

3-21-2019

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[10.1016/j.wombi.2019.03.003](https://doi.org/10.1016/j.wombi.2019.03.003)

This is an author's accepted manuscript of: Geraghty, S., Davison, C., DeLeo, A., & Bloxsome, D. (2020). Do midwifery international clinical placements influence students' practice and employment decisions? *Women and Birth*, 33(2), 199-204. <https://doi.org/10.1016/j.wombi.2019.03.003>

This Journal Article is posted at Research Online.
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Do midwifery International clinical placements influence students' practice and employment decisions?

Abstract

Aim: The aim of this study was to investigate whether an International two-week clinical maternity placement enhances, and is beneficial, to midwifery students' future practice and employment decisions during the final year of an undergraduate degree.

Background: International placements are common in undergraduate pre-registration nursing midwifery university curricula, with the emphasis on preparing students to work with diverse women in multicultural environments whilst incorporating cultural competence. However, little is known as to whether an International placement influences future graduate's work place choice.

Methods: Using a qualitative approach, focus groups were undertaken with 16 final year midwifery students from a University in Western Australia who had experienced a two-week International clinical midwifery placement in Tanzania (Africa) or Manilla (Philippines). Data was analysed using thematic analysis.

Findings: The results of the study revealed eight over-arching themes that revealed an increase in midwifery student's confidence; an awareness of the need to consolidate knowledge and skills, reinforcement of their own career aspirations, midwifery beliefs and trust in women and physiological birth.

Conclusion: This study confirms the benefits of overseas clinical placements, which provide opportunities beyond developing cultural sensitivity. Midwifery students are challenged to develop not only practical competence, but confidence to trust in themselves and the process of physiological birth. These experiences validate theoretical learning and provide opportunity to reflect on the possibilities of future employment and decision making as a midwife.

Statement of Significance

Problem or Issue
Clinical placements are a crucial component of preparation for practicing as a qualified midwife. Midwifery students are thought to have preconceived ideas regarding their preferences for future employment during their final year of training.
What Is Already Known
International clinical placements increase confidence and are influential in shaping prospective employment decisions on graduation.
What This Paper Adds
This study reveals that an International clinical experience leads to an increase in confidence, an awareness of the need to consolidate midwifery students' own knowledge and skills, reinforcement of their own career aspirations, midwifery beliefs and trust in women and physiological birth.

Introduction

Midwifery education has incorporated the education institutions' emphasis on preparing students to work with diverse women in multicultural environments whilst incorporating cultural competence. This is part of the governing standards for midwives and considered an asset by global governing midwifery legislation (1). In preparation for registration and the diverse settings graduating midwifery students will work in, exposure and experiences that nurture ethnic sensitivity and cultural multiplicity not only provide valuable learning opportunities but have the potential to influence future career choices (2).

The objectives for a midwifery clinical placement overseas are to transform the student perspective on providing maternity care, develop cultural awareness and competence (3), give an insight into the world-view / global context of midwifery (4), and help to develop the student both personally and professionally. Currently, midwifery curricula encompass internationalisation within midwifery programs to ensure midwifery students are able to work clinically in diverse multicultural and global health systems (5).

However, there is minimal research available that explores whether an international placement influences future graduates work place choice. To support this, midwifery students recognize the observational and clinical opportunities experienced by overseas clinical placements, with students expressing increased empowerment and competence after engaging in global midwifery experiences (6). This study sought to

contribute to facilitating the internationalisation and employability of Australian midwifery students and investigate the potential to influence midwifery students future work place choices and the global potential for graduating students career intentions.

Aims

The aims of the study were to determine whether midwifery international clinical placements have an influence on midwifery students' future workplace choices; to determine if an international placement in midwifery students' final year is beneficial in future career decisions, and to gain a greater understanding of the influence an international midwifery placement has on students' clinical practice and critical thinking on their return.

Methods

This study used a qualitative approach, using focus groups conducted by a research assistant, who was also a midwife, but not a midwifery lecturer involved with teaching the participants. Participants were approached via email upon return from the international placement. The questions focused on whether the experiences from the International clinical placement influenced student's future work place choices. The focus groups consisted of midwifery students who had recently experienced a two-week International clinical midwifery placement in Tanzania (Africa) and Manilla (Philippines). A total of 16 participants were invited to participate in the study, and all

consented to partake. Four focus group discussions were conducted, each lasting approximately one hour and included four students for each discussion session.

Participants and Setting

The participants were all enrolled on an undergraduate degree at a University in Western Australia and had all recently undertaken an international clinical placement in either Tanzania or Manilla. The midwifery students only attend an international placement in the final year of the Dual Degree course, and the cohort are students who are enrolled in a Bachelor of Nursing and Bachelor of Midwifery four-year Dual Degree course.

Participants responded to invitations to participate in the study via an announcement on the University online community midwifery forum. Each participant was then emailed an information sheet and a consent form and invited to participate in a focus group conducted by a research assistant.

Ethical Considerations

Ethics approval was sought and granted by XXXX University Human Research Ethics Committee prior to the commencement of data collection, number 20171. The research assistant was recruited to conduct the focus groups, as the midwifery researchers of this study were midwifery lecturers who taught the students and who also attended the International clinical placements. The invitation letter made no reference or implication to any form of remuneration based on participation in the study, ensuring that participants were not subject to coercion to participate in the

study, and that there would be no penalty applied for non-participation. Anonymity and confidentiality of all participants was assured in the invitation letter and was maintained by the researchers through the assigning of codes; nil identifying factors or information of the participants have been disclosed throughout this study. A research assistant was recruited so the midwifery students would not feel coerced into participating in the study, therefore, the midwifery researchers were not involved in the data collection process.

Data Collection

A total of four focus groups were conducted to collect data. Guiding questions were used to elicit responses from the participants that included: 'do you think your international clinical placements will have any influence in where you work in the future', 'do you feel your international clinical placements have enhanced your midwifery practice', 'do you feel your international clinical placement has given you any insight into caring for the diverse population of women using maternity services in Australia', 'do you think future midwifery students would benefit from an international clinical placement', and 'do you think international clinical placements influence midwifery students' future work choices?'

Data Analysis

Data collected from each focus group (FG) was transcribed and then thematic analysis was conducted independently by each contributing author to determine themes. This involved the search for and identification of trends or themes that emerged within the

data. Findings were collated, and the process of coding undertaken, which permitted the researchers to organise the data so that the identification of similarities and patterns were established (7).

Findings

There were eight over-arching themes that arose from the data. These were labelled from the participant's comments and entitled 'back to basics', 'trust birth and my intuition', 'scope of practice: knowing my boundaries', 'amazing experience: I felt valued and increased my confidence', 'amazing experience: I felt stressed and it was confronting', 'practising autonomously', 'learning was not only about clinical skills' and 'future job / work intentions'.

Back to basics

All the participants talked about going "*back to basics*". This suggests that rather than relying on technology, they had to use their own midwifery skills to assess and care for women. The participants commented on the focus that women received from midwives, as they were not relying on cardiotocograph (CTG) machines but were using "*their skills of seeing and hearing*", enabling them to be "*with woman*".

"They have pinnards, not CTG's. Basically, they don't have the resources to provide ongoing monitoring during labour and birth, so I was able to focus on the woman, not the machinery, which was awesome" (FG1).

Participants said using the knowledge and skills they had learned at University and the clinical environments helped them to trust themselves to be with the woman.

"We used basic assessment skills as there were no resources to fall back on. I liked this because it gave me a lot of assessment experience. We get too used to relying on equipment back home, so it was good to go back to basics" (FG3).

Students also described seeing other more traditional midwifery ways of assessing a woman's progress in labour being used in the International clinical placement that differed from what they had observed in their home country:

'We were taught to listen to the woman's noises and observe her to gauge how her labour was progressing' (FG2).

Trust birth and my intuition

The participants saw how birth *"just works"* and the witnessing of normal, physiological birth made them feel they could trust their own intuition, which in turn increased their confidence. Participants emphasised that although they felt they did not learn any new clinical skills, they used the midwifery skills they already had; something that they did not always get the opportunity to do in Australia with its's high rate of medicalised birth. Almost all the participants talked about using their intuition to assess and care for women.

"I wasn't just supernumerary, there were too many women to see, and I had to think on my feet and use the skills I brought with me. My confidence grew because I learned to make good decisions and use my intuition" (FG1).

"Not much opportunity for developing clinical skills, but I developed a lot of confidence in my ability to question, assess and trust my intuition" (FG4).

"There was only one midwife preceptoring us, so we relied on each other. That in itself was a good experience because we used what we knew and developed confidence to trust our intuition" (FG2).

The experience strengthened the participant's belief that *"women are resilient"*, and they noted that *"women just got on with it [birth]"*, that *"women knew what to do and just did it"* and that *"women are tough"*. The participants also noted how the midwives themselves were confident that women were able to birth their babies without interference:

"The midwives trust the process of birth more. Or maybe they just lack resources. There was no such thing as delayed second stage – women can push for hours. There was no policy or procedure manual there" (FG3).

"Women are resilient and can tolerate a lot. The midwives have to trust in the process of birth and let women get on with it. And they did. No fuss and no noise. It was so different there" (FG1).

"We saw no obstetric emergencies. Women just got on with it and birthed their babies. No drugs. No monitoring. No partogram. One baby died, they just waited for it to happen" (FG1).

Scope of practice: knowing my boundaries

One of the difficulties students faced during their International clinical placement was the expectations of the local midwives. Students were frequently left alone without adequate supervision and asked to perform tasks or procedures that would be considered out of their scope of practice in Australia.

"I was able to scrub for a c-section and actually help during the caesarean section with the obstetrician, hands on. That was definitely a positive and something I wouldn't be able to do in large teaching hospital as a student. Not in a million years" (FG1).

The participants noted that understaffing and limited resources in clinical settings placed them in situations where they had to define their scope of practice and advocate their clinical boundaries to other midwives.

"Luckily I know my boundaries because there weren't any boundaries over there"
(FG2).

"I had to really advocate for myself and my scope of practice, I was almost left to deliver twins by myself...the midwife just walked away" (FG2).

"They wanted me to vacuum out the baby, I said no" (FG1).

"I paid attention to my capabilities as a midwifery student, we could have done a range of things way beyond our capabilities but knew our boundaries" (FG4).

These experiences emphasised the value of clinical guidelines and policy manuals to participants, who were able to clearly outline their roles and limitations in relation to university expectations of clinical placement conduct.

Amazing experience: I felt valued and increased my confidence

The participants commented on how working together with their peers and supporting each other made them feel more valued when working clinically:

"I found it more team building than midwifery learning, I got to know my peers really well, I enjoyed that experience" (FG1).

"It prepared us for working in a team environment in a hospital that was exciting. I did a birth with another student, we worked well together" (FG4).

The participants also commented on how being in the international clinical placements had helped to increase their confidence in the clinical skills and knowledge they had learned in University:

"There were not enough midwives to be constantly hovering over you, so you got to do more in that sense. I had to think, it was all on me and I really like that. There was sometimes no-one to turn to, so I had to use the skills and knowledge I came with" (FG3).

This enabled the participants to identify how they were able to use their own knowledge and skills to assess the care provided not only by themselves but by others, therefore further developing critical thinking skills.

"I felt my confidence grow. I started to question decisions made by midwives because I knew things could be done better" (FG4).

The participants also believed that the experience enhanced their skills and consolidated their prior learning, enabling them to reflect on their education so far.

"I don't know if the International placement enhanced my skills as such, but it solidified for me the fact that I actually know a lot about midwifery" (FG1).

Amazing experience: I felt stressed and it was confronting

The participants described the experience as amazing, however they also identified feeling stressed at times and found the mistreatment of women and lack of resources confronting. Participants stated that they felt they had been well prepared by the university however, they were not prepared for the unsafe and abusive care they sometimes witnessed. Some of the students described observing "horrible" and

"disrespectful care" at times, stating women were often treated badly and that care was not always woman-centred, or evidence-based. One participant described seeing women physically assaulted:

"Some of the women were handled roughly, slapped by the midwives or had their hair pulled.....it was hard to watch" (FG2).

They emphasised that the care was practical and basic midwifery rather than individualised or evidenced-based. However, this could also have a positive effect on women and neonates, for example participants witnessed routine physiological births of the placenta and routine delayed cord clamping:

"Skin to skin happens by default, there is nowhere else to put the babies except on their mothers" (FG1).

"Delayed cord clamping and physiological third stage of labour was done routinely, which was good to observe" (FG1).

Students were also challenged by the care provided to the women antenatally, describing care as task orientated with minimal critical thinking or thorough assessment.

"I found the care challenging, the midwives did palps and listened for fetal heartbeats, but not in the way we have been taught, and the midwives did not do urinalysis or show concern for pre-eclampsia signs" (FG4).

The participants were also able to compare practices observed in Australia to the practices witnessed during the international placement. This again enabled them to critically evaluate and reflect on their own knowledge and practice.

“Midwives do routine episiotomies and apply fundal pressure when women are pushing during the second stage of labour. They also do routine manual removal of the placenta. That is practice we would never do in Australia” (FG3).

Some participants also reflected that due to large numbers of women that were seen in the clinics during the International placement, the midwives had no choice but to do basic assessments on each woman so that all the women could be seen:

“There were too many women to care for, usually two midwives working in antenatal clinic seeing 200 women in 3 hours. They did the bare minimum for the women” (FG3).

Practising autonomously

The participants said they were looking forward to practising autonomously as Registered Midwives, but the international placement made them aware of the need to consolidate their education.

“I definitely want to work in a tertiary hospital when I graduate, I want to develop my skills and confidence more before I work in the community” (FG1).

“I want to work in a tertiary hospital once I have qualified, to get to know all the high-risk cases and see all the scary things, so I am comfortable with that before I look after normal women in community models of care” (FG2).

Learning was not only about clinical skills

One participant stated that she learned *“to think on my feet”*, and other participants said that learning included working as a team, communication and combining the cultural knowledge they were exposed to in the clinical areas. A participant commented that *“we had to stretch and grow to communicate”*.

Other participants stated:

"I could go on these trips forever. I got a lot of communication experience and cultural experiences. If I did another placement, it would give me more exposure to clinical opportunities" (FG2).

Another participant commented:

"I'm more sensitive to women now and advocate for them more openly and treat them as they should be treated" (FG1).

Future job / work intentions

The participants thought that the midwifery role was different in the international clinical placements, stating that *"being a midwife over there isn't the same as being a midwife in Australia"*, and *"over there it is just a job"*, and

"It did not seem like a caring profession, it was just a job – [the midwives] went to work to get a job done" (FG2).

This related to student's observations of the overcrowding in birthing rooms and ante natal clinics, where understaffed midwives were limited to providing basic midwifery care to an overwhelming number of pregnant or labouring women. Some of the participants thought that experiencing the international clinical placement had improved their confidence for future midwifery work roles:

"I feel more confident to apply for a more diverse midwifery job now. I think I can adapt to different environments now which might be useful in remote midwifery positions" (FG4).

"The international placement hasn't changed my views on where I want to work in the future, it just confirmed to me that I need to be confident as a midwife before I apply for something that requires more experience" (FG1).

"I want to work in areas that lack resources, so I can use my own skills and help birth babies naturally, intervention free, if you know what I mean" (FG1).

Participants also felt that the experience reinforced the type of midwifery role they wanted in the future:

“Everything is so rushed over there. I want to work where I can take time with women, to really understand their needs and concerns, make them feel I listen and will give them a good service” (FG2).

The findings suggest that the international clinical placements reinforced the participant’s midwifery knowledge, made them critically question their own practice and the practice of others, and boosted their confidence in preparation for working as qualified midwives. The participants did not think that their clinical skills were further developed, but they thought that they had learned different skills that would be valuable to their clinical practice and future midwifery roles.

Discussion

Through a process of thematic analysis, eight themes were identified, which together provided insight into whether midwifery international clinical placements have an influence on midwifery students’ future workplace choices. The study was undertaken to determine if an international placement in midwifery students’ final year was beneficial in future career decisions, and to gain a greater understanding of the influence an International midwifery placement has on students’ clinical environments on their return.

The understanding behind experiencing a midwifery student international clinical placement is to provide a global view of midwifery, develop the students’ cultural

awareness and competence, and to increase the students confidence personally and professionally (3, 4). Notably, despite the theoretical learning and clinical preparation students receive prior to clinical placements (both international and local), the situations students observe or participate in can be confronting. University Clinical facilitators and hospital staff offer regular opportunity for debriefing and group discussion throughout clinical placements, offering students the opportunity to share experiences, learn from their peers and support each other. The midwifery students in the current study felt that they did not learn any new clinical skills but embraced the knowledge and skills that they already possessed, enabling them to critically think and evaluate the midwifery care they provided to the women, leading to an increase in their confidence. Midwifery curricula is developed to ensure midwifery students develop into critically reflective and reflexive practitioners (8), within the wider maternity healthcare system. Using their 'basic' midwifery skills enabled the students to truly be 'with woman' and facilitate normal, physiological birth.

The midwifery students reported an increased trust and belief in women and birth; a realisation that women can usually give birth with minimal intervention. This was something that the participants stated that they rarely saw in Australia, where the technocratic medicalisation of birth is the norm (9).

In Australia recent statistics show that only 50% of Australian women experienced a spontaneous labour; 29% had their labour induced and 21% did not experience labour at all (10). Labour was augmented for 16% of women which means that only 32% of

mothers had a spontaneous onset of labour. In 2015, only 54% of women experienced a spontaneous vaginal birth (although the birth may have been spontaneous, labour may have been induced and augmented); one in eight (12%) of women experienced an assisted vaginal birth, with four out of five women (77%) who laboured receiving pharmaceutical pain relief and a third of Australian women experienced birth by caesarean section (10, 11). Therefore, students' experience of physiological birth in the international setting could be considered an invaluable experience.

This study identified that students increasingly used their intuition. Intuition in clinical environments has been defined as intuition that is used in clinical judgement distinguishes the expert from the novice (12). This would suggest that intuition used in conjunction with practical experience, is different to intuition being available to those without accumulated experience (13). Intuition is often described in terms such as gut feelings, inner knowing, a sixth sense, insight, instinct, inner-feelings, hunches, premonitions or foreboding. These abstract notions have tended to associate intuition with mysticism, which has allowed scientists to denigrate the legitimacy of the role of intuition in clinical judgement (14). In this study, midwifery students articulated their use of intuition during their international midwifery placement, and it would be interesting to see if this is something midwifery students use in their clinical placements in Australia. Intuition in midwifery has previously been described as an authoritative knowledge, where midwives' intuition was described as a tension between technocratic and holistic paradigms (15). Using intuition has often been condemned by the technocratic model of midwifery care.

The results of this study suggest that international placements for final year midwifery students are beneficial in increasing students' confidence (Browne et al., 2015; Gower et al., 2017; Marshall, 2017) and reinforcing birth as a normal physiological process, and for some students has impacted on their future work choices. Browne et al. (2015) reported that nursing students who had attended international clinical placements had identified the impact it had on their future workplace choices, with many of them appreciating the experience, albeit it being confronting, and had led to the desire to work in international aid. Cultural immersion in Manila and Tanzania exposed the midwifery students in this study to an array of experiences, and highlighted the differences in midwifery care provided in Australia, consequently resulting in the midwifery students having more appreciation for their own health system (16).

Limitations

Several limitations to this study are acknowledged. Firstly, all midwifery students were recruited from the same University and largely represented a similar demographic cohort, therefore the results are not representative and have limited generalisability. The midwifery students reported on only two overseas placement locations (Manilla and Tanzania), thus findings may not represent the diverse range of midwifery students or other International placement locations. Additionally, participants inferred that some midwives considered midwifery to be 'just a job.' This was not considered to be a generalization of all midwives from developing countries, rather an observation made by the midwifery students in understaffed, over-crowded birthing rooms where

midwives were limited in their capacity to provide holistic midwifery care. Collectively these observations may have influenced findings and the conclusions drawn. However, there was consistency in the experiences shared by students; their overwhelming support for international placements and the reported benefits of being offered such diverse clinical opportunities. This confirms the value of this study and its potential to enhance future international clinical placement options for midwifery students.

Implications for Midwifery

Incorporating an international clinical placement into undergraduate midwifery curricula can be both challenging and financially expensive to Universities. However, as the results of this study reveal, the overall benefits to students' professional development and competence are encouraging. The opportunity to experience midwifery practice in another culture and health care system provides opportunities to extend students' knowledge of global midwifery practice, while strengthening the connection between midwives around the world. Including international placements in midwifery curricula has the potential to increase employability of midwifery students and broaden their career options on graduation. Thus, consideration for their continued integration into the design of undergraduate programs will not only support theoretical learning but also contribute to midwifery students' future career options on graduation. This study provides new information that is beneficial to University undergraduate midwifery programs, that currently offer international placements in the midwifery curriculum.

Conclusion

The midwifery students who attended the International clinical placement reported that they did not learn any new clinical skills, however they did learn cultural competence and communications skills. The students reported that they were also able to go back to basics. All the students have clinical placements in tertiary hospitals during their courses, and as well as the experience of existing clinical placements in tertiary hospitals, these international placements add a fresh perspective. Without the reliance on technology, students were able to use their intuition and provide woman centred midwifery care. This experience led to an increase in confidence and an awareness of the need to consolidate their own knowledge and skills, and a reinforcement of their own career aspirations, midwifery beliefs and trust in women and physiological birth.

Clinical placements are a crucial component of preparation for practicing as a qualified midwife and are influential to midwifery students' future practice and career choices upon graduation. Whether midwifery students have preconceived ideas regarding their preferences for future employment, or not, international clinical placements are influential in shaping prospective employment decisions on graduation. This study confirms the benefits of overseas clinical placements, which provide opportunities beyond developing cultural sensitivity. Midwifery students are challenged to develop not only practical competence, but confidence to trust in themselves and the process of physiological birth. These experiences validate theoretical learning and provide

opportunity to reflect on the possibilities of future employment and decision-making as a midwife. Overseas clinical placements offer diverse settings and clinical exposure to situations in clinical practice not obtainable in tertiary hospital environments. These experiences contribute to the learning and professional development of midwifery students and provide thought for future employments options.

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