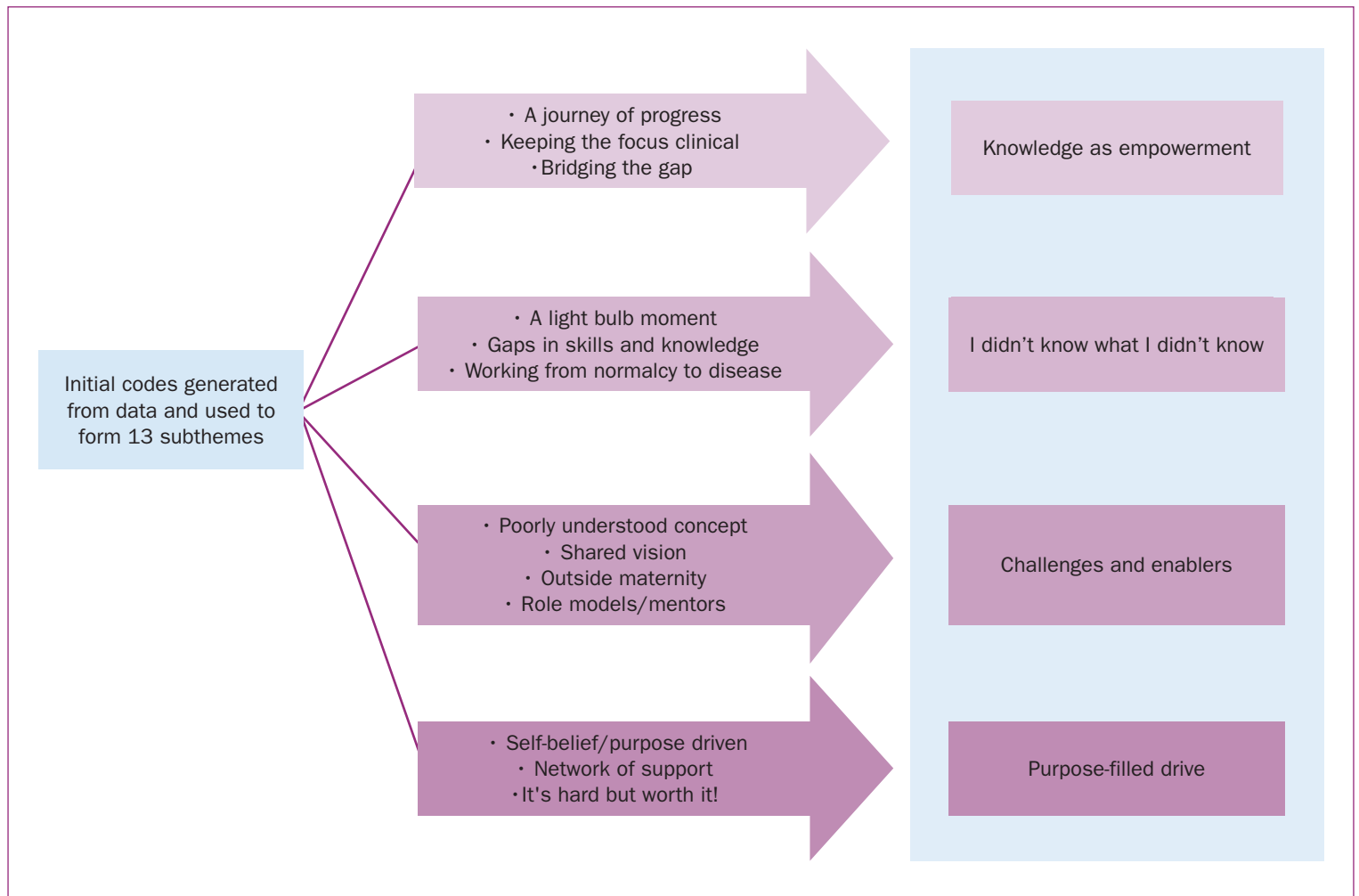


Figure 1. Data analysis

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The themes and quotes were returned to participants as a form of member checking.

Data analysis

The data were anonymised, and thematic analysis was applied using a six-step model as described by Braun and Clarke (2021). The analysis was undertaken by two of the authors, who first looked at all the data separately and generated initial codes. The codes were used to form 13 sub-themes before generating the four major themes (Figure 1). All authors decided on defining and giving the final title to each identified theme.

Ethical considerations

Formal ethical approval was not required, as the midwives participated by virtue of their professional role. However, primary ethical principles were considered. The information sheet outlined how participants’ data would be used and stored on an NHS computer restricted to one member of the team for up to 10 years. Participants were made aware of the complaints procedure if applicable and were asked to sign a standard informed consent form designed by HEE to undertake a recorded filmed interview. The authors planned to use their stories to showcase this practice route across professional platforms. Issues of confidentiality were made clear to the participants, who were made aware that their anonymity could not be preserved in the use of videos for publicity. The quotes were anonymised but participants were made aware that they may be recognisable to their peers in quotes that alluded to their specific area of practice. Participants understood that they could withdraw from the interview and have their data withdrawn if they no longer wished to continue. They were aware of the aims and objectives of the project and all took part voluntarily.

Results

All 10 participants had come to midwifery through the direct entry route and so had no nursing background. The area of clinical expertise and geographical distribution of participants throughout England are shown in Table 2.

The participants discussed the need to provide holistic care to women and ensure continuity of midwifery care. They described their journey of coming to midwifery to support healthy women through their pregnancies and early postnatal journeys. All described how they encountered women who presented in pregnancy with medical and social complexities that required support; however in being offered medical support, these women were often separated from midwifery care and the pregnancy became overshadowed by the comorbidity.

One participant summarised a vision for advanced practice that was expressed by all participants in different ways.

Table 2. Participants’ information

ID	Advanced clinical practice role	Years qualified before advanced clinical practice training	Region
A	Maternal medicine	8	Southeast
B	Maternal medicine	4–5	Southeast
C	Perinatal mental health	6	Northwest
D	General and maternal medicine	21	Northwest
E	Triage	10	Southeast
F	Perinatal mental health	5	East
G	Perinatal mental health	4	East
H	Triage	20	Southeast
I	Diabetes	6	Southeast
J	Perinatal mental health	3	Midlands

‘Having a midwife that actually understands the care pathway and can provide advice and review, also prescribe medications like a one stop so they don’t have to attend multiple appointments. They are just seeing that one midwife ... and they also feel safe enough to express their concerns’. J

The four broad themes were: ‘I didn’t know what I didn’t know’, knowledge as empowerment, challenges and enablers and purpose filled drive.

I didn’t know what i didn’t know: disease processes

The participants wanted to expand their knowledge and skills to provide informed, holistic clinical care to women with complex, higher risk pregnancies. They sought out opportunities to study at a Master’s level to understand complex conditions. However, their lack of broad knowledge of physiology and pathophysiology became apparent during their studies. They compared their levels of knowledge to the nurses and advanced healthcare practitioners who were students on the same programme.

‘When I did my undergraduate, we had one module on medical conditions and the module very briefly touched on all areas ... it just touched on the very basics and didn’t really go into specific conditions or medications and how things are managed or even impact on day-to-day life’. A

The participants found that they were studying conditions of which they assumed other professionals had more knowledge and experience. Four of the participants perceived themselves to be at a disadvantage

compared to their nursing, paramedic and other allied health professional colleagues undertaking advanced practice studies. The participants described how they achieved the required knowledge through extra study and experience of clinical care in non-maternity settings.

Participants demonstrated working with advanced clinical practice nurses and sub-specialist medical colleagues in acute settings with a diverse and unwell population as a means to accumulate the underpinning knowledge of disease process and treatments.

'I think it can be hard for you to understand if you don't have a nursing background ... it was important that I really understood cardiac assessment and respiratory assessment or neurological assessment because we see ... women coming in with headaches or shortness of breath. They're both very common symptoms of pregnancy'. E

During this transition, some of the participants described a revelation about their clinical knowledge that they had not known before.

'Being an experienced midwife, I thought I knew, and I did to a degree, but advanced practice is just completely on another level with complex decision making, care planning and the continuity for the woman'. D

The participants' desire to know more was to enable service change that would benefit women through better continuity of care with a focus on pregnancy and their journey to parenthood, while recognising that they also had to understand the impact the disease had on pregnancy.

Knowledge as empowerment

Participants expressed a hunger to expand their midwifery roles and develop themselves so they could know and do more. This curiosity, critical thinking and questioning was a feature from an early stage in their careers.

'I had that really good understanding of midwifery practice and how midwifery worked. But I wanted to take that step further ... I wanted to learn more about the pathophysiology of pregnancy ... so that I could streamline some of the processes in maternity that really improve a woman's experience'. C

All participants expressed a desire to build their clinical skills while progressing in their midwifery career, which advanced clinical practice studies offered. They articulated a frustration that promotion in midwifery through the NHS system often took midwives away from the women in their care.

'I wanted to still be patient facing. I love that part of my job. I love working with a woman, seeing them through their journeys, and I wanted to still have that patient face-to-face contact'. E

These participants recognised that their training increased their clinical skills, expertise and decision making, as well as confidence to work in multiprofessional teams, addressing the increasingly complex needs of service users.

'It's outside of ... the normality parameters. I'm able to look at it from a different perspective and review the results and medication without having to book an additional appointment to refer them to a doctor ... so it does help bridge that gap in care'. I

Challenges and enablers

The participants highlighted the importance of a shared understanding and vision as challenges occurred when the concept of advanced practice in midwifery was poorly understood.

'Some of the senior members of staff questioned what advanced practice would bring and what it looked like. And they themselves said "are you not already an advanced practitioner?" We are already experienced midwives, we're autonomous, what will advanced practice bring?'. D

For many participants, the introduction of advanced clinical practice to midwifery was met with resistance among clinical colleagues, as they did not fully understand its purpose and advantages.

In contrast, participants reported that when senior midwifery and medical colleagues valued and understood advanced levels of practice, it was an enabler.

'I was very fortunate that I had supporting managers, heads of midwifery, consultants. That all bought into my vision of what could be better for the women'. G

'I think the things that are really important with advanced practice in midwifery moving forward is a vision ... a framework so directors of midwifery understand advanced practice and how advanced practice can make a difference in maternity services'. D

It was also evident that nearly all the participants had developed a shared understanding and support from their senior midwifery colleagues. The insight and vision of forward-thinking senior midwifery leaders appeared to be requisite to investment in advanced clinical practice midwifery roles in maternity services.

'Had it not been for the foresight of our head of midwifery in viewing that we need this role within our maternity department, I don't think this opportunity would've ever come up'. C

The participants reported that role models and mentors were key to enabling the development of their roles. Having an advanced practice midwife as a role model was a substantial advantage to developing a service, as they had already experienced and understand the expectations, barriers and enablers in that setting.

'Seeing the way in which they worked, the way in which they'd all made the role their own and had done slightly different things with it and worked in slightly different ways, I could role model myself on that'. A

'I also had an advanced clinical practitioner that had already been through the training and that was already established in post before myself, there were already two in the trust'. J

Opportunities to work with medical consultants in intensive care or specialist clinics provided another perspective and enabled participants to create networks outside the often-closed environment of maternity care. Where obstetricians and medical colleagues supported the development of an advanced practitioner, they created links to other parts of the hospital, which enabled the midwife to experience different aspects of care delivery.

'I think that opportunity to go into those traditional nursing environments was a huge benefit because it really helped me to see outside of the little niche of midwifery to gain that wider understanding of pathophysiology'. C

Three of the participants felt that seeking a supportive network was also a key enabler, as advanced clinical practice still felt new and less understood in midwifery.

'Find a network of other midwifery [advanced clinical practitioners]. You will very much feel at times "I'm on my own. I'm the only person doing this". But I think once you start to network with people, you soon become aware of actually the fact that [advanced clinical practitioners] have been around in midwifery for a lot longer than we think'. C

Purpose filled drive

There was significant evidence of self-belief and having a vision or being purpose driven in all of the participants.

Key points

- Direct entry midwives do become advanced practitioners.
- Clinical mentorship from specialists inside and outside of maternity services facilitates midwives to gain clinical experience, skills, knowledge and develop expertise,
- The challenges and opportunities for midwives to become advanced practitioners are shared here.

They provided insight into the advice they would give to other midwives interested in pursuing advanced practice:

'I would tell them to make sure they're really passionate and they've got a clear vision about the area and the remit that they want to cover and the scope that they want to specialise in because the potential is massive'. J

'Believe in yourself, believe in the role that it can provide. Believe in what advancement you can bring to the midwifery service, to your trust that you're working in, the women that you're providing the service to. And dig deep, hold onto your passion. And smile through it!' E

The participants' passion and appreciation for advanced practice was clearly evident and all participants agreed that advanced clinical practice had a beneficial impact on the care they provided to women.

Discussion

This study sought to explore the experiences of direct entry midwives undertaking advanced clinical practice or training, recognising that the focus on maternal disease and or complexities of pregnancy was often necessary. All the participants identified a gap in the provision of expert midwifery care to women with medical comorbidities, which influenced their decision to develop services. In doing so they all recognised the need to combine midwifery skills with a medically modelled skillset to provide truly holistic care, similar to the findings of Gaskill and Beaton (2015). Undertaking these clinical roles underpinned with an advanced clinical practice Master's degree provided the midwives with insight into their gaps in knowledge of pathophysiology, advanced level clinical history taking, clinical reasoning, multisystem physical examination and disease presentation. The participants realised that there was much more to know and began to question their previous assumptions about their midwifery knowledge.

International literature has shown that in nursing, a Master's in advanced clinical practice and educational

training improves clinical decision making by drawing on evidence-based knowledge (Clark et al, 2015). Vaughan et al (2010) suggested that direct entry midwives may be disadvantaged when seeking to develop specialist midwifery practice roles. Similarly, the present study's participants spoke about their perception of gaps in their undergraduate training, as there was little time allocated to understanding medical conditions and complexities.

Some participants found resistance to their advanced clinical practice development from their colleagues. Some found that their support came from medical professionals and for others it came from a network of advanced practice colleagues in their wider organisations. The importance of a clear shared understanding of what an advanced level of practice is and how it can benefit the maternity population in a service area is key to successful implementation of midwifery advanced practice roles. This mirrors the findings of previous research on advanced practice (Gaskell and Beaton, 2015; Jones et al, 2015; Casey et al, 2017; 2019; Goemaes et al, 2018).

The Nuffield Trust was commissioned by the NMC to undertake a review of existing literature on regulation of advanced clinical practice professional roles and international approaches to regulating advanced clinical practice while considering the landscape in all four countries of the UK. They reported a variation in educational requirements, proficiencies, oversight and governance (Nuffield Trust, 2023). As a result, the consensus was that regulation was required, which led the NMC (2023a) to launch a review into the regulation of advanced practice nursing and midwifery roles. This review involved the development of a standardised definition of advanced practice, proficiencies and education standards. It is hoped that the regulation of advanced practice in midwifery and nursing will bring increased consistency and clarity on the role of advanced clinical practice in midwifery.

Gibson (2013) argued that the view that 'a midwife is a midwife' is both simplistic and outdated. Medicine, nursing and other allied health professionals have recognised the necessity of subspecialist roles in clinical practice for many decades. Therefore, it is not unreasonable for maternity services to also benefit from this level of practice to support the delivery of care for populations where complexity requires a multiprofessional team approach.

Implications for practice

There is a small but growing number of midwives who achieve advanced levels of practice through clinical development and Master's level education (Royal College of Midwives, 2023). This study

involved a small sample of self-selecting direct entry midwives who followed a career development route. The commonalities of their experience and their passion for providing relational, holistic care to women whose pregnancies are medically complex is set in the context of a supportive multidisciplinary team. The participants' experiences show that development to advanced practice level is possible for those without a nursing background.

Limitations

The interviews focused mainly on clinical development. There is limited commentary on leadership and management of advanced practice and none on research or education attributes required in advanced levels of practice. The study limited its focus to the perception of direct-entry midwives and therefore did not explore on the development of advanced clinical practice midwives with a nursing background. Further research must also consider how women perceive care in pregnancy delivered by advanced practice midwives and multiprofessional teams. The questions were broad in relation to the development of roles, but it is interesting to note that the answers mainly focused on the clinical role and the development of clinical services. Less attention was given to the other pillars of advanced practice: research and education.

Conclusions

The participants identified that they lacked clinical skills, knowledge and experience in the clinical presentations of complex medical disease in pregnancy, for which their undergraduate training had not prepared them. This may well change in the future as midwifery students are exposed to theory and practice surrounding medical conditions and pathophysiology that will better prepare them for acutely unwell women with additional needs and women with medical complexities. However, the standards for midwifery proficiency should not be seen as an end point in midwifery careers, but a baseline from which midwives can further develop their skills and knowledge. The authors do not advocate for substitution for doctors but rather for real impactful interprofessional working. Every woman, no matter their complexity, is entitled to midwifery care and complexity should not overshadow pregnancy at this life-changing point. It is important that we critique midwifery and consider how the roles and ways in which we work can evolve and develop to best serve the needs of the population. **BJM**

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All authors contributed to the write up. RL handled the funding application.

Data sharing: Data are available from the authors on reasonable request.

Declaration of interests: ES was one of the participants interviewed as part of this study.

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CPD reflective questions

- How might advanced practice level roles enhance some aspect of care for families in your organisation?
- If you were considering advanced midwifery practice in your own career development, what are your key strengths and areas of interests and where would you need most development?
- What are the career pathway opportunities for midwives in your area or region and how can you access them?

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