

Training of midwives in Spain from the second half of the 20th century to the present day

Formação de parteiras em Espanha desde a segunda metade do século XX até à atualidade
Formación de matronas en España desde la segunda mitad del s. XX hasta la actualidad

Ana Maria Poço dos Santos*; Sagrario Gómez Cantarino**;
Teresa Maria Campos Silva***; Minerva Velasco Abellán****

Abstract

Context: The training of midwives in Spain has been conditioned by the social culture of the country and the female figure.
Objective: To present an analysis of the current legislation in Spain from the second half of the 20th century to the present day.

Methodology: Literature review of legislative compilation, Dictionary of the Royal Academy, Nursing education books and international databases and government agencies.

Results: In the second half of the 20th century, three different medical professions were unified into one, leading to the first signs of experience, first through the studies of Technical Health Assistant, then through the Diploma in Nursing and currently through the Degree in Nursing.

Conclusion: The formative development and the lack of training programs, among others, leads us to consider the need to discover how they achieved training in order to understand the current position of this specialisation.

Keywords: history; midwife; training; skills.

Resumo

Contexto: A formação da parteira em Espanha tem sido condicionada pela cultura social do país e pela figura da mulher.

Objetivo: Apresentar uma análise da legislação em vigor em Espanha, na segunda metade do séc. XX até hoje.

Metodologia: Revisão da literatura de compilação legislativa, Dicionário da Academia Real, livros de educação de Enfermagem e bases de dados internacionais e agências governamentais.

Resultados: A segunda metade do séc. XX é o tempo em que três profissões médicas diferentes são unificadas numa só, levando aos primeiros sinais de experiência, primeiro através de estudos de Assistente Técnico de Saúde, em seguida, através de Diploma em Enfermagem e, atualmente, por meio da Licenciatura em Enfermagem.

Conclusão: O desenvolvimento formativo e a falta de programas de treinamento, entre outros, leva-nos a considerar a necessidade de descobrir como chegaram à formação, a fim de compreender a posição desta especialização hoje.

Palavras-chave: história; parteira; formação; competências.

* MeSc., Adjunct Professor, Nursing School of Coimbra, 3046-851, Coimbra, Portugal [anapoco@esenfc.pt]. Address for correspondence: Quinta dos Caiados, Lomba, 3001-091, Coimbra, Portugal.

** Ph.D., Associate Professor, Maternal-Child Health, University of Castilla-La Mancha, 45005, Toledo, Spain [sagrario.gomes@uclm.es].

*** MeSc., Adjunct Professor, Nursing School of Coimbra, 3046-851, Coimbra, Portugal [tmcs@esenfc.pt].

**** MeSc., Maternal-Child Nursing, RN, Complexo Hospitalário de Toledo - Serviço de Salud de Castilla-La Mancha (CHT-SESCAM), 45071, Toledo, Spain [Sagrario.gomes@uclm.es].

Resumen

Contexto: La formación de la matrona en España ha estado condicionada por la cultura social del país, así como por la figura de la mujer.

Objetivo: Presentar un análisis de la legislación vigente en España desde la segunda mitad del siglo XX hasta nuestros días.

Metodología: Revisión bibliográfica de la compilación legislativa, Diccionario de la Real Academia, libros de educación de Enfermería y bases de datos internacionales y organismos oficiales.

Resultados: La segunda mitad del siglo XX es el tiempo en el que tres profesiones médicas diferentes se unifican en una sola, dando lugar a los primeros signos de la experiencia, primero a través de los estudios de Ayudante Técnico Sanitario, después, a través de la Diplomatura en Enfermería y, en la actualidad, a través del Grado en Enfermería.

Conclusión: El desarrollo formativo, así como la falta de programas de formación, entre otros, nos llevan a considerar la necesidad de descubrir cómo han llegado a la formación con el fin de comprender la situación de esta especialización en la actualidad.

Palabras clave: historia; matrona; formación; competencias.

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Introduction

During the second half of the 20th century in Spain, there was an academic reorganisation of the training of midwives in order to adapt to the changes caused both at the health care and the political levels. Throughout this period, the studies in midwifery became unified (since previously the training in midwifery could be carried out both in official and non-official centres, to which people could access after the elementary studies), and followed the evolution of the nursing profession. This profession has undergone important changes. In some moments, the shortage of professionals caused by the lack of specific training even led to a major restriction in the number of midwives who could have occupied appropriate professional positions. This fact transformed the position of midwives into that of nurses and thus reduced the possibilities to access to positions that historically and by professional training were occupied by midwives. It is important to emphasise the influence of the medical group on the midwives in the middle of this century. They justified their interest based on their academic training. The medical discourse is about the moral qualities of midwives and revolves around the catholic religion, a space in which the midwives should find justification for their sacrificed profession.

The profession of midwife remained as an independent career until 1953 when, by the Royal Decree of 4 December, the studies for practitioners, nurses and midwives were unified. This Royal Decree specified a gender separation, by which women had to study in a boarding school. In 1957, by Royal Decree, the specialisation of obstetric care (midwife) for the Technical Health Care Assistant (*Ayudante Técnico Sanitario* - ATS) was established. Only women under 45 years of age and holding a certificate of ATS could access it. It could only be taught in a boarding school and it lasted one year. Some of the conditions for admission were the following: being 17 years old, having completed Secondary Education (*Bachiller*, *Maestro*, or *Graduado escolar*), having passed the admission exam and having two years of formal education with a final exam. These schools were subject to the faculties of medicine.

Therefore, from the training established by decree in January 1957, in which the training was provided to the female technical health care assistants, to the current

decree in 2005 on the Nursing specialisations, there is an important period of study on the evolution of the specialisation in midwifery, such as the assistance to pregnant women from the perspective of homebirth midwives, without higher education studies, until the current hospital care provided by midwives with a higher education degree.

Moreover, this training throughout the studied period has reached a greater degree of responsibility in care, greater autonomy and, consequently, a level of quality that characterises professional care. Therefore, we will describe the evolution of the specialisation in obstetrics and gynaecology (midwife) from the second half of the 20th century to the present day, presenting the different legal frameworks on this specialisation and identifying the differences in the profession and its training.

Objectives

The main objective of this paper is to present a simple and structured chronological analysis of the legislation in force in Spain for specialised health care training, specifically for the training of midwives, during the second half of the 20th century until the present day, as well as the paradigm shift reported in these studies in the reviewed period.

Selection of the topic

The topic about the training of midwives in Spain from the second half of the 20th century to the present day was selected because of the richness and dynamics introduced during this century.

Formulation of questions

In order to explore the documents to be consulted and reach the objectives, we posed the following questions:

How has the profession of midwife been evaluated in Spain from the second half of the 20th century until the present day?

Which changes have been introduced in the training of midwives in Spain?

Documentation gathering and data collection

After contextualising the Spanish historical period, a literature review was carried out on what the nursing

specialisation in obstetrics/gynaecology and the change in the teaching methodology have represented after the various educational reforms in which the nursing profession, as well as the specialisation of midwifery have been immersed from the second half of the 20th century until today. While doing it, it has been observed that in some cases this profession has been addressed under medical approaches that could distort the healthcare training of midwives within the Spanish health care system.

In this respect, some original sources of the period of study have been consulted through: literature review on legislation about the various Nursing specialisations; literature review of the collection of the Library of Castilla La Mancha and University of Castilla La Mancha about the nurses' training and specialisations; etymological and general dictionaries of the Spanish Royal Academy; textbooks used for teaching the history of nursing; search for articles about the training of midwives on scientific databases: Medline; Cuiden; and official bodies (CODEM; Asociación Nacional de Matronas; Ministerio de Educación; Ministerio de Sanidad; Comisión Nacional de Especialidades; Consejo General de Colegios de Enfermería).

Critical analysis and data interpretation

Historical evolution: training of midwives in Spain since the second half of the 20th century

The word *midwife* includes all the healthcare professionals who, after having completed the studies leading to the certification of specialised nurses, hold the title that enables for the exercise of the profession in the European Union. The feminine term is used to refer to these professionals, both women and men. Similarly, the term *matrona residente* (resident midwife) refers to the nurses that are carrying out the obstetric-gynaecologic nursing specialisation (midwife).

The evolution of this nursing specialisation will be presented in two chapters: the first one includes the most significant changes by decades, while the second one addressed the paradigm shift in this specialisation.

From the 1950s to the 1970s

The role of women at that time was to stay at home and everything related to it: the reproduction, and the care for children, elderly and sick people in the family. Both the training and the information that they received were completely structured and marked by a moral with some imposed limits. The midwife studies in the society of that time were well seen and considered to be a woman's task. The formal training of midwives already existed and the schools were integrated in the faculties of medicine. With the publication of new Ministerial Orders, an important phase in the education of these professionals began. The Order of 26 November 1945 (Spanish Official Gazette, 05/12/1945) - Chapter III of Book I describes the functions of midwives by following the guidelines of the Moyano Law. According to Article 19, Chapter I of Book II, "no groups of midwives outside of the Official Colleges will have independent or autonomous collegial personality".

The Royal Decree of 4 December 1953 (Spanish Official Gazette, 29/12/53) combines the studies of Practitioners, Nurses and Midwives into a single title, Technical Health Care Assistants (*Ayudante Técnico Sanitario* - ATA). The specialisation for these professionals was, thus, established. Male and female ATS studies were separated. For women, this training is provided in boarding schools. The completion of three years of basic studies was compulsory to access the specialisation of midwifery.

The Royal Decree of 18 January 1957 (Spanish Official Gazette, 12/02/57) created the Obstetric-Midwife specialisation for ATS. Only women under 45 years of age and holding a certificate of ATS could access this specialisation. Therefore, men could not access this specialisation. The studies were conducted at a boarding school and lasted one year: eight months for theoretical-practical classes and the rest for practical classes, addressing a total of 40 topics. The new decree specified the courses but not the number of hours or contents of each course. The collegiality was made based on gender and the studies. Male students had to register in the section of practitioners, female students in the nurses' section and female students who had completed this specialisation should register in the midwives section (Linares Abbot, 2009).

The Royal Decree of 23 July 1977 (Official Spanish Gazette, 22/08/77) should be mentioned as it includes studies of ATS in universities such as the *Escuelas*

Universitarias de Enfermería, thus establishing the Diploma in Nursing. This was an important step for the nursing and midwife studies. The biologicistic and technicist conception of these professions was changing towards a more integral line of care based on the healthy or sick person, leaving aside the physician as the *raison d'être* of the nursing activities. To this contributed the legal provisions that enable nursing professionals to access universities as teachers (Conde Fernández, 2011).

From the 1980s to the present day

The Royal Decree of 26 September 1980 (Official Spanish Gazette, 27/10/80) eliminates the restriction to the studies of midwife based on gender, and, consequently, the male ATS or with a Diploma in Nursing could attend these studies for the first time. Moreover, the use of boarding schools for midwifery studies was also eliminated (Ortiz Gomez, 2006).

In 1985, Spain became part of the advisory committee on the training of midwives in the European Economic Community (EEC). At that time, each country was represented by three midwives and three alternate members. The target was to achieve a uniform training in Europe. With the entry into the EEC, Spain made the commitment to adapt the curriculum for the training of midwives according to the Guidelines of the European Community (EC), 80/154/EEC and 80/155/EEC, approved in 1980 and binding upon the Member States. These guidelines specified the requirements for the recognition of diplomas, a common definition of the sphere of activity of midwives was reached and the minimum activities for which they ought to be empowered and the minimum requirements for training programs were defined (García Martínez & García Martínez, 1999).

Moreover, there were two types of training: a specific one for Midwives of at least 3 years, full-time, with direct access; and another one for midwives after completing the Diploma in Nursing, of 3,600 hours full-time or 3,000 hours followed by a practical year (EC 80/154/EEC and 80/155/EEC). The Royal Decree of 3 July 1987 (Spanish Official Gazette, 01/08/87) regulates the specialisation of Diploma in Nursing in Spain. In the second article, the specialisation of obstetric-gynaecologic Nursing (midwife) was created. From this date on, the previous curriculum of midwife was cancelled and the training of midwife ended in Spain. The fact that Spain took a long time

to adopt the guidelines set in the European directives led the Court of Justice of the European Communities to make an appeal against the Spain on 11 October 1989 for not having adopted, within the established deadlines, the necessary provisions to comply with the guidelines relating to the access to the activities and the exercise of midwifery.

As a result, the training schools in the specialisation of midwifery were closed and serious and adverse consequences were brought about for the profession and care in the woman's life in general. The years in which these schools were closed left a generational gap, severe at the level of care, both in Specialised Care (SC) and in Primary Health Care (PHC) during the 1990s, even reaching the early years of the 21st century.

Nowadays, there is only one access to the specialisation, which is through a point scale and a state exam that establish an order to obtain a position in the different Autonomous Communities in Spain. The call to this exam is annually published and gives evidence of the necessary requirements to access two years of specialisation in Nursing as *Enfermero Interno Residente* (EIR) (Internal Nursing Resident). This new access includes the *Diploma Universitaria en Enfermería/Graduada* (DUS) (University Diploma in Nursing), which is a four-year degree of 240 credits as a nurse specialised in obstetric-gynaecologic nursing. The midwives who had graduated until 1986 could only obtain the specialisation in obstetrics because they had not received training in gynaecology.

The training in the *Unidades Docentes de Matronas* (Midwifery Teaching Units) is closely related to the reflective teaching in nursing, which is characterised by the application of the *practical-reflective rationality*, since its action is based on a practical and tacit knowledge that is activated during the action (Schön, 1992), on the mechanisms through which professional knowledge is created and produced, reflection-in-action, knowledge-in-action and reflection-on-reflection-in-action. That is very useful to cope with ambiguous and unstable situations of the practice and education of care (Medina, 2002). This reflective practice will be widely implemented by the EIR in his/her own training system. In this new training stage, the Tutor-Midwife has a very active role, since he/she will be the professional responsible for planning and actively collaborating in the EIR's learning of knowledge, skills and attitudes in order

to ensure the compliance with the training program of the specialisation. The EIR-midwives will have to reflect on their actions, as, besides teaching in the clinical practice, they also provide care and represent figures that most EIR receiving training want to imitate.

The *Practicum* is the learning starting point of the midwife residents. This does not mean that they take the references offered by their clinical assistance midwives in a routine manner and that they apply them. Rather, it means that, starting with the figure of tutor-midwife, both care and actions should be provided after a reflection in action and a reflection on action (Medina, 2002).

There is no marked separation between the theory and the practice that the residents receive, due to the fact that this theory is usually taught by a teacher belonging to a multidisciplinary team (midwife, nurse, social worker, physician, etc.). For this reason, learning in the classroom has an instrumental value, since the EIR will integrate it as one more aspect of his/her practical knowledge, leading to a reflection on his/her actions and to the fact that he/she will always know the reason for his/her actions and the best way to act in each practical situation. This training in the classroom is important because there will be midwives-tutors who will act differently to solve the same case, since it is already known that, on a practical level, the action of each professional is immersed in an implicit, personal and unrepeatable way.

Within the model and strategies for a practical-reflective pedagogical training, the one that fits the most to the training of the EIR is the *clinical supervision and experiential learning*, such as teaching models in the training of reflective midwife residents, because both a democratic vision focused on the residents and their processes of reflection are valued. It is a supervision oriented towards the learning of care which is carried out through repeated cycles of planning, observation and reflection on the action carried out jointly by the tutor-midwife and the EIR. It allows the EIR to experience the reality of care from *within*, to get closer to the real problems, to value how the clinic assistance midwives-tutors solve them and even sometimes intervene in them.

Not all the EIR receiving training have the same attitudes towards the resolution of situations on a practical-care level because the wishes, interests, motivations, expectations and interpretations of the

participants interfere in each action (Medina, 2002). Thus, this action will be observed, measured and solved with the tutor's help, taking the necessary actions to solve the possible emergence of difficulties.

Training paradigms

Thus far, we referred to an education based on reflective training in nursing, applying the technical rationality, since the training was carried out around nursing models with the goal of providing skills and competences on key techniques for a competent practice through observation. The education was completely hierarchical especially in the field of science, a situation that was very marked. The teachers-researchers who were in the classroom sharing knowledge were mostly physicians, therefore, the knowledge in the classroom was conditioned by the morality of the teacher, as well as by his/her political-religious ideas and the social context in which the teacher developed his/her activities. It was based on a purely technical approach to the birth process and later it reached a certain level of profession with very specific studies (Asociación Navarra de Matronas, 2002). The concepts acquired in the classroom were difficult to apply in the clinical practice. A very clear and decisive example was the performance of a vaginal examination, as well as the reason for which it was done. In the classroom, the female students were instructed in the same way, but once they were in the clinical practice this technique was performed through the anus, since the vaginal examination was a medical technique that midwives could not perform. The performance of the midwife student was based on the goodwill of the clinical assistance midwife, in which the student's social position and birthplace influenced her practical training at the hospital.

Although the regulation of the nursing specialisation took place in 1987, it was only in 1992 (Spanish Official Gazette, 02/06/1992) that the training program was provisionally approved and the minimum requirements of the Teaching Units and the system to obtain the title of nurse specialised in obstetric-gynaecologic nursing (midwife) were established. The duration of the training program was then established in two years, full-time, with a total of 3,600 hours. In 1996, the first group of midwives completed their studies already adapted to the new regulations.

Results

Since then and until the present day, the number of Teaching Units has increased in our country, resulting in the integration of many professionals who support a specific field of competences (Orozco-Sáenz, 2009). This training empowers professionals to provide specialised health care to women, from a broader perspective, as well as to carry out management, research and teaching functions. The limits of their performance are extended to the care of women in and out of their reproductive stage, with emphasis on aspects of prevention and education (Universidad de Jaén, 2009). The Midwifery Teaching Unit (*Unidad Docente de Matronas* - UDMa) is the teaching-care body which is certified to offer the training program that leads to the title of specialist (point no. 5 of the Order of 24 June 1998). The UDMa is usually located in both universities of reference within each Autonomous Community and in the hospitals that depend on each Health Care Service (*Servicio de Salud*).

Looking deeper into the 20th century, the residency system implemented for the training of midwives in 1992 and definitively consolidated for all the specialisations in Health Sciences due to the forecasts included in Chapter III of title II of the Law 44/2003 of 21 November on the Regulation of Health Care Professions (*Ordenación de las Profesiones Sanitarias*) and their development provisions have proven to be a suitable procedure for midwives to acquire a multifunctional professional profile during their formative period, linked both to the AP and the AE, through the organisation of teaching and care activities closely linked to the health care practice and the regular activity of the health care centres and services. This fact has determined the active participation in teaching (along with the resources from the university) of the midwives who provide services in the various sections included in the teaching units in which they play, with excellent results, a key role in the supervision, tutoring, assessment and follow-up of the EIRs along their two-year training program. Nowadays, the knowledge of the midwives is framed within the strict context of scientific evidence.

In 2005, Spain joined the European Higher Education Area (Bologna Declaration of June 19, 1999) through the creation of undergraduate and postgraduate

diplomas (Reales Decretos 55/2005 and 56/2005). In 2006, people began to recognise the importance of women in childbirth and to humanise it, *i.e.* guiding the attention towards the needs of the community based on scientific evidence.

It was only in 2009 that *Comisión Nacional de la especialidad de Enfermería obstétrico-ginecológica* drew up the final training program, which was ratified by the *Consejo Nacional de Especialidades en Ciencias de la Salud* (advisory body of the Ministry of Health and Social Policy and the Ministry of Education in specialised health care training). This training program was studied, analysed and published on May 6, 2009 and reported by the Human Resources Committee of the National Health System of which the Counsellors of Health of the various Autonomous Communities and the Director-General of Universities of the Ministry of Education, among others, are part.

Conclusion

The hierarchy of nursing knowledge throughout the second half of the 20th century resulted in a work division and a separation between teaching and clinical practice, which affected the students' training. There was no homogeneity of criteria for the clinical practice of midwife students and clinical assistance midwives.

The work of midwives was based on a technical care during the birth process but thanks to the evolution of the scientific knowledge, technical resources, the health care system and the demand for primary and specialised care, the profession and, therefore, the training/education have evolved towards the search of a new training objective and new professional midwives. Practical care is integrated in a new health care paradigm based on a biopsychosocial model.

The new education for the specialisation of obstetric-gynaecological nursing includes the EIR (Internal Nursing Resident) and lasts two calendar years. This training prepares students in both the field of obstetrics and gynaecology and includes courses related to women's sexual care and family. Currently, in Spain, the only way to access this specialisation is through the studies of DUE (University Diploma of Nursing)/Degree in Nursing. After that, nurses have to pass a test at a national level. The EIR has to carry out the specialisation through a residency system

during a period of two years. This is incompatible with any paid professional activity. Once they complete the studies of specialised nurse, they have the competences to perform their profession as a general nurse and a specialised nurse. The main objective of midwives is to provide services from an integral perspective, in which the aspects related to health promotion, prevention and health care practice play a key role. They are always based on constant and new research studies and they transfer this knowledge to professionals receiving training (Asociación Andaluza de Matronas, 2012).

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