

A Qualitative Study on the Real-life Experience of Junior-College Midwifery Interns Participating in Delivery Assistance

Xiaofeng Wan, Lijuan Wei

Guangzhou Women and Children's Medical Center, Guangzhou Medical University, Guangzhou 510000, Guangdong, China

Copyright: © 2026 Author(s). This is an open-access article distributed under the terms of the Creative Commons Attribution License (CC BY 4.0), permitting distribution and reproduction in any medium, provided the original work is cited.

Abstract: *Objective:* To gain an in-depth understanding of the real-life experience of junior-college midwifery students participating in delivery assistance during their internship. *Methods:* Purposive sampling was adopted. From July 2021 to March 2022, 11 junior-college midwifery interns from a Grade-A tertiary specialized hospital in Guangzhou were selected for semi-structured in-depth interviews. The Colaizzi seven-step analysis method was used to analyze interview data and extract themes. *Results:* The experiences of junior-college midwifery students in participating in delivery assistance during internship could be summarized into three themes: strong professional identity (joy and moving feelings; sense of achievement; willingness to become midwives); coexistence of pressure and difficulties in internship (heavy work pressure on midwives; massive learning content for midwives); and expectations for diversified teaching support (expectation of diversified teaching methods; expectation of teaching tool support). *Conclusion:* It is recommended to provide emotional support for midwifery interns. Meanwhile, teaching models shall be provided and practical teaching methods shall be further explored so as to deliver diversified teaching support for midwifery interns.

Keywords: Junior college; Midwifery interns; Delivery assistance; Real-life experience

Online publication: October 23, 2026

1. Introduction

Academically, midwives are generally defined as professionals who provide physical support, psychological comfort, health-knowledge popularization and other services throughout pregnancy, childbirth and the postpartum period ^[1]. Midwives are guardians of maternal-infant safety. The most intuitive criterion for judging professional competence lies in whether it affects the life quality and health level of perinatal infants. Therefore, strengthening the construction of the midwife workforce and improving their professional competence constitute the top priority for safeguarding maternal and infant health. According to the *Healthy*

China 2030 Outline, the National Health Promotion Project calls for strengthening the construction of the maternal-child health-care system and sets raising maternal and infant survival rates as a major objective [2]. Afterwards, the fertility policy was adjusted to the three-child policy. The expected number of newborns will rise substantially, and the demand for high-quality midwifery services will increase accordingly. Although midwifery manpower allocation in China has been improved in recent years, supply shortage still exists on the whole. Documents issued by the National Health Commission point out that it is necessary to further improve the training mechanism for midwifery talents to meet the growing service demands [3,4]. Among them, the *National Report on the Reform and Development of the Health Service System (2018)* explicitly puts forward the strategic arrangement for perfecting the midwifery-skill training system, which is still under gradual improvement. Clinical internship is a vital link in higher midwifery education. It plays an irreplaceable role between theoretical knowledge and practical skills, helps learners transform book knowledge into practical performance, exerts a long-term influence on learners' professional competence, and provides a platform for translating medical-scientific-research achievements into practical products [5]. Studies show that midwifery-education models worldwide still have certain deficiencies and cannot cope with new challenges brought by the rapid development of the industry [6]. Observations from practical teaching activities indicate that some intern students have sound theoretical foundations yet encounter numerous problems in delivery-assistance practice, which is related to their insufficient hands-on experience. For beginners, the absence of systematic standardized training will exert negative impacts on their future development. Hence, it is of great importance to analyze difficulties and their causes encountered by midwifery students in delivery-assistance training. Against the above-mentioned background, this study investigates the current status of internship-teaching modes, puts forward corresponding improvement measures, and aims to enhance talent-training outcomes of the whole industry.

2. Subjects and methods

2.1. Research subjects

From July 2021 to March 2022, purposive sampling was adopted to select junior-college midwifery interns from a Grade-A tertiary hospital in Guangzhou as research subjects.

2.1.1. Inclusion criteria

- (1) Majoring in midwifery at junior-college level;
- (2) Having participated in delivery assistance during obstetric-ward internship;
- (3) Good verbal-expression ability;
- (4) Informed consent and voluntary participation in this study.

Sample size was determined by information saturation, namely when no new viewpoints or themes emerged.

A total of 11 midwifery interns were enrolled, and all of them gave informed consent. General information of respondents is shown in **Table 1**.

Table 1. General information of respondents

No.	Age (Years) / major	Adjusted-major admission	Time of entering department	Time of first delivery assistance	Times of delivery assistance
N1	22 / Midwifery	No	At the beginning of internship	4th week	4
N2	20 / Midwifery	No	At the beginning of internship	5th week	4
N3	21 / Midwifery	No	At the beginning of internship	4th week	3
N4	21 / Midwifery	No	2nd month of internship	5th week	6
N5	21 / Midwifery	No	2nd month of internship	3rd week	4
N6	21 / Midwifery	No	2nd month of internship	4th week	3
N7	20 / Midwifery	No	5th month of internship	3rd week	5
N8	22 / Midwifery	No	5th month of internship	3rd week	12
N9	20 / Midwifery	No	8th month of internship	3rd week	6
N10	23 / Midwifery	No	8th month of internship	4th week	7
N11	21 / Midwifery	No	8th month of internship	3rd week	5

2.2. Research methods

2.2.1. Development of interview outline

Combining clinical teaching experience and literature-analysis results according to research objectives, a preliminary interview outline was formulated. Three rounds of pre-investigations were conducted on 3 midwifery interns, and then the interview outline was revised. The interview mainly covered the following aspects:

- (1) What are your feelings after participating in delivery assistance?
- (2) How do you deal with difficulties encountered in delivery assistance?
- (3) What do you think can help you perform delivery assistance better?
- (4) How has your perception of the midwifery major changed after participating in delivery assistance?
- (5) Do you want to become a midwife after taking part in delivery-assistance practice in obstetric-ward internship?
- (6) Please put forward suggestions on arranging interns to participate in delivery assistance in the department.

2.2.2. Data collection

This study adopted a phenomenological research paradigm and collected data from 11 midwifery interns via semi-structured in-depth interviews ^[5]. Before formal interviews, the research group agreed on time and place with each respondent. Two interns took face-to-face interviews in the hospital-department meeting room, while the other nine were interviewed in quiet dessert shops or cafés. To guarantee participants' rights and research standardization, researchers elaborately explained research objectives, methods and procedures to all participants before audio-recording started. Audio-recording began only after written consent was obtained. During interviews, researchers observed and recorded respondents' non-verbal behaviors and allowed them to freely express inner true feelings. Each interview lasted for 30–90 minutes. Interviews were terminated when no new information appeared, which meant data saturation was reached. All audio records were transcribed into texts and proofread by respondents to ensure authenticity and completeness of data.

2.2.3. Data analysis

The Colaizzi seven-step analysis method was adopted for systematic sorting and in-depth analysis of transcribed audio data. Text materials were coded in the order N1–N11 and digitally stored with Nvivo 11.0 software. The research procedures included reading original transcripts to grasp key points of respondents' answers, extracting statements relevant to research themes, assigning meaning labels to high-frequency viewpoints, aggregating related elements to form an initial thematic-structure model, interpreting connotations of each theme, conducting multiple checks to ensure consistency and accuracy of categorized information, and finally submitting research results to respondents for review so as to confirm authenticity and scientific validity of conclusions ^[6].

2.2.4. Quality control

Pre-tests were carried out on three midwifery interns before formal investigation, and the interview outline was revised according to pre-test data. A total of 11 respondents with different rotation phases and clinical-experience levels participated in formal interviews. The average interview duration exceeded 30 minutes, ensuring good sample representativeness. All research-team members received systematic training on qualitative-research methods and passed assessment. After multiple group discussions and in-depth analyses, a coding framework was formed and major research themes were extracted.

3. Results

3.1. Theme 1: Strong professional identity

3.1.1. Joy and moving feelings

During obstetric-ward internship, midwifery interns all experienced their first delivery-assistance practice. They felt both moved by witnessing new-life birth and joyful for welcoming newborns.

N3: "I admire every mother for their greatness. Witnessing the birth of new life together with family members is really an interesting moment in delivery assistance. When hearing babies' loud cries and seeing exhausted smiles on mothers' faces, indescribable joy fills my heart".

N10: "The moment the baby is delivered with our efforts touches me deeply and will stay in my memory forever. I instantly feel that every midwife is so great, an angel welcoming new lives".

3.1.2. Sense of achievement

During internship, midwifery interns practiced midwives' daily work, including maternal labor-progress observation, nursing care, delivery assistance and postpartum care, and gained a sense of achievement from midwifery work.

N1: "It feels magical when the fetal head gets closer to the vaginal orifice during delivery assistance. Successful delivery assistance brings a strong sense of achievement".

N9: "I gain a great sense of achievement from welcoming newborn babies".

N7: "After assisting in delivery, I think midwives are extraordinary. Assisting the arrival of new life is both magical and rewarding".

3.1.3. Willingness to become midwives

All midwifery interns recognized the role of midwives and expressed their willingness to become midwives

safeguarding maternal-infant safety in the future.

N2: “Taking part in delivery assistance strengthens my aspiration to be a midwife. I want to relieve women’s labor pain and make childbirth a happy experience for them”.

N6: “I hope to become a midwife because I can welcome new lives”.

N8: “Participation in delivery assistance consolidates my career choice. I want to work as a midwife”.

3.2. Coexistence of pressure and difficulties in internship

3.2.1. Heavy work pressure on midwives

Midwifery interns perceived that midwives in obstetric wards are burdened with heavy workload and great pressure, as each maternal safety is related to two lives.

N4: “It is tougher and more difficult than I imagined, with more difficulties and uncertain factors”.

N11: “Midwives are busy and exhausted, and they suffer great pressure when facing rescue cases”.

3.2.2. Massive learning content for midwives

Respondents held that obstetric-ward practice requires more knowledge and skills compared with other clinical departments.

N3: “As a midwife, we need to fully master specialized obstetric-ward knowledge, and there is a huge amount of content to learn”.

N6: “We have to learn more theoretical knowledge as well as emergency-response measures for unexpected incidents”.

N10: “Midwives need sufficient carefulness and experience to judge various possible conditions during childbirth and make predictive interventions”.

3.3. Expectations for diversified teaching support

3.3.1. Expectation of diversified teaching methods

During obstetric-ward internship, respondents expected diversified teaching methods to integrate practice with theory, serve pregnant and lying-in women and guarantee maternal-infant safety.

N2: “I hope supervisors can adopt the ‘hands-off but eyes-on’ principle, allowing interns to operate more independently. We should start practicing delivery assistance from the 3rd week, with more than 10 delivery-assistance experiences”.

N5: “We can practice suturing with discarded placentas first. More delivery-assistance practices are always better”.

3.3.2. Expectation of teaching tool support

Interviewee midwifery interns hoped for corresponding teaching tools for specialized-skill training in clinical teaching. Most of them wanted mannequins to simulate delivery-assistance procedures.

N3: “I hope some mannequins can be used to clearly demonstrate anatomical structures and operating procedures for better understanding and practice”.

N9: “I wish we could practice simulated delivery-assistance operations with mannequins”.

4. Discussion

4.1. Attach importance to pressures and difficulties of students in learning delivery assistance, introduce positive midwifery values and reinforce professional identity

This paper conducts a detailed analysis on characteristics of junior-college midwifery interns' cognition of midwife professional roles when learning delivery-assistance techniques, and identifies two-fold factors. On the one hand, they generally gain profound sense of achievement from midwifery work, have deep experience of new-life birth, and possess strong willingness to engage in this occupation. On the other hand, midwives have to master extensive medical knowledge and complicated technical operations, so interns feel psychological pressure, together with practical challenges such as high-intensity workload, high-risk operations and frequent night shifts. The above-mentioned results are consistent with existing academic findings reported by Wu Dandan et al., Huang Shurong et al. ^[7-9]. Due to the special service nature and generally insufficient manpower in midwifery industry, midwives often undertake heavy-duty tasks and emergency treatments. They need to guarantee maternal-infant safety in obstetric emergencies and face high occupational-exposure risks. In such context, internship experience becomes a decisive factor for students' career planning and development. At the school-education stage, ideological-and-political guidance shall be strengthened. Positive publicity shall be adopted to help students fully understand professional values of midwives and cultivate their dedication-oriented professional spirit. Furthermore, clinical-teaching methods shall be improved. While practical-ability training is emphasized, mental-health support shall also be valued, and a tutorial-supervision system shall be implemented to provide personalized care. Besides, innovative practical-training forms and various online-learning activities shall be developed to deliver targeted and interesting tutoring for midwifery learners.

4.2. Meet students' learning demands for delivery assistance, adopt specialized teaching tools and implement diversified teaching methods

Research results show that midwifery interns expect to systematically master clinical delivery-assistance techniques via standardized teaching systems, and they attach great importance to supervisors' competence and guidance quality. These findings are roughly consistent with relevant domestic research outcomes ^[10]. Midwives are major practitioners of maternal-infant care. They are both service implementers and providers, and required to possess solid professional skills while facing high occupational risks. During internship, midwifery students usually encounter heavy learning burdens and complicated role transitions. To solve such problems, clinical departments shall be equipped with standard simulators first to increase interns' hands-on practice time ^[11]. In addition, clinical supervisors shall be encouraged to innovate teaching approaches and adopt personalized-guidance schemes. While strengthening supervision, excessive interference shall be reduced, so that interns can master core skills more rapidly and improve emergency-disposal capabilities, thus safeguarding maternal-infant safety and legitimate rights.

5. Conclusion

By summarizing simulated work experience of 11 midwifery interns, three major themes are extracted: strong professional identity, coexisting pressure and difficulties in internship, and expectations for diversified teaching support. The above points shall be emphasized in teaching practice. It is necessary to innovate midwifery teaching activities, increase mental-health support for prospective graduates and allocate

corresponding resources. The clinical-practice-teaching system shall be further optimized to strengthen students' competence from both theoretical and practical dimensions and enhance their professional self-confidence. Finally, a systematic and comprehensive teaching-support system shall be constructed to satisfy the growth demands of more midwifery students, which deserves further exploration and practice.

Disclosure statement

The authors declare no conflict of interest.

References

- [1] ICM, 2017, ICM International Definition of the Midwife.
- [2] You K, Qin M, Xiong H, 2023, Research and Practice on Talent-Training Paths for Higher-Vocational Midwifery Majors Centering on Improving Midwifery Post Competence. *Health Vocational Education*, 41(17): 4–7.
- [3] Hu L, Jiang M, Xu X, et al., 2020, Investigation and Research on Human-Resource Status of Midwives in China. *Chinese Journal of Nursing*, 55(2): 192–197.
- [4] National Health and Family Planning Commission of the People's Republic of China, 2014, Guiding Opinions of the National Health and Family Planning Commission on Doing a Good Job in Maternal-Child Health Services Under the New Situation. *Gazette of the National Health and Family Planning Commission of the People's Republic of China*, 2014(6): 11–13.
- [5] NMBI, 2016, Midwife Registration Programme Standards and Requirements. 2nd ed. Dublin: Nursing and Midwifery Board of Ireland.
- [6] Nove A, Ten Hoope-Bender P, Boyce M, et al., 2021, The State of the World's Midwifery 2021 Report: Findings to Drive Global Policy and Practice. *Human Resources for Health*, 19(1): 146.
- [7] Li Z, Liu Y, 2018, *Nursing Research Methods*. 2nd ed. Beijing: People's Medical Publishing House.
- [8] Wu D, Wang X, Xu G, et al., 2021, Research on Role Experience and Perception of Undergraduate Midwifery Interns. *Chinese Journal of Nursing Education*, 18(1): 74–77.
- [9] Huang S, Yu Y, Zhou X, et al., 2017, Research on Occupational Experience of Newly-Recruited Undergraduate Midwives. *Chinese Journal of Nursing Education*, 14(9): 692–696.
- [10] Chen L, Liu F, Xiao N, et al., 2024, A Qualitative Study on Real-Experience of Higher-Vocational Midwifery Interns in Gynecology-Obstetrics Internship. *Health Vocational Education*, 42(19): 80–83.
- [11] Xiao Y, Mo C, Yang Y, et al., 2021, A Qualitative Study on Internship Experience of the First-Batch Second-Year Undergraduate Midwifery Students Under the Dual-Supervision Teaching Mode. *General Practice Nursing*, 19(15): 2119–2122.

Publisher's note

Bio-Byword Scientific Publishing remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.