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The role of the midwife within an interdisciplinary team in the management of high-risk pregnancies in the Katwa health zone, DR Congo

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ABSTRACT

Introduction: High-risk pregnancies remain a major maternal and neonatal health issue, particularly in resource-limited settings. This study aims to analyse the role of midwives within an interdisciplinary team in the management of high-risk pregnancies in the Katwa Health Zone.

Materials and methods: This is a descriptive qualitative study conducted with twelve midwives selected using purposive sampling. Data were collected through semi-structured individual interviews, which were recorded with the participants' consent and then transcribed in full. The analysis was carried out using a thematic approach, following repeated reading, coding of units of meaning and grouping into categories and themes.

Results: The results show that midwives play a central role in the continuum of care, from the initial assessment of the pregnant woman through to postnatal follow-up. Their responsibilities include taking a medical history, conducting clinical and obstetric examinations, screening for risk factors, referral, antenatal consultations, monitoring labour, delivery and care of the newborn. Collaboration with doctors and other professionals appears essential, but is sometimes limited by communication difficulties, interprofessional tensions and insufficient recognition of their skills. The participants also emphasised the importance of morning handover reports, clinical audits, SONU training and regular professional refresher courses.

Conclusion: Strengthening the role of midwives, continuing professional development, care protocols and interdisciplinary collaboration is a key strategy for improving the quality of care and reducing maternal and neonatal morbidity and mortality in Katwa.

Keywords: Roles, midwife, interdisciplinary team, obstetric care, high-risk pregnancy, maternal and neonatal health.

1. Introduction

Worldwide, high-risk pregnancies remain a major cause of maternal and neonatal morbidity and mortality. They are linked to factors such as gestational hypertension, pre-eclampsia/eclampsia, haemorrhage, severe anaemia, gestational diabetes, infections, adverse obstetric conditions, extreme maternal age, multiple pregnancies and pre-existing medical conditions. International data indicate that midwives can make a significant contribution to reducing maternal and neonatal deaths and stillbirths when their skills are integrated into a functional, multidisciplinary system of care , with access to emergency obstetric care, rapid referral and continuity of care (Geller et al., 2018; Nove et al., 2021) .

In the Americas, particularly in the United States, recent literature shows that maternal mortality and morbidity remain a serious cause for concern despite a technologically advanced system. Analyses highlight issues relating to quality, inequalities in access, fragmentation of antenatal care, poor integration of midwives into certain models of care, and inadequate coordination between professionals. High-risk pregnancies, however, require structured teams comprising midwives, obstetricians, maternal-foetal medicine specialists, anaesthetists, cardiologists, paediatricians/neonatologists and social workers. In this context, midwives are expected not only to provide antenatal care and deliver babies, but also to play a key role in triage, health education, monitoring warning signs and ensuring rapid referral to the appropriate level of care (et al., 2021; Wong & Kitsantas, 2020) .

The World Health Organisation supports and promotes midwife-led models of perinatal care that ensure continuity of care, seeing them as a means of achieving the goal of universal health coverage. It has identified six key success factors for interprofessional collaboration in primary health care: cultural support in the workplace and within institutions; the identification of role models and leaders; the creation and maintenance of a shared vision; the provision of a physical space that fosters collaboration; and the creation of opportunities for mentoring and learning. Based on these findings, the WHO advocates for strengthening interprofessional collaboration in primary healthcare in order to improve health systems and health outcomes (Macdonald & Etowa, 2021) .

In North America, and more specifically in Quebec, midwives practise as independent professionals in birthing centres or within midwifery units in health and social care facilities. They work in interprofessional collaboration with other professionals at the facility in cases of high-risk pregnancies: whether a GP, a paediatrician, a gynaecologist, an obstetrician, or a specialist nurse (Meyer, 2024) .

As a medical professional, the midwife must carry out pre-, peri- and postnatal diagnosis and monitoring 'entirely independently'. She identifies situations involving medical, psychological or social risks. In the event of a medical condition, she provides, in collaboration with the doctor and other healthcare professionals, care tailored to the clinical situation. Making a diagnosis, deciding on the indication and on a strategy for management and support fall within 'her responsibility'. Clinical reasoning leads to decision-making which, in some cases, involves the life of a mother and/or her child (Vinatier & Guillanton, 2012) .

According to Leveque, M (2022), high-risk pregnancies represent a major challenge for healthcare teams, requiring specialised and coordinated care. In this context, the role of midwives becomes crucial. As specialised healthcare professionals, midwives play a central role in supporting high-risk pregnant women, by providing personalised care and

ensuring effective communication within interdisciplinary teams. Their expertise in prevention, monitoring and postnatal care is essential to ensuring maternal and neonatal safety (Leveque, 2022) .

In Europe, maternity systems have further institutionalised the role of midwives, but challenges persist when women have comorbidities or face social vulnerabilities. European studies highlight that midwife-led continuity of care models improve women's experiences and coordination, but that complex pregnancies require a clear balance between midwifery autonomy and medical collaboration. The issue is therefore not only the availability of midwives, but also the quality of communication, recognition of their skills, shared documentation, interdisciplinary clinical meetings, and individualised birth and referral plans (Espejord et al., 2024; Mayer et al., 2020; Xyrichis et al., 2025) .

In Asia, particularly in contexts such as Indonesia and other countries where midwives often serve as the first point of contact for antenatal care, the literature shows that continuity of care, digital health, interprofessional collaboration and community integration have become priorities. However, challenges remain in relation to excessive workloads, varying levels of competence, inadequate supervision, delayed referrals and, at times, poor coordination between levels of care. Asian studies emphasise that midwives should not be viewed merely as performers of obstetric procedures, but as community-based coordinators capable of identifying risks at an early stage, mobilising the team, monitoring adherence, educating the family and ensuring continuity of care through to the postpartum period (et al., 2021; Susanti et al., 2022) .

In sub-Saharan Africa, high-risk pregnancies remain a major public health problem, as they expose pregnant women and newborns to serious complications such as obstetric haemorrhage, pre-eclampsia/eclampsia, infections, severe anaemia, preterm birth, stillbirth and neonatal mortality. Despite progress in the uptake of maternal health services, maternal mortality remains strongly linked to delays in recognising warning signs, deciding to seek care, referral to an appropriate facility and effective management within health facilities. This situation demonstrates that high-risk pregnancies cannot be managed by a single healthcare provider, but require a functional, interdisciplinary team coordinated around the midwife, doctor, obstetrician, anaesthetist, paediatrician, laboratory, pharmacy and community liaisons (Geller et al., 2018; Nove et al., 2021; Onambele et al., 2022) .

In Africa, midwives occupy a strategic position because they are often a pregnant woman's first point of contact with the healthcare system. They provide antenatal care, screen for risk factors, monitor the progress of the pregnancy, educate the woman and her family, prepare them for childbirth, identify warning signs and refer them to a higher level of care. However, recent studies show that increasing the number of midwives, whilst necessary, is not sufficient to improve maternal and neonatal outcomes unless they work in a supportive environment, with access to equipment, clear protocols, regular supervision, continuing professional development and respectful collaboration with other healthcare professionals (Nove et al., 2024; Welsh et al., 2022) .

In several African countries, the management of high-risk pregnancies remains compromised by excessive workloads, a shortage of qualified staff, shortages of supplies, limited availability of emergency obstetric and neonatal care, delayed referrals and inadequate communication between levels of care. Data from primary health care services show that midwives often identify risks, but their ability to act depends on the speed of the referral system, the accessibility of specialist facilities and the recognition of their role by the interdisciplinary team. Consequently, midwives should not be viewed merely as providers of obstetric care, but as key actors in coordination, early warning and continuity of care (Kalu & Chukwurah, 2022; Ximba et al., 2021) .

In the Democratic Republic of the Congo, the situation is even more worrying, as the healthcare system faces significant structural constraints: a shortage of qualified staff, inadequate technical facilities, geographical barriers to access, the cost of care, shortages of essential medicines, armed conflict in certain provinces, and poor continuity of antenatal care. National studies show that, despite the gradual uptake of antenatal care services, gaps persist in the quality of care, the identification of warning signs and the prompt management of obstetric complications. In this context, high-risk pregnancies can take a turn for the worse when midwives are not sufficiently integrated into an organised interdisciplinary team (Guo et al., 2021; Nkamba et al., 2021) .

Research conducted in the DRC also shows that midwives practise under difficult conditions: excessive workloads, lack of motivation, insufficient equipment, exposure to insecurity, limited opportunities for continuing professional development and a lack of institutional support. These factors can limit their ability to identify high-risk pregnancies at an early stage, to provide close monitoring and to refer women promptly to facilities capable of managing complications. However, in a high-risk pregnancy, any delay in recognising the danger or in referral can increase the risk of maternal death, stillbirth or neonatal death (Baba et al., 2020; Bogren et al., 2020) .

In the Katwa Health Zone, situated in a context where maternal health needs are significant, the question of the midwife's actual role within the interdisciplinary team deserves particular attention. Although midwives are often on the front line during antenatal consultations, childbirth and the postnatal period, their role in clinical decision-making, the referral of complicated cases, communication with doctors and coordination with other services may remain insufficiently formalised. This shortcoming can lead to delays in the detection of high-risk pregnancies, poor continuity of care, inadequate preparation of women for referral and delayed management of complications (Chimanuka Murhima'alika et al., 2025; Xiong et al., 2019) .

Thus, the central issue is that, despite the recognised importance of midwives in maternal health, their role within the interdisciplinary team for the management of high-risk pregnancies in the Katwa Health Zone remains poorly documented, unclear and possibly limited by organisational, human, material and communication factors. It is therefore necessary to investigate how midwives participate in the screening, monitoring, education, referral, management and follow-up of high-risk pregnant women, as well as the barriers that hinder their effective contribution to reducing maternal and neonatal complications (Musungula et al., 2025; Nove et al., 2024) .

Recent research shows that the management of high-risk pregnancies is only effective if organised as a continuum of care: early screening, risk classification, close antenatal monitoring, rapid referral, monitoring during labour, neonatal care and postnatal follow-up. Within this system, the midwife plays a central role, though rarely in isolation: she acts as the first point of contact, an educator, a clinical supervisor, a referral coordinator, a psychosocial support provider and a liaison between the pregnant woman, her family, the GP, the obstetrician, the anaesthetist, the paediatrician, the laboratory, the pharmacy and community services. Recent studies emphasise three key conditions in particular: continuity of care, interprofessional collaboration and the existence of clear referral and counter-referral protocols. The aim of this study was to explore and analyse in depth the roles, responsibilities and contributions of midwives within an interdisciplinary team in the management of high-risk pregnancies in the Katwa Health Zone.

2. Materials and methods

2.1. Type and scope of the study

This was a descriptive qualitative study, aimed at exploring and understanding the roles and contributions of midwives in the management of high-risk pregnancies within an interdisciplinary team in the Katwa Health Zone.

2.2. Population and sampling

The study population consisted of midwives practising in the Katwa Health Zone. Purposive sampling was used to select participants best placed to provide relevant information in line with the study's objective. A total of 12 midwives were included in the study.

2.3. Data collection method

Data were collected through individual semi-structured interviews, guided by an interview guide developed in line with the research objectives. The interviews were audio-recorded, with the participants' consent, to ensure the accuracy of the information gathered.

2.4. Data processing and analysis

The audio recordings were transcribed in full by hand onto a computer. This step facilitated the organisation and preparation of the material for analysis.

Data analysis was carried out using a thematic approach. Initially, the transcripts were read repeatedly to ensure a thorough immersion in the data. Subsequently, the verbatim transcripts were segmented into units of meaning and systematically coded according to the ideas expressed by the participants.

Similar codes were then grouped into categories, and subsequently into main themes reflecting the key dimensions of the phenomenon under study. This approach enables the identification of the main explanatory factors relating to the role of midwives in the management of high-risk pregnancies. To ensure the credibility of the data, the accuracy of the transcripts was verified by returning the content to the participants for validation.

3. Results

Analysis of the interviews reveals a rich and nuanced understanding of the role of midwives in the management of high-risk pregnancies. The findings show that their contribution is not limited to the provision of obstetric care.

Rather, it forms part of a continuum of care ranging from the initial assessment of the pregnant woman through to postnatal follow-up, including diagnosis, referral, labour monitoring, psychosocial support and collaboration with other healthcare professionals. The results highlight six main themes: roles and responsibilities, interdisciplinary collaboration, the perception of midwives, the impact on the patient, training and skills, and the evolution of the professional role. Overall, midwives see themselves as key players in ensuring maternal and neonatal safety, but their effectiveness depends heavily on the quality of interprofessional communication, recognition of their skills and access to continuing professional development.

Theme 1: Roles and responsibilities of midwives

Participants define their role as a comprehensive, progressive and ongoing responsibility. The midwife is seen as the first point of contact for the pregnant woman, but also as a professional capable of assessing, referring, monitoring and supporting the pregnant woman in high-risk situations. This responsibility has clinical, relational and organisational dimensions.

Sub-theme 1.1: The initial assessment of pregnant women

The initial consultation is presented as a foundational stage of care. It is not merely an administrative procedure, but an initial clinical assessment that enables the reason for the consultation to be identified, essential information to be gathered and the diagnostic process to be initiated. Respondents expressed this as follows:

'When we receive a high-risk pregnancy case, first we welcome the pregnant woman, establish her reason for consultation and move on to her diagnosis to determine how to manage her care.' (Participant 2)

"Firstly, we welcome the woman and carry out her initial assessment, starting with her identity, the reason for her visit, a supplementary medical history, a general physical examination, a clinical examination, an obstetric examination and a provisional diagnosis, whilst awaiting the definitive diagnosis." (Participant 1)

These extracts show that the initial assessment is perceived as a structured professional procedure. It serves as a gateway to risk assessment and determines the quality of subsequent care. The midwife acts here as a frontline professional, capable of transforming an initial complaint into an organised clinical process.

Sub-theme 1.2: The management of high-risk pregnancies

The management of high-risk pregnancies is described as a core responsibility. Participants emphasise the continuity of care, from pregnancy through to the postpartum period, which reflects a longitudinal approach to care. Respondents expressed this as follows:

'Yes, we fulfil the roles of midwives; we cite, by way of example, the management of any high-risk pregnancy.' (Participant 2)

"Caring for a pregnant woman from conception until 42 days after delivery, depending on the stage of pregnancy." (Participant 3)

"Midwives must be competent in the care of pregnant women, particularly in providing support before, during and after childbirth." (Participant 4)

These proposals reveal a broader understanding of the midwife's role. Care is not limited to the act of delivering a baby; it encompasses prevention, support, monitoring and postnatal follow-up. This view corresponds to an integrated approach to maternal and neonatal health.

Sub-theme 1.3: Care for pregnant women during antenatal consultations

Prenatal consultations are described as a key setting for prevention, education and guidance. Midwives play an informative role in these consultations, particularly regarding the risks faced by the pregnant woman. They stated:

'The midwife oversees the antenatal care programme and advises the woman on the risks she faces.' (Participant 4)

"The midwife's role in a high-risk pregnancy is always to explain to the woman the risks she may face, to carry out antenatal care, and to ensure communication between the pregnant woman and the midwife." (Participant 10)

"The midwife monitors the woman from conception through to delivery; she conducts antenatal consultations." (Participant 12)

These quotes highlight the educational aspect of midwives' work. The antenatal consultation is a time when the pregnant woman receives essential information about her condition, warning signs and the actions she should take. Communication thus becomes a key component of obstetric safety.

Sub-theme 1.4: Monitoring labour and managing childbirth

Monitoring labour is seen as a key technical responsibility. Participants associate this activity with the ability to observe the progress of the woman in labour, identify abnormalities and facilitate a normal delivery. Respondents expressed this as follows:

'The midwife monitors the woman from conception through to delivery; monitors labour and manages the delivery.' (Participant 6)

"During labour, the midwife monitors the woman in labour and takes every measure to oversee the labour until a normal, eutocic delivery is achieved." (Participant 9)

"The midwife manages the delivery and provides care for the newborn." (Participant 2)

These statements demonstrate that monitoring labour is perceived as an act of direct clinical responsibility. The midwife is identified as the guarantor of the normal progression of labour, but also as a professional who must anticipate possible complications.

Sub-theme 1.5: Essential care for the newborn

Newborn care is integrated into the continuum of childbirth. Participants present it as a natural part of the midwife's scope of practice. They expressed this by saying:

'The midwife manages the delivery and provides care for the newborn.' (Participant 5)

"She monitors labour, manages the delivery and provides essential care for the newborn." (Participant 7)

Newborn care reinforces the idea that the midwife works simultaneously with two patients: the mother and the baby. This dual responsibility requires specific clinical skills, particularly in the first few minutes following birth.

Theme 2: Interdisciplinary collaboration

Interdisciplinary collaboration appears to be a key factor in the management of high-risk pregnancies. Participants recognise its importance, but also describe tensions, delays, disagreements and, at times, failures. Collaboration is therefore experienced both as a resource and as an area of organisational vulnerability.

Sub-theme 2.1: Effective collaboration

Effective collaboration is linked to the availability of other professionals, communication and the shared goal of saving the mother and child. They expressed this by saying:

"Our collaboration is going very well. When we call on others, they arrive on time." (Participant 11)

"When we work with others, we have good communication, because we're all working in the patients' best interests." (Participant 7)

"We worked with the laboratory technician, the doctor, the medical imaging technician and the psychologist, and we achieved a good result." (Participant 6)

These statements demonstrate that successful collaboration is based on responsiveness, complementarity and mutual recognition. The example given by Participant A illustrates a truly interdisciplinary approach to care, where each professional contributes to resolving a complex obstetric situation.

Sub-theme 2.2: Poor collaboration

Alongside the positive experiences, some participants reported relationship difficulties, particularly with doctors. These tensions can limit the effectiveness of care. Respondents expressed themselves in these terms:

'We often find ourselves arguing with the doctors on duty.' (Participant 3)

"The midwife may diagnose something and, when she informs the doctor, there are times when he cannot accept it, and we end up failing." (Participant 5)

"There are times when we can call and the team arrives, but despite the care provided, the situation remains complex." (Participant 11)

These extracts reveal that collaboration does not depend solely on the presence of several professionals, but also on the quality of listening and the recognition of each person's skills. Rejecting or downplaying the midwife's opinion can be an obstacle to rapid decision-making.

Sub-theme 2.3: Telecommunication

Telecommunication is identified as a practical means of coordination, particularly in emergency situations where prompt contact is essential. They stated:

'As a means of communication, we use the Motorola, the department's telephone.' (Participant 4)

Although only one explicit verbatim quote is available, it highlights the importance of communication tools in interprofessional coordination. In obstetric emergencies, the availability of a reliable means of communication can directly influence the speed of intervention.

Sub-theme 2.4: Direct communication

Direct communication is presented as a complementary strategy when the situation requires immediate coordination. Respondents expressed themselves in these terms:

'So that you can manage this emergency together, you can send someone else to facilitate direct communication.' (Participant 8)

"When we call on others, they arrive in time." (Participant 10)

"I can ask others for help." (Participant 12)

These quotes reflect a pragmatic approach to organising work. When formal channels are insufficient, the team mobilises intermediaries to speed up the transmission of information. This practice demonstrates the adaptability of midwives in a context where an emergency demands a rapid response.

Sub-theme 2.5: Experiences of successful collaboration

Participants attribute the success of collaboration to the complementary nature of their expertise and the positive resolution of complications. They expressed this by saying:

'We have many examples of managing high-risk pregnancies that have led to good outcomes.' (Participant 1)

"We worked with the laboratory technician, the doctor, the medical imaging technician and the psychologist." (Participant 5)

"We achieved a good outcome." (Participant 9)

The example given shows that favourable outcomes are not attributed to a single professional, but to a chain of expertise. Success becomes a collective endeavour and depends on the seamless flow between diagnosis, further investigations, medical decision-making and psychosocial support.

Sub-theme 2.6: Failures despite collaboration

Some situations become complicated despite the efforts made. The participants thus highlight the limitations of collective action when faced with certain serious obstetric emergencies. The respondents expressed themselves in these terms:

'Failure is natural; there are times when we can call for help and the team arrives, but despite the care provided, the situation remains complex.' (Participant 11)

"Take the example of a case of pre-eclampsia; despite our best efforts, it resulted in a maternal death." (Participant 3)

These comments lend a human and realistic dimension to the findings. They show that collaboration, whilst essential, does not always guarantee a favourable outcome. The scientific value of this sub-theme lies in the recognition of the limitations of the healthcare system, particularly when complications are advanced or when the response is delayed.

Theme 3: Satisfaction with interdisciplinary collaboration

Participants expressed satisfaction when collaboration worked well. This satisfaction appears to be linked to a sense of collective effectiveness and improved patient outcomes. They stated:

'We feel satisfied when we work collaboratively.' (Participant 12)

"Yes, there are rewards in working with others, because good collaboration leads to good outcomes." (Participant 7)

"We all work in the best interests of the patients." (Participant 9)

Job satisfaction does not stem solely from working as a team, but from the realisation that this collaboration produces positive outcomes. It is therefore linked to the perceived value of collective work, the recognition of efforts and the shared goal of patient care.

Theme 4: Impact on the patient

Sub-theme 4.1: Midwives' influence on clinical outcomes

Midwives believe that their role has a positive influence on patients' clinical progress. Their contribution is particularly evident in identifying needs, proposing appropriate actions and improving care. Respondents expressed this as follows:

'There are cases where we suggest ideas and this leads to a good outcome.' (Participant 4)

"We had a case of eclampsia in a woman who was 32 weeks pregnant […] a midwife had given us the formula for administering magnesium sulphate, and it had produced good results." (Participant 12)

"The midwife's role influences patients' recovery because failures are minimal compared to successes." (Participant 10)

These extracts highlight the clinical added value of midwives. Their role is not limited to carrying out prescriptions; they are involved in therapeutic decision-making and can contribute to critical decisions, particularly in obstetric emergencies such as eclampsia.

Theme 5: Training and skills

Training appears to be a key driver for improving practices. Participants directly link skills development to morning briefings, presentations, audits, SONU training and experience gained during interventions.

Sub-theme 5.1: Morning briefings as a learning opportunity

Morning briefings are described as opportunities for discussion, sharing lessons learnt and strengthening skills. Participants stated:

'The report we give every morning helps us to develop our skills.' (Participant 6)

"We receive training through the presentations we give every Thursday, the morning debriefings every morning, and SONU training sessions." (Participant 3)

"We carry out audits every Monday, as well as the morning briefings." (Participant 5)

These quotes show that professional learning is also built into institutional routines. Morning reports are not merely administrative meetings; they serve as forums for knowledge-sharing, case analysis and the continuous improvement of practices.

Sub-theme 5.2: EMON training

Training in emergency obstetric and neonatal care is seen as an important means of consolidating skills. Respondents expressed this as follows:

'We are trained through […] EMON training sessions.' (Participant 2)

"Yes, we took part in an EONC training course." (Participant 2)

Although the available verbatim quotes are limited, they indicate that EMON training is an important reference point in the management of obstetric emergencies. It is associated with midwives being better prepared to deal with maternal and neonatal complications.

Sub-theme 5.3: The ability to diagnose a high-risk pregnancy

Participants regard the diagnosis of risk as an essential skill. This ability enables them to anticipate complications and refer the patient promptly. They stated:

'The essential skills of a midwife are being able to identify a high-risk pregnancy in order to manage it more effectively.' (Participant 8)

"The essential skills of a midwife are: diagnosing a high-risk pregnancy, managing that pregnancy, working with the woman and raising her awareness." (Participant 11)

"Midwives must be competent in the care of pregnant women." (Participant 1)

These statements demonstrate that diagnostic competence lies at the heart of midwives' professional identity. It enables them not only to respond after a complication has arisen, but also to intervene at an early stage in detecting, informing and referring the pregnant woman.

Theme 6: The evolving role of midwives

Participants perceive a positive evolution in their role, characterised by the expansion of certain responsibilities previously reserved for doctors. However, this evolution remains dependent on continuing professional development, mastery of skills and institutional recognition.

Sub-theme 6.1: A positive evolution in the scope of practice

Midwives described a gradual expansion of their professional responsibilities. Respondents expressed this as follows:

'Nowadays, we can also perform curettage, something that used to be done only by doctors.' (Participant 7)

"A midwife can sign a patient's medical record and administer oxytocin without consulting a doctor." (Participant 3)

"The role of midwives is evolving in the training process, provided that trainees have a good grasp of the subject matter." (Participant 10)

These statements reflect a transformation in the professional status of midwives. This development is seen as recognition of their skills, but it also highlights the need for clear guidelines to ensure the quality and safety of care.

Sub-theme 6.2: Continuing professional development as a prerequisite for change

Continuing professional development is presented as an essential prerequisite for supporting the expansion of roles and avoiding professional routine. They expressed this by saying:

'If we organise continuing professional development, it will help us improve the care we provide and we will no longer be stuck in a rut.' (Participant 10)

"The role of midwives is evolving, but we need to undertake refresher training to expand our knowledge." (Participant 6)

"Midwives' roles evolve when they undertake continuing professional development; this enables them to take their practice to the next level by putting their knowledge to good use." (Participant 3)

These extracts show that the evolution of the role is not seen as automatic. It must be supported by regular training, refresher courses and the constant updating of knowledge. The participants clearly associate professional progression with continuous learning.

Overall, the findings highlight a profession strongly committed to the care of high-risk pregnancies. Midwives emerge as frontline practitioners, involved in initial assessment, clinical evaluation, antenatal care, labour monitoring, delivery, newborn care and patient support.

However, their effectiveness depends largely on three factors: the quality of interdisciplinary collaboration, recognition of their skills by other professionals, and regular access to continuing professional development. The verbatim transcripts also reveal a tension between midwives' growing autonomy and the organisational constraints encountered in daily practice.

4. Discussion of the results

The results of this qualitative study show that midwives play a central role in the management of high-risk pregnancies. The participants' accounts reveal that their role is not limited to childbirth, but covers the entire continuum of care: welcoming the pregnant woman, taking a medical history, conducting clinical and obstetric examinations, making a provisional diagnosis, providing antenatal care, monitoring labour, delivering the baby, essential care for the newborn and support through to the postpartum period. This holistic view confirms that midwives are often the first link in the maternal care system, particularly in African contexts where rapid access to a doctor or obstetrician may be limited (Nove et al., 2021; Wainaina et al., 2024) .

On the subject of roles and responsibilities, participants emphasised first and foremost that welcoming the pregnant woman is a fundamental step. This initial reception enables the woman to be identified, her reason for seeking consultation to be understood, her medical history to be taken, a physical and obstetric examination to be carried out, and a course of care to be determined. In a high-risk pregnancy, this stage is crucial, as it determines the speed of diagnosis, the recognition of warning signs and the decision on whether or not to refer the woman to a higher level of care. This finding is consistent with African studies showing that midwives play a major role in the initial identification of obstetric risks and in referring pregnant women to the appropriate services (Welsh et al., 2022; Ximba et al., 2021) .

The findings also show that midwives provide care for pregnant women from conception through to the postpartum period, specifically up to 42 days after delivery. This perception reflects a relatively broad understanding of the midwife's role, which is not limited to a one-off technical procedure but forms part of a continuum of care. This continuity is particularly important for high-risk pregnancies, as complications can arise during pregnancy, labour, delivery or after the birth. The literature highlights that continuity of care led or coordinated by midwives improves the identification of risks, the woman's preparation and coordination between the different levels of the healthcare system (Nove et al., 2024; Wainaina et al., 2024) .

Monitoring antenatal care also appears to be a key responsibility of midwives. Participants report that midwives explain the risks to women, maintain communication with them and refer them in the event of danger. This finding is significant, as antenatal care provides a key opportunity to screen for hypertension, anaemia, adverse obstetric history, signs of infection, multiple pregnancies and other risk factors.

In the DRC, studies have shown that coverage of maternal services has improved, but that the quality of antenatal care and the recognition of danger signs remain major challenges (Guo et al., 2021; Nkamba et al., 2021) .

Monitoring labour and managing delivery also emerge as essential functions. Participants' accounts show that midwives monitor labour parameters, support the woman in labour and aim to achieve a normal delivery. However, in the case of high-risk pregnancies, monitoring must be stepped up, as the course of the pregnancy can rapidly take a turn for the worse. The results therefore suggest that midwives' clinical competence must be supported by protocols, rapid access to emergency medication, referral options and the availability of other members of the interdisciplinary team (Kalu & Chukwurah, 2022; et al., 2025) .

Several types of dystocia encountered by midwives were identified (shoulder dystocia, twin delivery, breech presentation, transverse presentation, and dynamic dystocia). Their approaches depended on their previous experience, qualifications and practical skills. They relied on observation, judgement and decision-making in situations that exceeded their expertise. Their management revealed certain difficulties in their interventions related to the application of manoeuvres, their qualifications, a lack of equipment and transport, a lack of experience, and the delay with which some women in labour arrived at the maternity unit (Meta et al., 2018) .

Essential neonatal care is another important aspect identified by the participants. This demonstrates that midwives intervene not only to save the mother's life, but also to improve neonatal survival. In high-risk pregnancies, the newborn may be at risk of prematurity, asphyxia, low birth weight or respiratory distress. The presence of a competent midwife, capable of providing initial care and promptly alerting the neonatal or medical team, is therefore a key factor in the quality of maternal and neonatal care (Geller et al., 2018; Nove et al., 2021) .

The second theme, relating to interdisciplinary collaboration, reveals a mixed picture. Some participants described good collaboration characterised by the prompt consultation of other healthcare providers, the team's availability, effective communication and a focus on the patient's best interests. This shows that when collaboration works well, it facilitates a faster and more comprehensive management of obstetric emergencies. Examples of successful management involving midwives, doctors, laboratory staff, medical imaging specialists and psychologists show that high-risk pregnancies require a collective approach rather than isolated action(,Zenani et al., 2025) .

However, the findings also highlight instances of poor collaboration, including disputes between midwives and doctors, or the refusal of some doctors to take the midwife's diagnosis into account. This situation reveals a problem relating to professional recognition, communication within the hierarchy and interprofessional trust. In an obstetric emergency, this type of tension can lead to delays in decision-making, poor coordination or failure to provide appropriate care. Studies on collaboration in maternal healthcare show that the quality of care depends heavily on mutual respect, clear role definitions and the ability of professionals to make rapid decisions together (Nove et al., 2024; Ximba et al., 2021) .

The means of communication mentioned by participants, notably the telephone, the Motorola radio and face-to-face communication, show that midwives use practical strategies to alert the team in the event of an emergency. This ability to communicate is a positive aspect, as the speed at which information is relayed can influence maternal or neonatal outcomes. However, these methods remain inadequate if they are not accompanied by clear procedures: who to call, when, within what timeframe, with what clinical information, and via which referral pathway. Recent research emphasises the importance of structured communication systems, shared protocols and clear lines of responsibility in the management of obstetric emergencies(Atsali et al., 2025; Wainaina et al., 2024) .

The findings regarding midwives' perceptions show that participants report feeling satisfied when interdisciplinary collaboration leads to positive outcomes. This satisfaction reflects an appreciation of teamwork and an awareness of the importance of collaboration. It can also boost professional motivation, particularly in settings where midwives often work under pressure. In the DRC, studies have shown that midwives remain motivated when they feel valued, recognised, supported and capable of making a positive contribution to women's health (Baba et al., 2020; Bogren et al., 2020) .

The theme of impact on the patient shows that participants perceive midwives' actions as having a direct influence on the recovery or improvement of patients' condition. The example of administering magnesium sulphate in a case of eclampsia illustrates the importance of practical skills in the management of obstetric emergencies. This finding demonstrates that midwives are not merely support figures, but also key actors capable of carrying out decisive interventions when their skills are strengthened. This confirms the importance of continuing professional development in emergency obstetric and neonatal care(Garti et al., 2024; Kalu & Chukwurah, 2022) .

The findings on training and skills show that morning briefings, weekly presentations, audits and training sessions on emergency obstetric and neonatal care (EMON) contribute to improving midwives' knowledge. These activities facilitate the sharing of experiences, learning from clinical cases and the correction of errors. In a qualitative study, this finding is significant, as it demonstrates that skills are not developed solely at school, but also through daily practice, via supervision, team discussions and continuing professional development. African studies emphasise that in-service training is essential for maintaining the skills of maternal health providers, particularly in resource-limited settings (Tallam et al., 2025; Welsh et al., 2022) .

Participants also state that midwives must be able to diagnose a high-risk pregnancy, manage the case, explain the situation to the pregnant woman and raise her awareness of the risks. This educational aspect is particularly important, as the pregnant woman and her family are also involved in the decision to seek consultation, accept a referral or follow medical recommendations. A competent midwife must therefore combine clinical expertise with therapeutic communication in order to reduce delays caused by a lack of awareness of warning signs or a fear of referral (Nkamba et al., 2021; Ximba et al., 2021) .

The final theme, focusing on the evolving role of midwives, reveals that participants perceive a gradual expansion of their responsibilities. Certain procedures formerly reserved for doctors, such as curettage or the administration of certain medicines, are now cited as tasks that some midwives can perform under specific conditions. This development can be interpreted as a form of task delegation or an expansion of the scope of practice, often necessary in settings where doctors are in short supply. However, this development must be underpinned by standards, adequate training, supervision and a clear medical-legal definition of responsibilities.

Continuing professional development appears to be an essential prerequisite for this development. Participants state that refresher courses help to increase knowledge, prevent routine practices and improve patient care. This view is consistent with the literature, which shows that enhancing the role of midwives depends not only on their numbers, but also on their working environment, training, recognition and integration into a multidisciplinary team. In the context of the Katw , this means that strengthening the role of midwives must go hand in hand with improvements in collaboration, protocols, equipment, supervision and the referral system (Bogren et al., 2020a; Nove et al., 2024) .

Overall, the findings of this qualitative study indicate that midwives are indispensable actors in the management of high-risk pregnancies, but that their effectiveness depends on several factors: clinical competence, communication skills, collaboration with doctors, availability of referral facilities, professional recognition and continuing professional development. The discussion therefore highlights a tension between the actual role played by midwives in the field and the organisational constraints that may limit their contribution. This situation underscores the need to strengthen the interdisciplinary approach in the Katwa Health Zone in order to improve the quality of maternal and neonatal care (Chimanuka Murhima'alika et al., 2025; Guo et al., 2021) .

The findings suggest that midwives are central to the management of high-risk pregnancies, from initial assessment through to postnatal follow-up. However, their role is only truly effective when they are part of a well-organised interdisciplinary team, where responsibilities are clearly defined, communication is smooth and decisions are made swiftly. Difficulties in collaboration, a lack of recognition, insufficient continuing professional development and the limitations of the referral system appear to be major obstacles. Thus, improving the management of high-risk pregnancies in Katwa requires not only strengthening midwives' skills, but also consolidating teamwork, protocols and clinical supervision.

Conclusion

The aim of this qualitative study was to analyse the role of the midwife within an interdisciplinary team in the management of high-risk pregnancies. The results show that midwives occupy a central position in the continuum of antenatal care, from the initial reception of the pregnant woman through to postnatal follow-up, including antenatal consultations, labour monitoring, delivery management and essential care for the newborn. Midwives are therefore the first point of contact within the healthcare system and play a decisive role in the early detection of risk factors and in referring women to the appropriate levels of care.

The study also highlights that the effective management of high-risk pregnancies relies heavily on interdisciplinary collaboration. When communication between midwives, doctors and other healthcare professionals is smooth and structured, it enables rapid, coordinated and appropriate management of obstetric complications. Conversely, interprofessional tensions, communication breakdowns and a lack of recognition of the midwife's role constitute major obstacles that may delay decision-making and compromise the quality of care.

Furthermore, the findings highlight that midwives' performance in the management of high-risk pregnancies depends not only on their clinical skills, but also on their continuing professional development, the availability of resources, the existence of clear protocols and the effective functioning of the referral and counter-referral system. The evolution of their role towards broader responsibilities must therefore be supported by institutional frameworks, capacity building and better integration into healthcare teams.

Ultimately, this study shows that improving the management of high-risk pregnancies cannot be envisaged without strengthening the role of midwives within the interdisciplinary team. Strengthening interprofessional collaboration, improving continuing professional development and structuring communication and referral pathways appear to be key levers for reducing maternal and neonatal morbidity and mortality, particularly in resource-limited settings such as the Katwa Health Zone.

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