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EDITORIAL

Close the Umbrella and Look up at the Sky: It is Time to Realize that Nursing Midwifery is not Midwifery

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To our ear, this title can seem artful and ingenious. Perhaps, but it is more logical and closer in fact to current changes in scope and philosophy of midwifery science. Sometimes, when reading the philosophy of midwifery science, we can forget that philosophy is "the beliefs that you have about how you should behave in particular situations in life" (Cambridge Dictionary, 2023). In light of this definition and on the walls appear shadows which are caused by the presence of two models of midwifery education and practice; nursing midwifery (nurse midwives) and midwifery (direct-entry midwives). Do we consider nurse midwives 'midwives', because we always call them 'midwives' or have we always called them so because they are 'midwives'? If we cannot yet understand midwifery science in human terms, then how can we call the nurse midwives 'midwives' on this base?

A main simple discovery is the whole truth that midwives and midwives" educators had been looking for, which is the discovery that makes us realize that nursing midwifery is not midwifery. Understanding the fundamental philosophies of nursing and midwifery science is the main step to this realization. The philosophical foundation of midwifery science is women-centred care. Women-centred care is based on considering pregnancy and childbirth as normal and physiological; it is grounded on ethical principles of midwifery care. It prioritizes and supports women's (clients') unique and holistic needs, builds women's confidence (empowers them) and fosters partnership with women (ICM, 2014; Yvonne Fontein-Kulpers et al., 2018). Contrary to the philosophy of midwifery science, is the philosophy of nursing science. The underlying philosophy of nursing science is patient-centred care which means that nurses deliver care to the patient as a person, not as a cluster of disease; it assumes that patients are knowledgeable and qualified to make decisions about care needs. It is based on responsiveness to the patient's needs, places the patient at the centre of the healthcare system and is based on empowering nurses to be responsive to the patient's needs (Rinchen Pelzang, 2010).

The philosophy of midwifery science is logical and insightful. "Midwifery is skilled, knowledgeable and compassionate care for childbearing women, newborn infants and families across the continuum from pregnancy, birth, postpartum and early weeks of life" (WHO, 2023). However, as healthcare professionals, we should not suppose that there must be a break between nursing and midwifery. We did not think; do we know? Nursing midwifery is not midwifery. What are we to make of this mixture of midwifery and nursing science? In this way, we are taking this insight (philosophy of midwifery) in different directions. How can one propose that the philosophy of nursing science is women-centred care? How can one promise that nursing midwifery originated from the midwifery science? We can see that we are not on the right track: the questions are how/when nurse midwives consider childbearing women as clients and how/when they will consider them patients? Why

nurse midwives deal with childbearing women as qualified? Consequently, they declare that they just need to occasionally respond to women's needs; i.e., when needed. This literally means minimal communication with childbearing women. Therefore, holistic and continuous care is questionable. Is this midwifery? Besides, it is easy to see that nurse midwives are standing at the middle of health continuum. The main issue arising would be whether they know to move towards wellness or to manage illness? In this sense, their identity and outcomes are debatable.

Most closely related, Hoehn-Velasco et al. (2022) confirmed that changes to the scope of midwifery practice impact nurse midwives' outcomes. They show that midwifery care by nurse midwives led to a slight change in obstetric outcomes, as well as maternal and neonatal mortalities. Meanwhile, provision of care by midwives is beneficial for both women and babies with no adverse effects. Women who received midwifery care were more likely to receive care from midwives whom they already knew and have spontaneous vaginal birth, less likely to have an epidural, episiotomies or instrumental delivery, less likely to experience pre-term birth or losing their babies (Sandall et al., 2016). This is not meaningless evidence, but a practical inquiry of our philosophical principles as midwives and midwifery educators.

The greatest secret is to wake up from what we are not and to fully recognize who the real midwife is. If we do not investigate our education, practice and regulation, how will we know that we are proceeding in the right way? How can we make actions and take decisions to regulate the profession and license midwives? In my perspective, the real midwife is the midwife that speaks the language of midwifery science, autonomy and independence, self-and others' respect, beneficence and justice, holism and faith, compassionate care and integrity; i.e., the language that unites us as midwives. The real midwife is the midwife that does not accept to be "nursed" or registered and licensed to work under the umbrella of nursing science. The reason is that plurality leads to contradiction and that is illusion. Why do we need a further profession to separate midwives from midwifery science?

Finally, I invite midwives, educators and authorities to reconsider the language of midwifery science instead of native language, midwifery science and qualification instead of nursing science and qualification as a fundamental base for licensing midwives. I invite them to realize that every profession has an identity. Every midwife has the right to practise and be licensed as long as she is a real midwife; i.e., direct-entry midwife. Instead of building walls of resistance in front of international midwives, initiate bridges of prosperity and persistence. It is time to be vigilant and take a collective action to close the umbrella, look up at the sky and feel the rain. It is time to stop cutting the midwives' wings, but instead give them wings to fly, so that they can simply show you that midwifery is a miracle. It is time to realize that nursing midwifery is not midwifery.

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