



Global midwifery education models and their impact on competence

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ABSTRACT

High-quality midwifery education is crucial for preparing competent practitioners to face the complex challenges encountered in maternal and newborn health. This scoping review aims to explore diverse global models of midwifery education, including simulation-based learning, leadership development, and competency-based curricula. Using PRISMA-ScR guidelines and JBI methodology, seven peer-reviewed studies from various countries were analyzed to identify key themes, challenges, and innovations. The findings reveal that while many educational models successfully enhance clinical, interpersonal, and decision-making competencies, significant gaps remain—especially in educator preparedness, infrastructure availability, and the integration of non-technical skills, such as emotional intelligence and communication. Additionally, curriculum alignment with both global standards and local health system needs remains inconsistent. This review emphasizes the importance of contextually relevant, adaptable, and comprehensive education frameworks. Strengthening midwifery education through faculty development, investment in learning infrastructure, and curriculum reform can significantly contribute to improving maternal and newborn outcomes worldwide.

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ABSTRAK

Pendidikan kebidanan yang berkualitas tinggi sangat penting untuk mempersiapkan praktisi yang kompeten dalam menghadapi tantangan kompleks yang dirasakan pada kesehatan ibu dan bayi baru lahir. Tinjauan cakupan ini bertujuan untuk mengeksplorasi berbagai model pendidikan kebidanan di tingkat global, termasuk pembelajaran berbasis simulasi, pengembangan kepemimpinan, dan kurikulum berbasis kompetensi. Dengan menggunakan pedoman PRISMA-ScR dan metodologi JBI, tujuh studi dari berbagai negara dianalisis untuk mengidentifikasi tema utama, tantangan, dan inovasi. Temuan menunjukkan bahwa meskipun banyak model pendidikan berhasil meningkatkan kompetensi klinis, interpersonal, dan pengambilan keputusan, akan tetapi masih terdapat kesenjangan penting terutama dalam kesiapan pendidik, ketersediaan infrastruktur, serta integrasi keterampilan non-teknis seperti kecerdasan emosional dan komunikasi. Selain itu, penyelarasan kurikulum dengan standar global dan kebutuhan sistem kesehatan lokal belum konsisten. Tinjauan ini menekankan pentingnya kerangka pendidikan yang relevan secara kontekstual, adaptif, dan holistik. Penguatan pendidikan kebidanan melalui pengembangan dosen, investasi infrastruktur, dan reformasi kurikulum dapat berkontribusi signifikan terhadap peningkatan kesehatan ibu dan bayi secara global.

Kata Kunci: kebidanan; kompetensi; model pendidikan

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INTRODUCTION

Maternal mortality remains a persistent global health challenge and serves as a critical indicator of a country's healthcare quality and development level. According to the World Health Organization, approximately 830 women die each day from largely preventable pregnancy- and childbirth-related complications, most of them in low- and middle-income countries. These deaths are closely linked to inadequate access to quality healthcare services, poverty, and underdeveloped health infrastructure (Irangani et al., 2022). In response, the Sustainable Development Goals (SDGs) aim to reduce the global maternal mortality ratio to fewer than 70 deaths per 100,000 live births by 2030 (Weiland et al., 2021).

Midwives play a central role in reducing maternal and neonatal mortality, as they are frontline providers of care for women and newborns throughout pregnancy, childbirth, and the postpartum period. According to WHO and UNFPA (2019), it is explained that "well trained and supported midwives working in communities are uniquely positioned to provide the compassionate, respectful and culturally sensitive care a woman needs during pregnancy and childbirth." Their competencies—which include clinical knowledge, technical skills, communication, and professional attitudes—form the foundation of safe and high-quality maternity care. When these competencies are lacking, the risk of medical errors, poor decision-making, and inadequate communication increases, potentially endangering both maternal and newborn health and undermining public trust in midwifery services. Conversely, competent and well-trained midwives can significantly reduce complications, enhance maternal and newborn outcomes, and improve overall patient satisfaction (Ruhdiat et al., 2024).

Studies have shown that midwife-led care can lower the rates of unnecessary caesarean sections, delivery complications, and neonatal mortality (Sriram et al., 2024). According to the WHO and UNFPA (2019), a lack of global synthesis remains regarding the comparative effectiveness and contextual adaptability of midwifery education models. Furthermore, several studies highlight that although various midwifery education models have been explored across different countries, most of the existing literature tends to focus on innovations and challenges in their implementation (Davison et al., 2018; Kemp et al., 2021). Furthermore, limited studies provide a comprehensive analysis of how diverse education models—ranging from leadership programs to simulation-based learning—affect the holistic development of midwifery competencies across clinical, interpersonal, and ethical domains (Bogren et al., 2025; Changuiti et al., 2021; Wallace & Harvey, 2024).

The novelty of this research lies in its integrative approach to reviewing global midwifery education models using a scoping review method that not only maps the structural challenges and innovations but also proposes strategic frameworks aligned with both international standards and local healthcare demands (Adnani et al., 2025; Smith et al., 2023). By incorporating studies from seven countries with diverse education systems, this research provides original insights into how the design of education models and their contextual relevance influence midwifery competencies, thereby filling a critical gap in the existing literature (Bogren et al., 2021; Kranz et al., 2023). Similarly, Midwifery education in Indonesia encountered significant barriers during the COVID-19 pandemic, particularly in the

delivery of clinical skill training due to limitations in remote learning methods (Puspita, 2022). A structured framework for advanced midwifery curriculum, designed to ensure both global alignment and contextual adaptability, has also been proposed as a model to address the current fragmentation in curriculum development efforts (Maree et al., 2018).

The quality of midwifery education plays a central role in shaping midwives' ability to perform competently, make sound clinical decisions, and communicate effectively in diverse healthcare situations. A study conducted in Indonesia revealed that meaningful clinical practice experiences significantly enhance the readiness of midwifery students to fulfill their professional roles (Adnani et al., 2025). Additionally, learning approaches such as simulation and critical reflection have been shown to improve clinical judgment and systematic decision-making abilities (Laschinger et al., 2008). Supporting this, research in the Netherlands found that midwives trained through reflective practice models were more likely to provide empathetic, evidence-based care and communicate effectively with both clients and healthcare teams (Zondag et al., 2022).

Despite global efforts to improve midwifery education, many challenges persist—particularly in low-resource settings. Key barriers include outdated or mismatched curricula, insufficient hands-on training, limited simulation facilities, and weak competency-based assessments. Additionally, the limited investment in faculty development and institutional capacity has exacerbated disparities in graduate quality (Diaz et al., 2023; Goshomi, 2023). The uneven quality of midwifery education across countries contributes to persistent gaps in midwives' competencies and threatens the achievement of global health targets such as the SDGs (Irangani et al., 2022; Kubota et al., 2024).

Addressing these issues requires a deeper understanding of which education models are most effective in producing competent and practice-ready midwives. Therefore, this scoping review aims to examine how different midwifery education models implemented globally influence midwives' competencies. It also seeks to identify structural challenges and propose strategic recommendations to strengthen midwifery education systems in line with current and future demands of maternal health services.

LITERATURE REVIEW

Education Model Innovation in Improving Midwives' Competence

Midwifery education models continue to evolve in response to the increasingly complex and dynamic nature of healthcare systems. Emerging approaches, such as competency-based curricula, simulation-based training, digital learning integration—including e-learning and distance learning—and interprofessional collaboration, are increasingly being implemented to prepare midwives for real-world challenges better (Davison et al., 2018; Kemp et al., 2021). These innovations aim not only to enhance technical skills but also to foster empathy, effective communication, and leadership within midwifery practice.

Globally, midwifery education is shaped by diverse social, cultural, and healthcare contexts. Each country develops its educational models according to local needs, shaping not only technical competencies but also the values, leadership abilities, and communication skills of midwives. Continuous innovation plays a crucial role in equipping midwives with the

comprehensive competencies required to address both global and local maternal health challenges (Davison et al., 2018; Kemp et al., 2021).

In India, a leadership-focused midwifery education program was evaluated to emphasize communication, leadership, and adaptability. Through focus group discussions and interviews, participants demonstrated improved leadership capacity and the ability to implement action plans tailored to regional contexts. This model positioned midwives as agents of change within their communities, fostering ownership and sensitivity to local public health dynamics (Bogren et al., 2021).

In Australia, a transformational learning approach was explored through virtual international experiences. This model enhanced students' cultural awareness, increased their understanding of privilege and power structures in healthcare, and strengthened their identity as global midwives. Such programs are particularly valuable in fostering empathy, cultural competence, and professional maturity in diverse clinical settings (Wallace & Harvey, 2024).

Simulation-based learning has also gained prominence in countries such as Norway and Morocco. In Norway, simulation activities within clinical mentoring programs improved reflective practice, communication, and confidence among midwives and specialist nurses (Folkvord et al., 2025). Similarly, in Morocco, high-fidelity simulation has been shown to significantly enhance clinical decision-making, reduce medical errors, and improve teamwork and communication in complex obstetric cases (Changuiti et al., 2021).

In Germany, a comparative study of academic and vocational pathways in midwifery education found no significant differences in graduates' perceived competencies. This suggests that program structure may be less critical than the alignment of the curriculum with clinical practice. Flexibility, adaptability, and relevance to real-world healthcare needs appear to be the most essential factors in developing midwifery competencies (Kranz et al., 2023).

Structural Challenges in Midwifery Education Implementation

Although many midwifery education models worldwide have demonstrated positive outcomes in strengthening midwives' competencies, several structural and systemic barriers continue to impede the delivery of high-quality education. In resource-limited settings such as the Democratic Republic of Congo, a lack of up-to-date learning materials, simulation tools, and adequate clinical facilities significantly hinders students' learning experiences. Additionally, many midwifery educators have limited opportunities for professional development and are not fully familiar with the core philosophy of midwifery—factors that directly affect the quality of education provided (Bogren et al., 2021).

Another major challenge is the mismatch between what is taught in the classroom and what is required in real-world clinical settings. This misalignment has been identified as a critical issue needing immediate attention (Shayan et al., 2019). Interestingly, findings from Germany indicate that despite structural differences between academic and vocational pathways, graduates from both systems report comparable competencies. This suggests that the type of program alone does not determine competency levels; rather, alignment between curriculum content and clinical practice is a key factor (Kranz et al., 2023).

In the Pacific Islands, midwifery education faces similarly significant obstacles. While countries such as Fiji, Kiribati, Tonga, and Samoa have begun aligning their curricula with international standards set by the International Confederation of Midwives (ICM), these efforts require more substantial support at the system level. Investments in infrastructure, educator capacity building, and continuous curriculum updates are crucial for enhancing midwifery education in these regions (Smith et al., 2023).

Amid these challenges, some innovative initiatives have shown promise. In Thailand, a web-based education model substantially improved midwives' competencies in neonatal pain management by offering flexible and accessible learning, while enhancing students' clinical awareness and professionalism (Mala et al., 2024). In Indonesia, the concept of value-based midwifery education is gaining recognition, focusing not only on technical competencies but also on ethics, social responsibility, and leadership development. Integrating vocational and professional learning approaches is considered a strategy to enhance maternal and child health services and support global health targets, such as the Sustainable Development Goals (SDGs) (Adnani et al., 2025).

Strategies for Strengthening and Reforming the Midwifery Education System

To address the various challenges in midwifery education, several strategic measures can be implemented to improve education quality and strengthen midwives' competencies globally. A key priority is enhancing the capacity of midwifery educators through ongoing professional development. When educators have access to current knowledge and training opportunities, they are better equipped to prepare students for the realities of clinical practice (Bogren et al., 2025). Technology-based training platforms can play a pivotal role—not only keeping educators up-to-date but also deepening their understanding of midwifery philosophy and core values.

Another essential strategy is investing in educational infrastructure. Building well-equipped simulation laboratories and providing modern, interactive learning tools can create a more engaging, practical, and realistic learning environment for students (Changuiti et al., 2021; Folkvord et al., 2025). Technology-enhanced simulations provide students with the opportunity to practice clinical scenarios in a safe and controlled environment, thereby increasing both their competence and confidence before entering the workforce.

Web-based and e-learning platforms also show significant potential for enhancing flexibility and accessibility, particularly in settings where in-person education remains limited. These digital tools expand access to a broad range of educational resources and can support the development of both technical and interpersonal skills (Mala et al., 2024).

Strengthening hands-on, practice-based curricula is equally important. When midwifery education aligns closely with community needs and real clinical challenges, students are better equipped to respond effectively and with cultural sensitivity (Kranz et al., 2023; Smith et al., 2023). Clinical placements and community-based learning experiences help students gain a deeper understanding of the social, cultural, and health contexts of the populations they serve—an insight essential for delivering meaningful, patient-centered care.

Moreover, beyond technical competencies, midwives require strong interpersonal skills such as effective communication, empathy, and the ability to address patients' emotional and

social needs. These human-centered skills are essential for delivering compassionate and responsive care (Folkvord et al., 2025; Wallace & Harvey, 2024). Therefore, midwifery education programs should intentionally integrate the development of interpersonal skills throughout the educational process.

Ultimately, an effective midwifery education system strikes a balance between innovation and real-world relevance. It fosters both technical expertise and interpersonal depth while remaining responsive to the unique social and cultural contexts of different settings. By adopting this comprehensive approach, midwifery education programs can produce competent, globally competitive midwives who contribute meaningfully to improving maternal and child health outcomes and achieving international health goals such as the SDGs (Adnani et al., 2025).

METHODS

A comprehensive literature search was conducted across three databases: Taylor & Francis, ScienceDirect, and Google Scholar, focusing on peer-reviewed articles published between 2020 and 2025. The search used a combination of keywords such as "midwifery," "education model," and "competency," with Boolean operators to optimize results. Studies were included if they were original research articles that applied or evaluated a midwifery education model, published in English, and available in full text. Excluded were review articles, conference abstracts, editorials, and studies not involving the application of midwifery education models. The selection process consisted of two stages: first, screening titles and abstracts to identify relevant studies, followed by a full-text review of the selected articles. Data on study design, focus, limitations, and enabling factors were then extracted from eligible studies for analysis. This comprehensive search was conducted in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines (Haddaway et al., 2022). The quality of the included studies was assessed using the Joanna Briggs Institute (JBI) Critical Appraisal tool to ensure their accuracy and reliability. The collected data were then analyzed thematically to identify midwifery education models, key competencies to be strengthened, and the challenges and enablers in their implementation across various countries. This analysis aimed to provide a comprehensive overview of the current application of midwifery education in different contexts.

RESULTS AND DISCUSSION

The review includes seven studies that examined different midwifery education models along with the factors that either support or hinder their implementation. The studies used a range of approaches, including qualitative, quasi-experimental, and cross-sectional surveys, to evaluate the effectiveness of these educational models in enhancing midwives' competencies. This section highlights the main issues derived from the analysis, including structural challenges, educational innovations, and the alignment of different learning approaches with midwifery practice.

Table 1. Characteristics of Included Studies

No	Journal, Country	Researcher, Year; Title	Methods and Samples	Result
1	Journal Women and Birth, India	Bogren et al., 2025; Evaluating a midwifery leadership program: A process evaluation study	Qualitative research following the UK Medical Research Council. Data were collected through 6 FGDs and three individual interviews. Total sample: 22 people	The model midwifery leadership program in India affects: <ol style="list-style-type: none"> 1. Improved leadership skills 2. Improved communication skills 3. Implementation of action plans at the state level, adaptation to local context.
2.	Journal Nurse Education in Practice, Australia	Wallace & Harvey, 2024; 'Listen with an open heart always': A qualitative study exploring transformational learning opportunities for Australian midwifery students participating in a virtual international study experience	Qualitative research with a transnational learning theory approach using reflective thematic analysis with a sample of 10 midwifery undergraduate students	Learning models with virtual international study experiences can improve midwives' competencies in Australia, among others: <ol style="list-style-type: none"> 1. Increased sensitivity of convinced students to culture 2. Increased awareness of privilege and power in health 3. Strengthening professional identity as a global midwife 4. Enhanced empathy and communication competence.
3.	Journal Nurse Education in Practice, Norway	Folkvord et al., 2024; Simulation as a method in a supervision course, experiences of midwives and specialist nurses: A qualitative study	Exploratory qualitative design, using four focus groups (n=20) & 113 written reflections from midwives and specialist nurses participating in the clinical mentor course.	Simulation as a learning method in supervision courses enhances relational awareness, reflection, and verbal/nonverbal communication.
4.	Women and Birth, Democratic Republic of Congo	Bogren et al., 2021; Barriers to delivering quality midwifery education programs in the Democratic Republic of Congo - An interview study with educators and clinical preceptors	Qualitative: 14 Focus Group Discussions with 85 participants (educators and clinical preceptors) from 4 midwifery education institutions.	The main barriers: 1) lack of competent educators and preceptors (lack of advanced training, not all understand midwifery philosophies; 2) limited infrastructure (literature, simulation tools, clinical tools); 3) weak communication between educational institutions and practice sites. Reform and strengthening of regulations, along with

No	Journal, Country	Researcher, Year; Title	Methods and Samples	Result
				continuous professional development, are necessary.
5	European Journal of Midwifery, Germany	Kranz et al., 2023; Assessment of the relevance of midwifery competencies in academic education in Germany from the midwives' perspective: A structural analysis of cross-sectional survey data.	Design: Cross-sectional survey. Instrument: 62 items of academic midwifery competencies. Sample: 193 respondents (18 academic midwives, 90 vocational midwives, and the rest students and trainees).	There was no significant difference between academic and vocational graduates in Assessing the relevance of academic competencies (p=0.972). The learning model (academic vs vocational) does not affect perceptions of competence.
6	Journal Advances in Medical Education and Practice, Morocco	Changuiti et al., 2021; Simulation Based Learning from Simple to Complicated Clinical Situations for Midwifery Students	Using an experimental design, the experimental group (n=14) underwent a pre-test, a high-fidelity <i>simulation</i> , and then a post-test. Meanwhile, the control group (n=14) underwent a pre-test, revised theoretical material instead of simulation, post-test 1, and then was given a high-fidelity simulation before undergoing post-test 2. The study was conducted on midwifery students at Hassan First University of Settat.	A simulation-based learning model that progresses from simple to more complex clinical situations for midwifery students. This model aims to increase the Competence of midwives. <ol style="list-style-type: none"> 1. Clinical skills improvement 2. Reinforcement in Decision- making 3. Reducing clinical errors 4. Improved collaboration and communication 5. Adaptation in dealing with complex situations
7	Journal Nurse Education in Practice, Turkey	Çalim et al., 2020; Effect of simulation training on students' childbirth skills and satisfaction in Turkey	This study employed a quantitative research design, specifically a quasi-experimental design with comparison groups. This study was conducted by simulating two groups of students using a low-fidelity pelvic model of 37 people and a group of students using a high-fidelity computer-based mannequin of 38 people.	This competency-based learning model affects the improvement of midwives' competence: <ol style="list-style-type: none"> 1. Clinical competence 2. Professional Ethics and Responsibilities 3. Communication and collaboration skills

Source: Research 2025

Based on the seven articles presented in **Table 1**, there is an evident diversity in the distribution of countries from which the studies originated. Each article comes from a different country—India, Australia, Norway, the Democratic Republic of Congo, Germany,

Morocco, and Turkey. This diversity indicates that midwifery education models have been examined in a wide range of contexts, spanning both high-income and middle-income countries, thereby providing a broad perspective on global approaches to midwifery education.

In terms of educational models implemented, each country applies distinct strategies tailored to its specific needs and local conditions. For instance, India has implemented a *midwifery leadership program* that has been shown to enhance leadership skills, improve communication, and facilitate the implementation of action plans adapted to regional contexts. Australia has developed a virtual international learning experience that contributes to increased cultural sensitivity, heightened awareness of privilege and power in healthcare, and strengthened professional identity among midwives at a global level.

In Norway, the educational approach emphasizes the use of simulation in supervision courses, promoting relational awareness and both verbal and nonverbal reflection skills. Similarly, Morocco applies a staged simulation-based learning model, progressing from simple to complex scenarios, which has been effective in strengthening clinical skills, decision-making abilities, collaboration, and adaptability in challenging situations. Turkey also employs simulation methods—both low-fidelity and high-fidelity—which have been found to improve clinical competence, professional ethics, communication, and collaboration among midwifery students. Germany takes a different approach by evaluating and comparing the competencies of graduates from academic and vocational training pathways, finding no significant differences in perceptions of the relevance of academic competencies. Meanwhile, the Democratic Republic of Congo highlights systemic barriers in midwifery education, including a lack of competent educators, limited infrastructure, and weak coordination between educational institutions and clinical practice sites. Overall, the variation in midwifery education models across these seven countries reflects diverse strategies for enhancing the quality and competencies of midwives. While the approaches are influenced by local resources, policies, and contextual needs, they all share a common goal: to prepare competent, adaptable midwives capable of delivering high-quality maternal and newborn care.

Discussion

Midwifery education has experienced major transformations across the globe in response to the rising complexity of maternal healthcare demands. A growing body of literature describes how education has shifted from traditional, didactic approaches toward competency-based and reflective learning models that aim to develop not only clinical expertise but also ethical sensitivity, communication skills, and emotional readiness, which are all vital for delivering person-centered care in diverse clinical settings (Levett-Jones et al., 2019; Renfrew et al., 2014).

In addition to technical proficiency, emotional intelligence (EI) is increasingly recognized as a vital component in midwifery, significantly influencing stress management, interpersonal communication, and compassionate patient care—especially during labor and childbirth. Despite its importance, EI training remains under-integrated in many midwifery curricula, contributing to gaps in holistic midwife development (Cassano et al., 2020). The findings of

this study highlight similar gaps, particularly in the inclusion of structured interpersonal and leadership development components, reinforcing global recommendations to incorporate soft skills into formal midwifery education.

A further challenge relates to the pedagogical readiness of midwifery educators. Many instructors continue to rely on outdated teaching methods due to a lack of formal pedagogical training, which can hinder the consistency and effectiveness of instruction. This issue was also emphasized in our review, which underlines the frequent omission of educator development in curriculum reform efforts (Smith et al., 2023). Sustainable improvement in midwifery education requires more than innovation in student learning—it also demands consistent investment in faculty capacity building.

The integration of hybrid learning models that blend online instruction with simulation-based practice has become increasingly common, especially following the disruptions caused by the COVID-19 pandemic. These approaches have been demonstrated to enhance student outcomes by improving clinical reasoning and self-confidence. A systematic review confirmed that e-learning and hybrid education formats in nursing and midwifery settings effectively support knowledge acquisition and professional readiness when applied appropriately (Nugraha et al., 2023).

In midwifery training, the use of hybrid simulations—combining standardized patients with manikins—has been associated with improved realism, decision-making, and preparedness for managing complex obstetric emergencies like postpartum hemorrhage and shoulder dystocia (Lindsay et al., 2015). Some innovations, such as virtual simulations, show promise in bridging this gap. However, blended learning remains the most effective approach in midwifery education (Tama & Susanti, 2025). However, challenges persist. While digital learning environments are promising, they often face infrastructural and pedagogical limitations that hinder their effectiveness. A review of digital simulation-based education emphasized that outcomes are influenced not only by the quality of the digital tools but also by how well they align with clinical learning objectives and are supported by institutional infrastructure (Gebreheat et al., 2022). Institutions must design a curriculum that is adaptive, innovative, and responsive to technological developments and the learning needs of the 21st century (Wisesa & Susanti, 2025).

In many countries, adopting a uniform midwifery education model fails to address the unique cultural, systemic, and logistical contexts in which midwives operate. Curricula developed under global benchmarks often overlook nuanced local priorities and infrastructure limitations. Our findings reinforce previous research emphasizing the need to align education programs with both international standards and national health system realities. This perspective aligns with evaluations showing substantial variation in education frameworks across countries—some aligned with global standards yet limited in local relevance (Ho et al., 2024).

While numerous education models are available, few are designed with built-in flexibility to respond effectively to local conditions. This study offers fresh perspectives by synthesizing evidence from diverse regions and identifying recurring themes in midwifery education. Unlike previous reviews that primarily focus on specific interventions or models, our research draws attention to broader systemic issues—such as the disconnect between theory and practice, the lack of educator preparation, and the insufficient emphasis on soft skills.

Tackling these challenges through flexible, culturally sensitive, and competency-based approaches is essential for strengthening midwifery education and improving maternal and neonatal outcomes worldwide.

CONCLUSION

This scoping review concludes that the diversity of midwifery education models globally has contributed positively to the development of midwives' competencies, particularly in clinical skills, decision-making, and interpersonal communication. However, several systemic barriers—such as insufficient educator training, limited integration of emotional intelligence and leadership development, and misalignment between theoretical and clinical practice—continue to hinder optimal outcomes. These findings emphasize the need for midwifery education that is not only grounded in international standards but also responsive to local health system realities. To advance the quality of midwifery education, future strategies should focus on enhancing faculty capacity through structured professional development, strengthening infrastructure—especially simulation and digital platforms—and reforming curricula to incorporate soft skills, ethics, and community-based learning. Designing educational models with built-in flexibility and contextual sensitivity is crucial for producing competent, empathetic, and culturally responsive midwives. These efforts are crucial to enhancing maternal and neonatal health outcomes and advancing the achievement of global health objectives, including the Sustainable Development Goals (SDGs).

AUTHOR'S NOTE

The author declares that there is no conflict of interest regarding the publication of this article. Furthermore, the author affirms that the content and data presented are original and free from any form of plagiarism.

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