Nurse Education Today 151 (2025) 106741

Contents lists available at ScienceDirect

Nurse Education Today

journal homepage: www.elsevier.com/locate/nedt

What is the woman's role in the clinical assessment of midwifery students? A scoping review

Rita Ball [a,b,*], Marie McAuliffe [b], Kendall George [b,d], Janelle James [b], Cate Nagle [b,c,d]

[a] Cairns and Hinterland Hospital and Health Service, Cairns, Queensland 4870, Australia
[b] College of Healthcare Sciences, James Cook University, 1 James Cook Drive, Townsville, Queensland 4811, Australia
[c] Centre for Quality and Patient Safety Research, Deakin University, 1 Gheringhap St, Geelong, Victoria 3220, Australia
[d] Townsville Hospital and Health Service, 100 Angus Smith Drive Townsville, Queensland 4814, Australia

ARTICLE INFO

Keywords:
Woman-centred care
Midwifery student
Clinical assessment
Continuity of midwifery care

ABSTRACT

Background: Midwifery student assessment tools have been validated to assess competence in practice-based maternity settings however, the inclusion of the woman in the clinical assessment of the midwifery student is not well understood.

Aim: To collate and report the evidence on the role of the woman in the clinical assessment of midwifery students.

Methods: Using the five-step framework of Arksey and O'Malley (2005), with modifications from Levac et al. (2010), a scoping review was conducted across four databases: MEDLINE (via OVID); CINAHL (via OVID); EMCARE; and SCOPUS using controlled vocabulary and key words.

Findings: Midwifery student clinical assessment in practice-based settings that included feedback from the student, midwife, and woman was not evident in any of the studies. The concepts of woman-centred care were well explored, particularly in terms of the continuity of care experience. Although the reciprocal benefits of the continuity of care experience for women and students were highlighted, there was no evidence of feedback from women on their involvement during midwifery student clinical assessment. When women did provide feedback, it was mostly in retrospect, using criteria-led evaluations (online survey, questionnaire), and not during midwifery student clinical assessment.

Discussion: A clearer understanding of how woman-centred care is realised in midwifery student clinical assessment regardless of the model of care provision needs to be explored. Understanding how the woman is included, her role and how she can provide feedback on her experience will inform how woman-centred care is reflected in all practice settings.

Conclusion: The findings from this scoping review have identified gaps within the existing literature, foremost is the lack of evidence of inclusion of the woman in the clinical assessment of midwifery students. *Re*-orientating midwifery student clinical assessment that includes collaboration with and evidence of feedback from the woman would provide the woman a 'voice' to articulate and validate her experience - representing her journey towards woman-centred care.

STATEMENT OF SIGNIFICANCE

Problem or issue

Evidence of the woman's involvement and her agency to provide feedback during the clinical assessment of midwifery students' competency to provide woman-centred care is lacking.

What is already known

Woman-centred care is provided by midwifery students and informs their clinical assessment via practice standards for pre-registration. This

Abbreviations: AMSAT, Australian Midwifery Students Assessment Tool; ANMAC, Australian Nursing and Midwifery Accreditation Council; COAG, Council of Australian Governments; CoCE, Continuity of Care Experience; CoCoPop, Condition, Context and Population; ICM, International Confederation of Midwives; NHMRC, National Health and Medical Research Council; NMBA, Nursing and Midwifery Board of Australia; SC, Standard public hospital care; WCC, woman-centred care; WCCS, Woman-Centred Care Scale.

* Corresponding author at: College of Health Care Sciences, Centre of Nursing and Midwifery Research, James Cook University, Townsville, Queensland, Australia.
E-mail address: rita.ball1@my.jcu.edu.au (R. Ball).

https://doi.org/10.1016/j.nedt.2025.106741
Received 25 December 2024; Received in revised form 3 April 2025; Accepted 6 April 2025
Available online 8 April 2025

includes feedback from midwifery academics, midwife assessors of students and midwifery student self-assessment.

What this paper adds

This review has provided a clearer understanding of how woman-centred care is realised in midwifery student clinical assessment in practice-based settings. Integrating feedback from the woman during midwifery student clinical assessment may facilitate a version of woman-centred care that is inclusive of all models of care, all midwifery students, and all women.

1. Background

Woman-centred care (WCC) is a central philosophy of midwifery practice, moreover, WCC is inherent in the international definition of 'Midwife' and a core element in midwifery curricula (ANMAC, 2021; ICM, 2021). In Australia and internationally, there is a commitment to WCC by midwifery education providers and maternity health services to develop and shape midwifery practice in ways that shift the focus of control towards the individual woman (ICM, 2021; Leap, 2009). The Council of Australian Government's WCC Strategic directions for Australian maternity services (COAG, 2019) clarifies the term 'woman' or 'women' and is based on the understanding that maternity care is inclusive of the diverse experiences of women, including their cultural and religious background, disability, sexual orientation and the gender with which they identify (COAG, 2019). The definition of WCC is embedded in governance documents to guide how WCC is applied in clinical practice and includes respecting "the woman's ownership of her health information, rights and preferences while protecting her dignity and empowering her choices" (p. 27) based on the best available evidence (COAG, 2019).

Having a clear understanding of how WCC is conceptualised is critical to ensuring WCC is reflected in practice (Rigg and Dahlen, 2021). Establishing a culture of advocacy for WCC cultivates philosophies that are promoted in the woman-student continuity of care experience (CoCE) of relational continuity and included in curricula for midwifery education (ANMAC, 2021). The term 'women-centred care' describes a philosophy applied to maternity services, while the term 'woman-centred care' shifts the emphasis to each woman's individual needs (Brady et al., 2019). A concept analysis defining 'woman-centred care' by Brady et al. (2024) was used to clarify the meaning of WCC enabling comprehension and translation into clinical care provision (Brady et al., 2024). This evidence-based internationally informed definition of WCC comprises attributes of holistic and respectful care deemed inclusive of all aspects of the woman's life including her cultural, spiritual, social, psychological, emotional, and physical needs (Brady et al., 2024). These attributes are also promoted in the Australian and Midwifery Standards Assessment Tools (AMSATs) encompassing the needs of the woman, her newborn, family, and community whilst ensuring the woman has choice and control in her childbearing experience (Brady et al., 2024; Sweet et al., 2020).

Education programs that determine midwifery student competence to provide WCC are supported by validated formative and summative AMSATs (ANMAC, 2021; Sweet et al., 2020). The AMSATs are utilised during clinical assessment of the midwifery student when the student is observed providing clinical care to a woman throughout the woman's perinatal period i.e., antenatal, labour and birth, and in the postnatal period. Facilitating clinical assessment of the midwifery student's competence to provide WCC cannot occur without the woman being involved and is enabled by students caring for women in diverse maternity settings. Midwifery students are exposed to a variety of models of maternity care during their clinical placement including standard public hospital care (SC), General Practitioner shared care, Midwifery Group Practice and Private Obstetric care (Donnolley et al., 2016; Pelak et al., 2023). The SC model of maternity care in Australia is often fragmented in nature meaning women can see a variety of health care providers at appointments throughout their perinatal period (Pelak et al., 2023).

The AMSATs used by the midwifery student and the assessing midwife during clinical assessment have measurable outcomes that include identifiable WCC concepts and behaviours and are based on the Nursing and Midwifery Board of Australia (NMBA) Midwife Standards for Practice (NMBA, 2018; Sweet et al., 2020). Performance indicators for the AMSATs include observation of behavioural cues during clinical assessment that incorporate WCC constructs such as 'consults with the woman and health care team about care needs and appropriate resources' and 'responds to the woman's questions or cues with knowledge and sensitivity' (Sweet et al., 2020). The student is also assessed on their competency to provide culturally responsive woman-centred care including: demonstrating knowledge and understanding of the principles of cultural safety; and practising in a way that respects that family and community underpin the health of Aboriginal and/or Torres Strait Islander women and their families (Sweet et al., 2020).

The AMSAT feedback cycle (Fig. 1) is a bipartite assessment cycle involving feedback from the assessing midwife and the student where the student reflects and self-assesses their own performance (ANMAC, 2021; Sweet et al., 2020). Effective feedback provides an evaluation of how well or otherwise the action or task was performed and guidance as to how performance can be improved (Sweet et al., 2020). It is acknowledged that feedback and reflection are key components of effective learning and assessment however, evidence of the woman's involvement in and agency to provide feedback during the assessment of midwifery student competency to provide WCC is not represented.

Studies suggest that the foundations of learning, understanding and committing to WCC, adopting aligned behaviours and approaches need to be embedded in midwifery education programs (McKellar et al., 2023; Nagle et al., 2019). Midwifery education programs could be further strengthened and enriched through the pivotal role of midwifery partnership with women and active engagement in clinical practice where the woman and maternity care practitioners are regarded as educators (Watkins et al., 2023; Yanti et al., 2015). Inclusion of the woman at the interface of clinical care by seeking feedback from the woman serves to honour the woman's experience and the virtues of WCC, creating a partnership based on mutuality, reciprocity and compassion (Kuipers, 2022; Sheehan et al., 2022). Participation of women in midwifery students' education provides opportunities to talk through the experience from the consumer's perspective, as soon as possible after the experience. Enabling women to participate facilitates enhanced learning including respect, partnership, constructive interaction and the development of communication and debriefing skills of students (Hainsworth et al., 2022; Yanti et al., 2015).

Women are encouraged and enabled to provide feedback on the provision of maternity care they receive via criteria-led questionnaires and surveys that vary in terms of timing, quality, focus and purpose (Fontein-Kuipers and Romeijn, 2018; Jefford et al., 2020; Rolls and McGuinness, 2007; Tickle et al., 2021; Tickle et al., 2016). This information is purposely used by universities and health services and private providers: to evidence safety and quality of care; to determine women's satisfaction with their maternity experience; and to understand what women value. The applicability of the current assessment tools from the perspectives of those directly involved, the woman, the midwifery student, and the assessing midwife, is not well understood. Documentary evidence of where and when the woman provides feedback is unclear. The aim of this scoping review was to collate and report the evidence of the woman's experience and involvement in midwifery student clinical assessment, describing examples of midwifery student competence to provide WCC.

2. Methods

The methodological framework of Arksey & O'Malley (Arksey and O'Malley, 2005), with modifications from Levac and colleagues (Levac et al., 2010) guided this scoping review. The framework includes five stages: identifying the research question; searching relevant databases

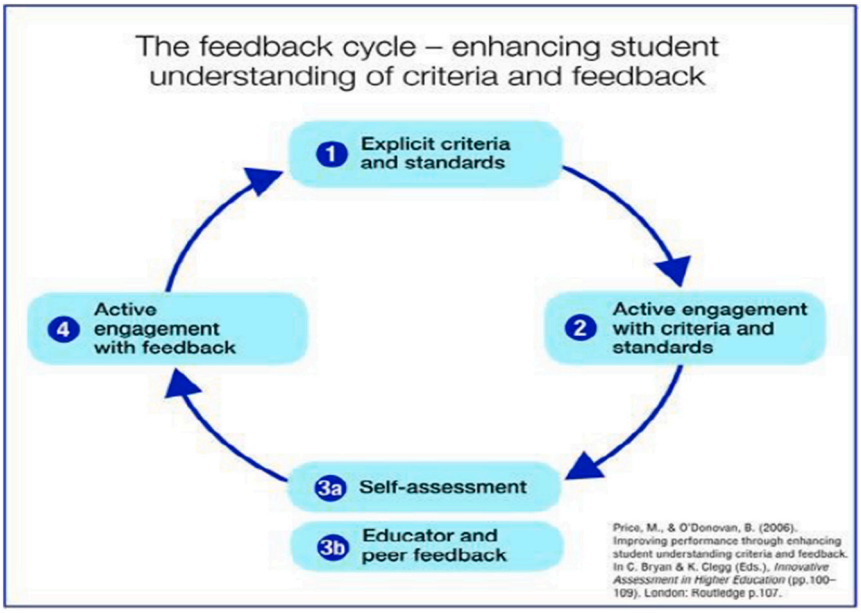

Fig. 1. AMSAT feedback cycle. Australian Midwifery Standards Assessment Tool (AMSAT); www.amsat.com.au. AMSAT Resource Manual.

and selecting studies; extracting data using an iterative approach; charting the findings using a thematic analysis; collating, summarising, and reporting the results. The recommendations from Levac et al. (2010) included clarifying the purpose and research question, identifying implications for research, and stakeholder consultation which served to improve the consistency of the report on the scoping review (Levac et al., 2010).

The Condition, Context and Population (CoCoPop) method (Booth et al., 2019) was used to structure the research question as outlined in Table 1. The following research question that guided this review was *What is the role of the woman in the clinical assessment of midwifery students' competency to provide WCC?*

The databases searched were MEDLINE (via OVID), CINAHL (via OVID), EMCARE and SCOPUS. The last search was undertaken on 16 August 2024. The choice of a scoping review over a systematic or other type of review, was to identify research gaps within the literature. While this could be seen as a limitation (Munn et al., 2018), as this was an initial exploration of the topic, with limited published research available, the inclusion criteria were peer-reviewed articles that focussed on woman-centred care, undergraduate midwifery students and clinical assessment. No restriction was placed on the date or language of publication. Key concepts of 'continuity of midwifery care', 'woman-centred care', 'clinical assessment' and 'midwifery student' were applied to the database searches.

The terms were then tailored to each database, key-words from publications and Medical Subject Headings (MeSH®) were used. The Boolean operators "AND" and "OR" were applied. Comprehensive search strings were developed until no new relevant headings could be identified. An example of the search strings is provided in Fig. 2.

An experienced university librarian specialising in systematic reviews was consulted for the development of the search strategy. EndNote 20 was used to upload identified citations, record the systematic search results, and manage the data. The Preferred Reporting Items for Systematic Reviews and Meta-Analyses was employed (PRISMA-ScR) (Tricco et al., 2018) as outlined in Fig. 3.

Duplicate studies were removed prior to the title and abstract screening which resulted in 2549 articles being excluded. All members of the research team independently assessed the remaining full-text articles ($n = 100$) against the selection criteria and then compared their findings with the primary author. This resulted in ($n = 93$) articles being excluded: the reasons for exclusion are described in Fig. 3. A third person arbitrated on four studies on which reviewers could not agree. The reasons that these four studies were excluded related to the following selection criteria: inclusion criteria not met ($n = 3$); not related to the topic (n-1).

The seven studies included in this scoping review were appraised by the primary author and the co-authors independently to enhance reliability and to provide an iterative unbiased process to data reporting (Lenzen et al., 2017). The charted data in Appendix 1, Table 2: Study characteristics of qualitative and quantitative studies, were then shared with all members of the research team to discuss the implications of the results and areas for future research (Levac et al., 2010). Relevant information on the characteristics outlined in the data extraction matrix in Appendix 1, Table 2 are: first author; year of publication; geographical location; research aim, methodology and methods; participant characteristics; and analysis and results.

Table 1
Developing the research question using the CoCoPop framework.

Element	Description
Co = Condition	Woman-centred care
Co = Context	Clinical assessment
Pop = Population	Midwifery students

3. Results

The seven studies included in this review were published between 2007 and 2020. Countries where the research was conducted were Australia ($n = 5$), The Netherlands (n = 1) and Indonesia (n = 1). Study methods comprised of three qualitative (Brady et al., 2017; Fontein-Kuipers et al., 2018; Rolls and McGuinness, 2007) and four quantitative (Jefford et al., 2020; Tickle et al., 2021; Tickle et al., 2016; Yanti et al., 2015) studies. The seven included studies comprised recruitment of a total of 3935 participants: 2591 women and 1344 midwifery students. The study cohorts ranged from the smallest study that included seven woman-student dyads by Rolls and McGuinness (2007), to the largest study that included 946 women enrolled in a CoCE with a midwifery student by Jefford et al. (2020). The study characteristics of midwifery students in the seven studies represented all year levels. There was no representation of midwifery students from undergraduate midwifery dual degree programs nor postgraduate midwifery programs.

midwifery student	clinical assessment	woman-centred care	continuity of midwifery care
Student* OR midwi* OR "midwifery student*" OR "student midwife*"	Appraisal* OR Assessment* OR Evaluation* OR "Competency Validation" OR "Competency Validations" OR "Skills Validation" OR "Skills Validations" OR test* OR competen* OR formative OR summative OR "clinical assessment" OR educat* OR skill* OR "self-assessment" OR "performance appraisal" OR "competency based education" OR "competency assessment" OR supervis* OR "clinical" OR standard* OR "clinical skills portfolio" OR portfolio*	Women OR woman OR midwi*	"Continuity of Patient Care" OR "care continuum" OR "continuity of care" OR "continuity of patient care" OR "continuum of care" OR "patient care continuity" OR "continuity of midwifery care" OR "women centred" OR "woman centred" OR "women centered" OR "woman centered" OR "woman-centred" OR "woman-centered" OR "patient centered care" OR "patient centered nursing" OR "patient focused care" OR "patient-centered care" OR "patient-centered nursing" OR "patient-focused care" OR "person centered care" OR "person-centered care" OR "person-centered cares" OR "patient centred care" OR "patient centred nursing" OR "patient-centred care" OR "patient-centred nursing" OR "person centred care" OR "person-centred care" OR "person-centred cares" OR "Client Centered Care" OR "Client Centred Care"

Fig. 2. Search strings for Scopus.

The three qualitative studies had strong elements of WCC constructs focusing on the woman's CoCE (Brady et al., 2017; Fontein-Kuipers and Romeijn, 2018; Rolls and McGuinness, 2007). The research data for women's experiences were collected in retrospect using semi-structured interviews (Rolls and McGuinness, 2007), a Likert scale and open-ended questions which involved feedback from the woman (Fontein-Kuipers and Romeijn, 2018; Jefford et al., 2020; Rolls and McGuinness, 2007). The ethnographic study design by Fontein-Kuipers and Romeijn (2018), utilised participant observation by midwifery students to support them in their learning of providing WCC (Fontein-Kuipers and Romeijn, 2018). Students in this study used structured interview techniques to collect data about the care experiences of the woman using the Client Centred Care Questionnaire (CCCQ), however, these students were not actively involved in the woman's clinical care. The outcomes of these qualitative studies determined that the students' presence and focus on the woman was empowering for the women and improved the women's overall satisfaction of care. Evidence that midwifery students practice in a woman-centred way was reflected in two studies (Brady et al., 2017; Rolls and McGuinness, 2007).

The four quantitative studies also had strong elements of WCC constructs that focused on the woman's CoCE with a midwifery student (Brady et al., 2017; Tickle et al., 2021; Tickle et al., 2016; Yanti et al., 2015). The quantitative quasi-experiment design study by Yanti et al. (2015) compared CoCE and fragmented care in the clinical setting to enhance students' understanding of midwifery care philosophy. Although this study highlighted the benefits of the CoCE for students, there was no evidence of feedback from the women on their experiences (Yanti et al., 2015). The two studies where women were able to provide feedback on their CoCE used paper-based and online surveys that reported levels of satisfaction for women (Tickle et al., 2021; Tickle et al., 2016). The measurable outcomes of the simulation-based study using the Woman Centred Care Scale as a valid and reliable tool to measure the WCC behaviours of midwifery students showed a positive correlation between simulation fidelity and woman-centred care behaviours in midwifery students (Brady et al., 2017). How this translated into the clinical setting when caring for women, or how women could provide feedback on their experience, was not measured (Brady et al., 2017).

There was a lack of consistency in how WCC was actualised in midwifery student assessments, as it was identified that assessing midwives and midwifery students are likely to hold "different perspectives on what WCC is, and what it is not" (Brady et al., 2019). Terms used to identify WCC practices included holism, advocacy, self-determination, informed decision-making, respect, satisfaction, women's thoughts, emotions, and values (Yanti et al., 2015). Translating WCC into clinical practice was strengthened and supported by the existing evidence of the value of the woman-student relational continuity (Brady et al., 2017; Fontein-Kuipers and Romeijn, 2018; Jefford et al., 2020; Tickle et al., 2021; Tickle et al., 2016).

The students were exposed to learning that not only augmented their professional and academic development, but also their understanding of clinical competence to provide WCC (Brady et al., 2017; Fontein-Kuipers and Romeijn, 2018; Rolls and McGuinness, 2007). The measurable instruments like the Woman-Centred Care Scale (WCCS) and the AMSAT for the clinical assessment of midwifery students further enhanced the students' WCC literacy (Brady et al., 2017; Fontein-Kuipers and Romeijn, 2018; Rolls and McGuinness, 2007). Midwifery students were

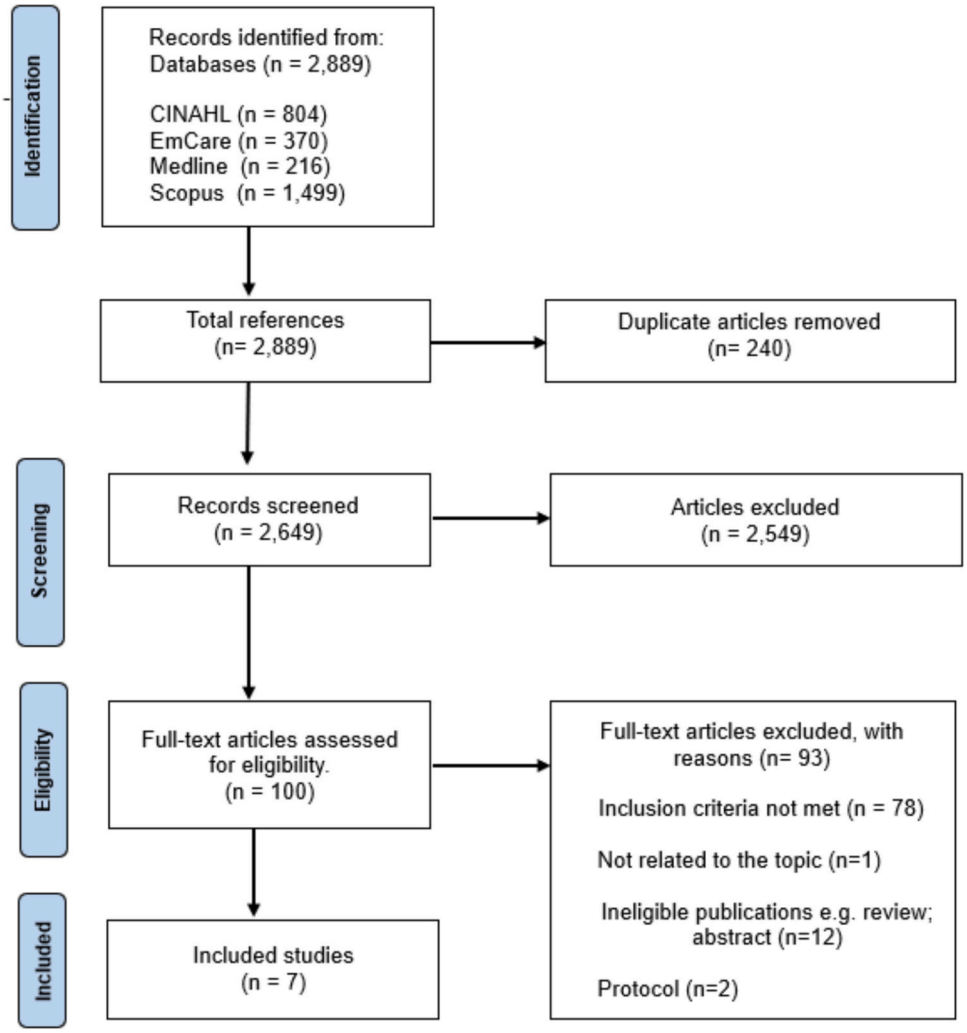

Fig. 3. PRISMA flow diagram.

supervised by a midwife when providing clinical care in the study by Rolls and McGuinness (2007) however, midwifery student clinical skills were not assessed formally with use of the AMSAT in practice-based settings to inform competence for WCC in any of the qualitative studies (Brady et al., 2017; Fontein-Kuipers and Romeijn, 2018; Fontein-Kuipers et al., 2018; Rolls and McGuinness, 2007).

A theme that emerged from all seven studies was a commitment to supporting midwifery students to practice in a woman-centred manner. Although concepts of WCC differed within the seven studies, a shared vision to meet women's expectations and enhance women's satisfaction with their experiences was well documented. A commitment to midwifery student education standards from universities and maternity care providers to support students to develop skills to become woman-centred autonomous practitioners was reflected in all studies.

4. Discussion

A consistent finding from each of these studies is the lack of evidence of the involvement of the woman and her agency to provide feedback during the clinical assessment of midwifery students. The findings have also highlighted a reliance on the students' exposure to the CoCE model of care to measure WCC competence and enhance the students' WCC literacy.

A focus on the woman's experience and perspective within the CoCE model of care was reflected in some studies. However, the objectives were mostly directed to the outcomes of the student's learning needs and the number of CoCE's to meet curricula requirements (ANMAC, 2021; Baird et al., 2022; Newton et al., 2022; Perriman and Davis, 2016). Education providers and maternity services have a shared responsibility to provide practice-based environments to cultivate the domains of competence for midwifery students' skills, knowledge, and attitudes in clinical practice (Firoozehchian et al., 2022; McKellar et al., 2023; Yanti et al., 2015). They play a pivotal role in supporting cohesive partnerships between midwives, students and women with an emphasis on shared decision-making to support students to navigate the dilemma between advocating their midwifery philosophy of care and the wishes and needs of the woman (Finnerty et al., 2007; Thompson et al., 2019). 'Woman-centred care' and 'woman-centred' philosophy are represented as the cornerstone for midwifery practice standards, furthermore, WCC concepts are featured prominently in midwifery student assessment tools where women play a central role in the clinical assessment of midwifery students (ANMAC, 2021; Crepinsek et al., 2023; Sweet et al., 2020).

Performance indicators for the AMSATs include observation of behavioural cues for clinical assessment that incorporate WCC constructs such as 'consults with the woman and health care team about care needs and appropriate resources' and 'responds to the woman's questions or cues with knowledge and sensitivity' (Sweet et al., 2020). Midwifery students in Australia are exposed to short and long-term clinical placements in different models of maternity care in a variety of maternity settings. These are determined by the education providers curriculum in collaboration with maternity care providers to ensure the

students' experiences and clinical skill requirements are met (ANMAC, 2021). Notably, the application of the formative and summative AMSATs have been designed to be utilised during the midwifery students' clinical placement block which usually ranges from two to eight weeks, mostly occurring within the standard public hospital care setting (Sweet et al., 2020).

The assessment of midwifery student competence is via bidirectional feedback and a bipartite assessment cycle between the student and the assessing midwife when the student is observed providing clinical care to the woman (Sweet et al., 2020). Facilitating clinical assessment cannot occur without the woman being present, however, the woman is not included in the feedback cycle to identify if she has received WCC from her perspective. Distinguishing the phrase 'woman-centred care' and embedding woman-centred language in curricula and governance documents is implicit in re-directing the care back to the individual woman to acknowledge her individual experience, regardless of the model of care provision (Crepinsek et al., 2023; Leap, 2009).

Instruments that have been developed to measure maternal satisfaction are mostly within the context of the CoCE model and designed to measure WCC behaviours in midwifery students (Tierney et al., 2018). Whilst studies provided feasible, valid and reliable feedback from women, timing of feedback and asking women for feedback on their experience after the provision of care may challenge the reliability of this feedback due to recall bias which is dependent on memory (Jefford et al., 2020; Perriman and Davis, 2016; Rolls and McGuinness, 2007). Despite this, there is strong evidence that demonstrates women's recall of their childbearing event is consistently precise and accurate and it is still their perception of care and their memory of the event (Fahlbeck et al., 2022). However, Perriman & Davis found maternal satisfaction surveys were not developed for the purposes of service enhancement or quality improvement, and were unable to adequately demonstrate aspects of reliability and validity (Perriman and Davis, 2016). The focus was not on the woman's experience of WCC or her experience during midwifery student assessment, but on the comparison of outcomes in different models of care (Perriman and Davis, 2016). The maternal satisfaction surveys mostly reflected the fragmented models of care compared with the CoCE models – though feedback is now increasingly sought from the CoCE models (Perriman and Davis, 2016).

Women's feedback and expectations of maternity care promotes consumer advocacy, diversity of women's choices and self-determination to preserve and protect WCC in clinical practice (Dahlen et al., 2023; Kuipers, 2022; Rigg and Dahlen, 2021; Watkins et al., 2022). Forums and special interest groups draw on the knowledge and experiences of women who have expressed their interest in being involved in the curriculum development process for midwifery education to ensure that they are placed at the centre of maternity care (Baas et al., 2015; McKellar et al., 2023).

Women's perspectives of the care provided by midwifery students is sometimes captured in the continuity of care experience, this is not standardised nor structured. The lack of evidence of authentic inclusion of the woman in the clinical assessment of midwifery students is a gap in the knowledge of the woman's experience. More research is needed to support and guide how clinical assessment tools may be adapted to capture the woman's experience to determine if the care that they receive is truly woman-centred from their perspective to meet standards for practice, thereby strengthening student development.

5. Strengths and limitations

There are limitations inherent in a scoping review and result from the descriptive nature of analysis. The strengths of this scoping review are the lack of restrictions on date and language of publication resulting in a comprehensive review of the literature with the inclusion of both qualitative and quantitative studies. In addition, using the five-stage framework by Arksey and O'Malley (2005) ensured a theoretical basis for this review (Arksey and O'Malley, 2005). The framework was strengthened using the modifications by Levac et al. (2010) as it provided more detailed guidance on each stage of the process, improving the rigor of this review (Levac et al., 2010).

6. Conclusion

Woman-centred care is the cornerstone of midwifery however, the lack of evidence of inclusion of the woman in the clinical assessment of midwifery student's requires further research. An ethnographic research design is proposed to observe the behaviour and interactions that occur between the woman, the midwifery student, and the assessing midwife in their natural environment during the clinical assessment of the student. Utilising a tripartite multilateral assessment process in practice-based settings that is inclusive of the woman, midwifery student, and assessing midwife in the feedback cycle may preference a true version of WCC.

CRediT authorship contribution statement

Rita Ball: Writing – review & editing, Writing – original draft, Methodology, Investigation, Conceptualization. **Marie McAuliffe:** Writing – review & editing, Supervision, Conceptualization. **Kendall George:** Writing – review & editing, Supervision, Methodology, Conceptualization. **Janelle James:** Writing – review & editing, Supervision, Methodology, Conceptualization. **Cate Nagle:** Writing – review & editing, Supervision, Methodology, Conceptualization.

Funding

The authors received no financial support for the research, authorship and/or publication of this article.

Declaration of competing interest

The authors declare there are no conflicts of interest.

Appendix A

Table 2
Study characteristics of qualitative and quantitative studies.

Study characteristics of qualitative studies						
First author (year published)	Country	Aim of the study/ research question	Methodology and methods	Participants	Analysis	Results

(continued on next page)

Table 2 (*continued*)

Study characteristics of qualitative studies						
First author (year published)	Country	Aim of the study/ research question	Methodology and methods	Participants	Analysis	Results
Rolls (2007)	Australia	To explore the experiences of women involved with Bachelor of Midwifery (BMid) students in a Follow Through Journey Program.	Qualitative study Exploratory design utilizing feminist principles of: 'with', not 'on' women; mutual respect; and sharing. Semi-structured interviewing utilised with the aim of exploring women's experiences of the Follow Through Journey Program. For the BMid student, the Follow Through Journey consists of observation and when appropriate, under the supervision of a qualified midwife assisting in activities such as: health assessment, health promotion, support during the process of birthing, and follow up visits for the woman and her baby.	$n = 7$ woman-student dyads who had been involved in the Follow Through Journey Program during the preceding 3—6 months. The Follow Through Journey Program includes initial contact in early pregnancy through to the weeks immediately after the woman has given birth. BMid students from any of the 3-year levels, .	Interviews were analysed by the method described by Richards, where initial reading opened up the data. Further reading and analysis generated ideas. Interesting aspects of the text were noted and as described by Richards these data were interrogated. Interrogation involved asking questions of the conditions, consequences and interactions involved in the data and recording this information in memos. A process of drawing what was seen in the data then occurred and finally, themes were constructed by the researchers.	Overall, women in this study were very satisfied with the BMid student Follow Through Journey Program. Data analysis identified four major themes arising from this research: • women and students in partnership; • the student was for me; • making a difference; • and the system. The outcome for the women was being empowered in pregnancy, birth and early parenting experience. It was the student's presence and focus upon women, which empowered the women in this study. For the midwifery students, acknowledgement that they do practise in a woman-centred way has occurred in this small study.
Fontein-Kuipers (2018)	The Netherlands	To evaluate the 'ISeeYou' project that aims to equip first year BMid students to support them in their learning of providing woman-centred care.	Qualitative study The project has an ethnographic design, utilizing participant-observation by midwifery students to support their learning. First year BMid students buddied up with one woman throughout her CoC encounters. Each care encounter is retrospectively evaluated applying a structured interview technique by the student asking the woman 15 standardised questions about her experience using the Client Centred Care Questionnaire (CCCQ) The woman assigns a score to the questions using a 5-point Likert-type scale, varying from '1' (totally disagree) to '5' (totally agree).	$n = 54$ first year midwifery students $n = 54$ women The women were buddied with one student and the student accompanied the woman to an average of eight prenatal visits and two postnatal visits.	The student is not actively involved in the woman's care. Students used structured interview techniques to collect data about the care experiences of the woman using the CCCQ. Each student participated in, observed and evaluated on average n = 8 prenatal visits, ranging between 6 and 41 weeks' gestation (during 1st 32 %/ 2nd 35 %/ 3rd 33 % trimester), and $n = 2$ postnatal visits (95 % postnatal day 1–11/ 5 % 6 weeks postnatal check-up). Students observed care encounters ($n = 472$) between the woman and health professionals. Students were specifically asked to observe and reflect on the interaction between the woman and the healthcare professional using the model of core reflection to enhance professional growth and to become aware of ideals and core qualities. The project was evaluated using the SWOT model.	Women involved in the project were encouraged to think about the quality of their care encounters, in terms of interpersonal skills, communication skills (including listening, information provision, decision making and interaction), sense of control, the content of their care as well as organization and coordination of care, information continuity, addressing needs and level of satisfaction. The project offered students unique and in-depth experiences supporting and augmenting their professional competencies and their personal, professional and academic development. The benefits of this project might impact on professional development (i.e., lifelong learning)

(*continued on next page*)

Table 2 (*continued*)

Study characteristics of qualitative studies						
First author (year published)	Country	Aim of the study/ research question	Methodology and methods	Participants	Analysis	Results
Jefford (2020)	Australia	To determine what women value in their student-woman continuity experience, and if this varies with model of care provision.	Qualitative study Qualitative analysis was conducted on 15 survey questions rating various aspects of the woman's perception of the Continuity of Care experience (CoCE). Data was collated using a Likert scale, followed by an open-text box prompting for comments using an open-ended question to provide the women an opportunity to respond in their own words.	$N = 946$ women enrolled in CoC experiences. 2nd and 3rd year BMid students	The students had a total of 2648 CoCE with women, which 49.9 % ($n = 1321$) responded to the online survey. After excluding incomplete surveys and those without open-text box comments, a sample of 71.6 % ($n = 946$) responses remained. The initial key words generated were: 'Advocate, Comfort, Continuity, Ease, Familiar, Knowledge, Professional, Safe, and Support'. The survey responses were separated into sub-groups by care provider: midwifery-led, private midwife, private obstetrician, and public obstetrician. Each subgroup was interrogated using the keywords and their stem i.e., 'Advocacy, Safety, Comforting, and Comfortable'.	The data identified three overarching themes: • 'Known student midwife'; • Knowledge; • Professionalism. The 'Known Student Midwife' was strongly associated with provision of support and advocacy for the woman and her partner/ family. Women linked 'Professional' and 'Knowledge' with their 'Known Student Midwife: public-obstetric led ($n = 13$) and midwifery-led model ($n = 3$). 'Support' is the only word that spans the four models of care, and has the largest occurrence identified 39.7 % ($n = 522$) Despite having surveys spanning four models of care provision ($n = 946$) to allow for care model comparison, representation in some models of care was extremely small.
Study characteristics of quantitative studies						
First author (year published)	**Country**	**Aim of the study/ research questions**	**Methodology and methods**	**Participants**	**Analysis**	**Results**
Yanti (2015)	Indonesia	To identify if the continuity of care (CoC) clinical learning model increases students' understanding of midwifery care philosophy to a higher level compared to the fragmented care model.	Quantitative study Quasi-experiment design n = 54 students attended six months of clinical training using the CoC learning model, following n = 2–3 women. n = 52 students in the control group used the fragmented care learning model, caring for women in this model of care. A questionnaire was developed using references from the International Confederation of Midwives. The questionnaire related to five aspects of midwifery care philosophy: personalized care; holistic care; partnership care; collaborative care and evidence-based care.	Final year midwifery students: • $n = 54$ CoC group • $n = 52$ fragmented care group.	The independent *t*-tests were used to analyse the differences between the means of the two groups of students in terms of understanding midwifery care philosophy. The pre and post-survey questionnaires were comprised of the five aspects of midwifery care philosophy and were administered to the students in both groups before and after the study. All students completed both the pre-test and post-test surveys.	There was no significant difference in students' understanding of midwifery care philosophy between the two groups before the study ($p > 0.05$), but a significant difference occurred after the study ($p < 0.01$). The mean score for students with the CoC clinical learning model on all five aspects (15.96) was higher than that for the students with the fragmented care model (10.65). The CoC clinical learning model was shown to be a unique learning opportunity for students to understand the philosophy of midwifery.
Tickle (2016)	Australia	To investigate Australian women's experiences of CoC provided by an undergraduate midwifery student.	Quantitative study A retrospective descriptive cohort design was used.	N = 698 women who had agreed to have a midwifery student provide CoC in their recent childbirth	Construct validity of the Satisfaction and Respect Scales was tested using exploratory factor analysis.	One-third of women returned a completed survey ($n = 237/698$, 34 %). The sample was largely representative of Australia's

(*continued on next page*)

Table 2 (*continued*)

Study characteristics of qualitative studies						
First author (year published)	Country	Aim of the study/ research question	Methodology and methods	Participants	Analysis	Results
			A paper-based survey was posted to all women cared for by a midwifery student in 2013 (n = 698). Women were asked questions that explored their perceptions of their midwifery student such as timing of first contact, year level of student, attendance and engagement of student and the woman's feelings about referring others to a midwifery student. Using a three-point Likert scale, women were also asked to rate care provided by their midwifery student during pregnancy, birth and postpartum. In addition, women were asked to respond to a number of items that firstly explored feelings of 'respect' (n = 5) and secondly 'satisfaction' (n = 5).	experience and who had completed a six-week postnatal visit.	Descriptive statistics were used to explore the proportion, mean score, standard deviation, and range of the data. Respect items: The Kaiser-Meyer-Olkin (KMO) was 0.73 and the Bartlett's test of sphericity on all five items indicated that the data was suitable for factor analysis (p < 0.001). Satisfaction items: The Kaiser-Meyer-Olkin (KMO) was 0.81 and the Bartlett's test of sphericity indicated that the data was suitable for factor analysis (p < 0.001). Qualitative Latent content analysis was used to analyse the free text responses of n = 154 women.	birthing women however English-speaking women (n = 112, 47.3 %), women with a tertiary qualification (n = 81, 34.3 %) and women who received COC from their primary care provider (n = 230, 97.5 %) were over-represented in the study. There was a significant positive correlation (p < 0.05) between the number of AN/PN visits a midwifery student attended and women's levels of satisfaction. Women were very satisfied with having a student midwife provide CoC. The qualitative data provided additional insight demonstrating that most women had a positive relationship with the midwifery student that enhanced their childbearing experience.
Brady (2017)	Australia	To develop and validate an instrument to measure woman centred care behaviours in midwifery students	Quantitative study The Woman Centred Care Scale (WCCS) was developed by using a three-stage process and validation strategies. Four core concepts were identified: woman's sphere; holism; self-determination and the shared power relationship. 18 individual descriptive care behaviours (from the Australian National Competency Standards for the Midwife) to these concepts to create an instrument to articulate and measure care behaviours that are specifically woman centred.	N = 69 first year BMid students were assessed in a simulation education environment.	The students participated in the study and had their performance recorded across three intervention arms: low fidelity (n = 25); medium fidelity (n = 23) and progressive fidelity (n = 21) via participant videos. Students were video recorded performing a clinical skill - the videos were reviewed and rated by two expert clinicians who assessed the student performance for each of the individual WCCS items. The total WCCS score was calculated as the sum of all the n = 18 individual WCCS item scores, for a minimum score of 18, and a maximum score of 90. Simulations took place in a simulated learning environment, using standardised hospital beds with partial task positioned appropriately to replicate a woman undergoing a vaginal examination, and a	The WCCS has proven to be valid and reliable as a measure of identifiable WCC constructs and behaviours with midwifery students in an Australian simulated setting. The WCCS, has implications not only for teaching students, but also for the wider midwifery profession in identifying and maintaining practice consistent with the underlying philosophy of woman centred care. Midwifery students who had repeated exposures to higher levels of simulation fidelity demonstrated higher levels of WCC behaviours.

(*continued on next page*)

Table 2 (*continued*)

Study characteristics of qualitative studies						
First author (year published)	Country	Aim of the study/ research question	Methodology and methods	Participants	Analysis	Results
					scripted off-stage voice response was provided by experienced midwifery faculty.	
Tickle (2020)	Australia	What is the efficacy of a routine online survey to women about Continuity of Care Experience (CCE) provided by students? To what extent are women's satisfaction levels influenced by characteristics of CCE? To what extent are women's perceptions of respect influenced by characteristics of CCE?	Quantitative study A descriptive cohort design study. Women complete an online survey. The survey included personal details, experiences of care, and two scales on Respect and Satisfaction.	$N = 886$ women were recruited by a midwifery student for a CCE during a 12-month period. BMid students: $n = 148$ first year $n = 119$ s year $n = 143$ third year. Most students attended women's labour and birth (92.6 % $n = 464$) Students in this study undertook a minimum of $n = 20$ CCE experiences instead of the required ten, were able to attend more antenatal visits, and had more postnatal contacts than the minimum requirements.	The on-line survey included 31 questions. Six demographic questions asked about age, First Peoples identification, marital status, level of education, work or study history and maternal country of birth. The Respect and Satisfaction scales had specific questions around women's perceptions of the CCE and was measured by a 5-point Likert scale. Women also rated their overall satisfaction with antenatal, labour and birth and postnatal CCE with the student on a 3-point Likert response. A response rate of 57 % ($n = 501$) was achieved. On average students attended six antenatal visits (mean = 5.83) and had six postnatal contacts with women. Most students attended labour and birth (92.6 % $n = 464$).	Most women rated overall satisfaction with care by their student as 'better than they had hoped'. Satisfaction and respect reported by women was directly correlated with the number of antenatal visits and postnatal contact with students on both levels of satisfaction and respect felt by women. Women felt more satisfied when their midwifery student attended labour and birth.

AN = Antenatal; BoM = Bachelor of Midwifery; CCCQ = Client Centred Care Questionnaire; CoC = Continuity of Care; COCE = Continuity of Care Experience; GRS = Global Rating Scale; IPPI = Integrated Procedural Performance Instrument; PN = postnatal care-up to six weeks; SPSS = Statistical Package for the Social Sciences; SWOT = Strengths, Weaknesses, Opportunities, Threats; WCC = woman-centred care; WCCS = woman-centred care scale.

References

ANMAC, 2021. Midwife Accreditation Standards 2021. https://anmac.org.au/.

Arksey, H., O'Malley, L., 2005. Scoping studies: towards a methodological framework. Int. J. Soc. Res. Methodol. 8 (1), 19–32. https://doi.org/10.1080/1364557032000119616.

Baas, C.I., Erwich, J.J., Wiegers, T.A., de Cock, T.P., Hutton, E.K., 2015. Women's suggestions for improving midwifery care in the Netherlands. Birth 42 (4), 369–378. https://doi.org/10.1111/birt.12185.

Baird, K., Hastie, C.R., Stanton, P., Gamble, J., 2022. Learning to be a midwife: midwifery students' experiences of an extended placement within a midwifery group practice. Women and Birth: Journal of the Australian College of Midwives 35 (1), 19–27. https://doi.org/10.1016/j.wombi.2021.01.002.

Booth, A., Noyes, J., Flemming, K., Moore, G., Tunçalp, Ö., Shakibazadeh, E., 2019. Formulating questions to explore complex interventions within qualitative evidence synthesis. BMJ Glob. Health 4 (Suppl. 1). https://doi.org/10.1136/bmjgh-2018-001107 e001107-e001107.

Brady, S., Bogossian, F., Gibbons, K., 2017. Development and piloting the woman centred care scale (WCCS). Women and Birth: Journal of the Australian College of Midwives 30 (3), 220–226. https://doi.org/10.1016/j.wombi.2016.10.010.

Brady, S., Lee, N., Gibbons, K., Bogossian, F., 2019. Woman-centred care: an integrative review of the empirical literature. Int. J. Nurs. Stud. 94, 107–119. https://doi.org/10.1016/j.ijnurstu.2019.01.001.

Brady, S., Bogossian, F., Gibbons, K.S., 2024. Defining woman-centred care: a concept analysis [article]. Midwifery 131. https://doi.org/10.1016/j.midw.2024.103954. Article 103954.

COAG, 2019. Woman-Centred Care: Strategic Directions for Australian Maternity Services. Department of Health, Canberra. https://www.health.gov.au/resources/publications/woman-centred-care-strategic-directions-for-australian-maternity-services?language=en.

Crepinsek, M., Bell, R., Graham, I., Coutts, R., 2023. A global review of the inferred meaning of woman centred care within midwifery professional standards. Women and Birth: Journal of the Australian College of Midwives 36 (1), 99–105. https://doi.org/10.1016/j.wombi.2022.05.001.

Dahlen, H.G., Ormsby, S., Staines, A., Kirk, M., Johnson, L., Small, K., Hazard, B., Schmied, V., 2023. A comparison of the woman-centred care: strategic directions for Australian maternity services (2019) national strategy with other international maternity plans. Women and birth: journal of the Australian College of Midwives 36 (1), 17–29. https://doi.org/10.1016/j.wombi.2022.04.003.

Donnolley, N., Butler-Henderson, K., Chapman, M., Sullivan, E., 2016. The development of a classification system for maternity models of care. Health Information Management Journal 45 (2), 64–70. https://doi.org/10.1177/1833358316639454.

Fahlbeck, H., Johansson, M., Hildingsson, I., Larsson, B., 2022. A longing for a sense of security' - women's experiences of continuity of midwifery care in rural Sweden: a qualitative study. Sex. Reprod. Healthc. 33, 100759. Article 100759. https://doi.org/10.1016/j.srhc.2022.100759.

Finnerty, G., Magnusson, C., Pope, R., 2007. Women's views of student midwives' involvement in maternity care. Evidence Based Midwifery *5* (4), 137. https://link-gale-com.elibrary.jcu.edu.au/apps/doc/A172050742/AONE?u=james_cook&sid=bookmark-AONE&xid=bc11741d.

Firoozehchian, F., Zareiyan, A., Geranmayeh, M., Behboodi Moghadam, Z., 2022. Domains of competence in midwifery students: a basis for developing a competence assessment tool for iranian undergraduate midwifery students. BMC Med. Educ. 22 (1), 704. https://doi.org/10.1186/s12909-022-03759-z.

Fontein-Kuipers, Y., Romeijn, E., 2018. ISeeYou - evaluation of a woman-centred care pilot project in bachelor midwifery education and research. Midwifery 58, 1–5. https://doi.org/10.1016/j.midw.2017.11.005.

Fontein-Kuipers, Y., Romeijn, E., Zwijnenberg, A., Eekhof, W., van Staa, A., 2018. 'ISeeYou': a woman-centred care education and research project in Dutch bachelor midwifery education [article]. Health Educ. J. 77 (8), 899–914. https://doi.org/10.1177/0017896918784618.

Hainsworth, N., Dowse, E., Cummins, A., Ebert, L., Foureur, M., 2022. Heutagogy: a self-determined learning approach for midwifery continuity of care experiences. Nurse Educ. Pract. 60, 103329. Article 103329. https://doi.org/10.1016/j.nepr.2022.103329.

ICM, 2021. ICM Professional Framework for Midwifery 2021. https://www.internationalmidwives.org/.

Jefford, E., Nolan, S.J., Sansone, H., Provost, S.C., 2020. A match made in midwifery': women's perceptions of student midwife partnerships. Women and Birth: Journal of the Australian College of Midwives 33 (2), 193–198. https://doi.org/10.1016/j.wombi.2018.11.018.

Kuipers, Y.J., 2022. Exploring the uses of virtues in woman-centred care: a quest, synthesis and reflection. Nurs. Philos. 23 (2). https://doi.org/10.1111/nup.12380 e12380-n/a.

Leap, N., 2009. Woman-centred or women-centred care: does it matter? [article]. Br. J. Midwifery 17 (1), 12–16. https://doi.org/10.12968/bjom.2009.17.1.37646.

Lenzen, S.A., Daniels, R., van Bokhoven, M.A., van der Weijden, T., Beurskens, A., 2017. Disentangling self-management goal setting and action planning: a scoping review. PLoS One 12 (11). https://doi.org/10.1371/journal.pone.0188822 e0188822-e0188822.

Levac, D., Colquhoun, H., O'Brien, K.K., 2010. Scoping studies: advancing the methodology. Implementation science : IS 5 (1), 69–77. https://doi.org/10.1186/1748-5908-5-69.

McKellar, L., Graham, K., Sheehan, A., Fleet, J.A., Sidebotham, M., Sweet, L., 2023. Examining the transformation of midwifery education in Australia to inform future directions: an integrative review. Women and Birth: Journal of the Australian College of Midwives 36 (2), 155–166. https://doi.org/10.1016/j.wombi.2022.11.010.

Munn, Z., Peters, M.D.J., Stern, C., Tufanaru, C., McArthur, A., Aromataris, E., 2018. Systematic review or scoping review? Guidance for authors when choosing between a systematic or scoping review approach. BMC Med. Res. Methodol. 18 (1), 143. https://doi.org/10.1186/s12874-018-0611-x.

Nagle, C., McDonald, S., Morrow, J., Kruger, G., Cramer, R., Couch, S., Hartney, N., Bryce, J., Birks, M., Heartfield, M., 2019. Informing the development midwifery standards for practice: a literature review for policy development. Midwifery 76, 8–20. https://doi.org/10.1016/j.midw.2019.05.007.

Newton, M., Faulks, F., Bailey, C., Davis, J., Vermeulen, M., Tremayne, A., Kruger, G., 2022. Continuity of care experiences: a national cross-sectional survey exploring the views and experiences of Australian students and academics. Women and Birth: Journal of the Australian College of Midwives 35 (3), e253–e262. https://doi.org/10.1016/j.wombi.2021.05.009.

NMBA, 2018. Midwife Standards for Practice. https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards/Midwife-standards-for-practice.aspx.

Pelak, H., Dahlen, H.G., Keedle, H., 2023. A content analysis of women's experiences of different models of maternity care: the Birth Experience Study (BESt) [article]. BMC Pregnancy Childbirth 23 (1). https://doi.org/10.1186/s12884-023-06130-2. Article 864.

Perriman, N., Davis, D., 2016. Measuring maternal satisfaction with maternity care: a systematic integrative review. What is the most appropriate, reliable and valid tool that can be used to measure maternal satisfaction with continuity of maternity care? Women and Birth: Journal of the Australian College of Midwives 29 (3), 293–299. https://doi.org/10.1016/j.wombi.2015.12.004.

Rigg, E., Dahlen, H.G., 2021. Woman centred care: has the definition been morphing of late? [editorial]. Women and Birth: Journal of the Australian College of Midwives 34 (1), 1–3. https://doi.org/10.1016/j.wombi.2020.12.013.

Rolls, C., McGuinness, B., 2007. Women's experiences of a follow trough journey program with bachelor of midwifery students. Women and Birth: Journal of the Australian College of Midwives 20 (4), 149–152. https://doi.org/10.1016/j.wombi.2007.09.001.

Sheehan, A., Elmir, R., Hammond, A., Schmied, V., Coulton, S., Sorensen, K., Arundell, F., Keedle, H., Dahlen, H., Burns, E., 2022. The midwife-student mentor relationship: creating the virtuous circle. Women and Birth: Journal of the Australian College of Midwives 35 (5), 512–520. https://doi.org/10.1016/j.wombi.2021.10.007.

Sweet, L., Fleet, J., Bull, A., Downer, T., Fox, D., Bowman, R., Ebert, L., Graham, K., Bass, J., Muller, A., Henderson, A., 2020. Development and validation of the Australian midwifery standards assessment tool (AMSAT) to the Australian midwife standards for practice 2018. Women and birth: journal of the Australian College of Midwives 33 (2), 135–144. https://doi.org/10.1016/j.wombi.2019.08.004.

Thompson, S.M., Nieuwenhuijze, M.J., Low, L.K., De Vries, R., 2019. "A powerful midwifery vision": dutch student midwives' educational needs as advocates of physiological childbirth. Women and Birth: Journal of the Australian College of Midwives 32 (6), e576–e583. https://doi.org/10.1016/j.wombi.2018.12.010.

Tickle, N., Sidebotham, M., Fenwick, J., Gamble, J., 2016. Women's experiences of having a bachelor of midwifery student provide continuity of care. Women and Birth: Journal of the Australian College of Midwives 29 (3), 245–251. https://doi.org/10.1016/j.wombi.2015.11.002.

Tickle, N., Gamble, J., Creedy, D.K., 2021. Women's reports of satisfaction and respect with continuity of care experiences by students: findings from a routine, online survey. Women and Birth: Journal of the Australian College of Midwives 34 (6), e592–e598. https://doi.org/10.1016/j.wombi.2020.11.004.

Tierney, O., Sweet, L., Houston, D., Ebert, L., 2018. A historical account of the governance of midwifery education in Australia and the evolution of the continuity of care experience. Women and Birth: Journal of the Australian College of Midwives 31 (3), e210–e215. https://doi.org/10.1016/j.wombi.2017.09.009.

Tricco, A.C., Lillie, E., Zarin, W., O'Brien, K.K., Colquhoun, H., Levac, D., Moher, D., Peters, M.D.J., Horsley, T., Weeks, L., Hempel, S., Akl, E.A., Chang, C., McGowan, J., Stewart, L., Hartling, L., Aldcroft, A., Wilson, M.G., Garritty, C., Straus, S.E., 2018. PRISMA extension for scoping reviews (PRISMA-ScR): checklist and explanation. Ann. Intern. Med. 169 (7), 467–473. https://doi.org/10.7326/M18-0850.

Watkins, V., Nagle, C., Kent, B., Street, M., Hutchinson, A.M., 2022. Labouring together: women's experiences of "getting the care that I want and need" in maternity care. Midwifery 113. https://doi.org/10.1016/j.midw.2022.103420. Article 103420.

Watkins, V., Nagle, C., Yates, K., McAuliffe, M., Brown, L., Byrne, M., Waters, A., 2023. The role and scope of contemporary midwifery practice in Australia: a scoping review of the literature. Women and Birth: Journal of the Australian College of Midwives. https://doi.org/10.1016/j.wombi.2022.12.001.

Yanti, Y., Claramita, M., Emilia, O., Hakimi, M., 2015. Students' understanding of "women-centred care philosophy" in midwifery care through continuity of care (CoC) learning model: a quasi-experimental study. BMC Nurs. 14 (1), 22. Article 22. https://doi.org/10.1186/s12912-015-0072-z.