Scientific journal of Research studies in Future Basic Sciences and medical sciences, 2026, Vol. 4, No. 2, pp. 30-57

Scientific journal of Research studies

in Future Basic Sciences and medical sciences

www.journalhi.com/sci/

Professionalizing Midwifery in Iran, 1919–1941: The Transition from Traditional Birth Assistance to Institutional Maternal Healthcare

Zahra Bahrami [1,*]

1- Master's degree of Medical History,Arak Iranian Medical School. Email: bahramizahra628@gmail.com
* Corresponding Author

Abstract

The professionalization of midwifery in Iran between 1919 and 1941 represents a significant yet insufficiently examined transformation in the history of maternal healthcare. During this period, childbirth assistance gradually moved from predominantly apprenticeship-based and community-oriented practices toward a more structured system shaped by formal education, clinical training, institutional regulation, and emerging medical authority. This study examines the historical transformation of midwifery as a professional occupation and analyzes how the expansion of formal education contributed to the institutionalization of maternal healthcare in Iran during the transition from the late Qajar period to the first Pahlavi era. A historical-analytical research design was employed using published scholarly studies that document the development of midwifery education, professional regulation, clinical training, and healthcare institutions in Iran. The analysis focused on changes in educational organization, professional competencies, clinical preparation, regulatory structures, and the institutional position of midwives within the developing healthcare system. The findings indicate that the transformation of Iranian midwifery was not simply an educational reform but a multidimensional process of professional restructuring. Formal educational institutions progressively introduced standardized curricula, systematic clinical instruction, defined competency requirements, and new forms of professional recognition. These changes altered the relationship between midwives, physicians, hospitals, and pregnant women and gradually relocated childbirth assistance from predominantly community-based settings toward institutional healthcare environments. The professionalization process also created new boundaries around midwives' responsibilities and contributed to the increasing influence of biomedical authority over reproductive healthcare. At the same time, the emergence of formal education did not immediately eliminate traditional practices; rather, traditional and institutional forms of childbirth assistance coexisted during the transitional period. The study argues that the professionalization of midwifery should therefore be understood as a gradual institutional transformation in which education, regulation, clinical practice, and medical authority interacted to reshape maternal healthcare. Examining this transition provides a historical basis for understanding the subsequent development of midwifery education and the organization of maternal health services in contemporary Iran.

Keywords: Midwifery; Medical History; Maternal Healthcare; Professionalization; Iran

Introduction

The history of maternal healthcare in Iran is closely intertwined with the transformation of midwifery from a predominantly community-based practice into a formally organized health profession. For centuries, assistance during pregnancy and childbirth was largely embedded within local social structures, family networks, and experiential systems of knowledge. Traditional birth attendants acquired their skills primarily through observation, apprenticeship, and repeated participation in childbirth rather than through standardized institutional education. Their professional legitimacy was consequently derived less from formal certification than from community recognition, accumulated experience, and their ability to respond to the practical needs of women during pregnancy, labor, and the postpartum period. The emergence of formal midwifery education in the early twentieth century introduced a fundamentally different mechanism for producing and legitimizing professional knowledge. This transformation represented more than the establishment of educational institutions; it marked the beginning of a broader restructuring of the organization, authority, and delivery of maternal healthcare in Iran [1].

The beginning of the twentieth century constituted a critical period for the reorganization of healthcare institutions in Iran. The development of modern medical education, the expansion of hospitals, and the growing

influence of biomedical approaches gradually created an institutional environment in which traditional healthcare practices were increasingly evaluated according to formal educational and professional criteria. Midwifery became part of this wider transformation. The establishment of organized educational pathways created an alternative to the traditional apprenticeship model and introduced the possibility of defining midwifery knowledge through curricula, examinations, clinical instruction, and institutional supervision. In this context, the emergence of formal midwifery education should be understood not as an isolated educational development but as part of the broader institutionalization of medicine and public health in Iran [1].

The year 1919 represents an important chronological point in this transformation because it is associated with the emergence of academic midwifery education in Iran. The subsequent development of formal educational institutions during the 1920s and 1930s gradually changed the conditions under which midwifery knowledge was acquired and transmitted. Instead of relying exclusively on interpersonal apprenticeship and experiential learning, formal education increasingly emphasized structured theoretical knowledge and supervised clinical experience. The organization of training within institutional settings also brought midwifery into closer contact with physicians, hospitals, medical schools, and administrative authorities. Consequently, the professional identity of the midwife began to acquire dimensions that were substantially different from those associated with the traditional birth attendant [1].

This transformation must nevertheless be interpreted cautiously. The emergence of formal education did not imply the immediate disappearance of traditional midwifery. Institutional and community-based practices could coexist, particularly during periods in which access to hospitals and formal healthcare institutions remained uneven. The professionalization of midwifery was therefore a gradual process characterized by overlapping systems of knowledge and practice rather than an abrupt replacement of one system by another. The historical significance of the period from 1919 to 1941 lies precisely in this transitional character: it provides an opportunity to examine how an established occupational practice was progressively reorganized through education, institutional affiliation, clinical training, and professional regulation.

From a historical perspective, professionalization involves more than the acquisition of specialized knowledge. It also requires the creation of mechanisms through which knowledge is standardized, competence is evaluated, professional boundaries are established, and occupational authority is recognized. Contemporary scholarship on Iranian midwifery education demonstrates the importance of curriculum structure, clinical competencies, accreditation, and professional standards in defining the modern scope of midwifery practice [2-4]. Although these studies primarily address contemporary educational systems, their analytical concepts provide a useful framework for examining the historical process through which similar dimensions gradually became embedded in Iranian midwifery.

The development of clinical education is particularly important in understanding this transition. Modern professional education requires the integration of theoretical instruction with supervised practical experience, thereby transforming the acquisition of professional competence from an informal interpersonal process into an organized educational activity. Contemporary research on Iranian midwifery education has identified clinical education, educational standards, clinical environments, supervision, and competency assessment as central components of professional preparation [2,3]. Viewed historically, these components provide analytical categories for examining how midwifery training moved toward institutional forms during the first decades of the twentieth century.

The significance of this historical transformation extends beyond the history of education. Midwives occupied a strategically important position within maternal healthcare because they were directly involved in pregnancy, childbirth, and postpartum care. As their education became increasingly formalized, their relationship with other health professionals and healthcare institutions also changed. The emergence of defined professional competencies and regulatory expectations contributed to the delineation of responsibilities within maternal healthcare and created new relationships between midwives and physicians. Contemporary studies of Iranian midwifery continue to identify professional roles, autonomy, regulatory structures, and the organization of clinical practice as important dimensions of the profession [5,6]. These dimensions can therefore be used to interpret the historical emergence of professional boundaries during the period under investigation.

The period from 1919 to 1941 is consequently significant because it captures a formative stage in the institutional history of Iranian midwifery. It begins with the emergence of formal academic education and encompasses the consolidation of modern medical and educational institutions during the first Pahlavi period. Examining this period makes it possible to move beyond a simple narrative of modernization and instead investigate the mechanisms through which professional knowledge, educational authority, clinical training, and institutional healthcare became interconnected. Such an approach also makes it possible to identify the extent to

which professionalization altered the organization of childbirth care and the position of midwives within the developing healthcare system.

The institutionalization of midwifery also involved a gradual redefinition of professional authority. Traditional birth assistance was largely grounded in locally recognized expertise, while formal education introduced institutional mechanisms for determining who could acquire, demonstrate, and exercise recognized professional competence. The transition therefore altered not only how midwives were trained but also how their knowledge was legitimized. Once education became associated with organized curricula and clinical supervision, professional competence could increasingly be evaluated through institutional criteria rather than solely through community reputation and accumulated experience. This shift constituted a fundamental element of professionalization because it transformed the basis upon which authority within childbirth care was established.

The emergence of formal education also created new relationships between midwifery and medicine. As modern medical institutions expanded, childbirth increasingly became situated within a healthcare environment in which physicians, hospitals, educational institutions, and administrative bodies exercised greater influence. Midwives consequently occupied an intermediate position between established community-based practices and the developing biomedical system. Their practical knowledge remained essential to childbirth care, yet their professional activities increasingly became subject to institutional expectations. The contemporary literature on Iranian midwifery demonstrates that questions of professional autonomy, role definition, regulation, and interaction with other healthcare professionals remain central to the organization of the profession [5,6]. These issues have historical roots that can be traced to the period when midwifery first became incorporated into formal educational and institutional structures.

Standardization was another central dimension of this transformation. An occupation becomes progressively professionalized when the knowledge required for practice can be articulated, transmitted, assessed, and reproduced through recognized institutional mechanisms. The development of structured educational curricula therefore represented a significant departure from apprenticeship-based learning. Contemporary analysis of the Iranian midwifery curriculum demonstrates that professional education encompasses defined competencies across theoretical knowledge, clinical skills, communication, ethical responsibilities, and professional practice [4]. Similarly, the development of accreditation standards for clinical education emphasizes the importance of clearly defined educational objectives, appropriate clinical environments, qualified instructors, assessment mechanisms, and systematic quality assurance [2]. Although these standards belong to a much later period, they illuminate the institutional dimensions that distinguish formal professional education from informal transmission of occupational knowledge.

The historical significance of this development becomes clearer when education is considered as an instrument of occupational regulation. Formal training can establish minimum qualifications, define the boundaries of professional competence, and create institutional mechanisms for determining eligibility to practice. Regulation therefore does not merely constrain professional activity; it can also contribute to the creation of a recognizable professional identity. Contemporary scholarship on professional rules and regulations in Iranian midwifery demonstrates the continuing importance of legal and regulatory knowledge in defining professional responsibilities and practice boundaries [10]. The historical development of these boundaries is particularly relevant to the study of the 1919–1941 period because the institutionalization of training occurred alongside the broader expansion of modern administrative and medical structures.

Clinical education further strengthened the connection between professional knowledge and institutional healthcare. Apprenticeship could provide extensive practical exposure, but the content and quality of such learning depended heavily on individual mentors and local circumstances. Formal clinical education, by contrast, introduced the possibility of standardized supervision and structured exposure to different clinical situations. Research on Iranian midwifery education identifies the clinical learning environment as a crucial component of professional preparation and highlights challenges associated with the integration of theoretical instruction and practical training [3]. From a historical standpoint, the movement toward supervised institutional practice can therefore be interpreted as an important mechanism through which childbirth assistance became increasingly integrated into organized healthcare.

This process also had implications for the boundaries of midwives' professional autonomy. As midwifery became connected to medical institutions, professional responsibilities were increasingly defined in relation to those of physicians and other healthcare workers. The relationship was not necessarily one of simple replacement of midwives by physicians. Rather, institutionalization produced a more differentiated professional structure in which different categories of healthcare personnel acquired formally or informally recognized areas of responsibility. Contemporary research on midwife-led care demonstrates that professional autonomy remains

closely associated with the organization of maternity services and the capacity of midwives to exercise their competencies within appropriate clinical settings [5]. Historical analysis can use this concept to examine how the incorporation of midwives into emerging medical institutions may have simultaneously expanded their professional recognition and constrained certain aspects of their traditional autonomy.

The professionalization of midwifery should consequently be understood as a multidimensional process rather than a linear transition from an allegedly “traditional” system to a uniformly “modern” one. Educational reform, institutional expansion, clinical training, professional regulation, and medical authority developed at different rates and did not necessarily produce identical consequences. The coexistence of traditional and institutional forms of childbirth assistance was therefore an expected feature of the transition. The historical question is not simply when formal education appeared, but how its emergence altered the distribution of knowledge, authority, responsibility, and institutional legitimacy within maternal healthcare.

This perspective also helps avoid an overly deterministic interpretation of modernization. The establishment of formal educational structures did not automatically transform the everyday experience of childbirth for all Iranian women. Access to institutional healthcare depended on geographical, social, economic, and organizational conditions. Consequently, the professionalization of midwifery should be distinguished from the complete institutionalization of childbirth. The former concerns the transformation of an occupational field and its mechanisms of knowledge production and professional recognition; the latter concerns the broader relocation of maternal healthcare into hospitals and other formal healthcare settings. The two processes were related but not identical.

The period 1919–1941 therefore provides a particularly valuable historical window for examining the interaction between these processes. It encompasses the emergence of formal midwifery education and the institutional consolidation of healthcare during the first Pahlavi era. Studying this period allows the transformation of midwifery to be examined through several interconnected dimensions: educational organization, clinical preparation, professional regulation, institutional affiliation, and changing relationships with medical authority. Such an approach shifts the focus from a conventional chronology of schools and institutions toward an analysis of how professional structures were constructed and how those structures contributed to the reorganization of maternal healthcare.

The transformation of midwifery in early twentieth-century Iran must also be situated within the broader reorganization of the country's healthcare institutions. Professional education does not develop independently from the institutions in which professional practice occurs. The expansion of hospitals, medical schools, clinical services, and administrative mechanisms created new settings in which the knowledge and activities of midwives could be organized and evaluated. Consequently, the history of midwifery professionalization is simultaneously a history of institutional change in maternal healthcare. The emergence of formal training created a professional workforce that could increasingly be incorporated into institutional healthcare structures, while the expansion of those structures generated new requirements for formally prepared personnel.

The relationship between education and healthcare institutions was therefore mutually reinforcing. Educational institutions required clinical environments in which students could acquire practical competencies, while hospitals and maternity services required personnel capable of functioning within increasingly organized clinical settings. Contemporary research on Iranian midwifery education emphasizes the importance of the clinical environment, supervision, educational standards, and systematic assessment in the preparation of competent practitioners [2,3]. These dimensions provide an analytical basis for interpreting the historical development of institutional midwifery. The movement toward supervised clinical education can be viewed as part of a larger process through which healthcare knowledge was increasingly separated from exclusively local transmission and incorporated into institutional systems of instruction.

At the same time, professionalization introduced a new relationship between occupational identity and educational achievement. Within traditional systems, competence was demonstrated primarily through practical performance and social recognition. Formal education created additional criteria for professional legitimacy, including completion of an organized course of study and demonstration of prescribed competencies. The contemporary mapping of Iranian midwifery education illustrates how professional competence can be divided into identifiable domains and linked to educational outcomes [4]. Historically, the development of such educational structures represented a significant change because it enabled institutions to distinguish between individuals who possessed recognized professional preparation and those whose expertise remained rooted primarily in informal experience.

This distinction was particularly consequential for childbirth care because midwives operated in a field characterized by both technical complexity and social sensitivity. Their responsibilities extended beyond the

immediate management of childbirth and involved interaction with women, families, physicians, and healthcare institutions. As professional expectations became more structured, communication, ethical conduct, clinical judgment, and defined areas of responsibility became increasingly important components of professional identity. Contemporary research on the development of professional ethics among midwifery students indicates that professional identity is shaped through educational experiences and the interaction between formal knowledge, clinical practice, and ethical expectations [11]. From a historical perspective, this suggests that the emergence of formal education potentially transformed not only technical competence but also the social meaning of being recognized as a professional midwife.

The institutionalization of midwifery also affected the distribution of authority over childbirth. Traditional birth attendants possessed forms of experiential authority that were embedded in local communities. The growing medical system introduced alternative sources of authority based on formal education, scientific knowledge, institutional affiliation, and professional regulation. The resulting transformation did not necessarily eliminate the practical relevance of traditional knowledge, but it changed the criteria through which legitimate expertise could increasingly be defined. The development of professional regulation was therefore closely connected with the broader expansion of medical authority. Contemporary scholarship concerning professional rules and regulations in Iranian midwifery demonstrates that the boundaries of professional practice remain closely associated with legal and institutional expectations [10].

This process of boundary formation is central to understanding professionalization. A profession is distinguished not only by specialized knowledge but also by a socially and institutionally recognized jurisdiction over particular areas of practice. In maternity care, this jurisdiction concerns the competencies that midwives can exercise independently, the situations requiring collaboration or referral, and the institutional conditions under which professional responsibilities are performed. Contemporary research on midwife-led care in Iran highlights the significance of professional autonomy and the organization of care around midwifery competencies [5]. These concepts provide a useful interpretive framework for investigating how the boundaries of midwifery practice began to change during the early decades of formal professional education.

The process was nevertheless characterized by tension between professional recognition and institutional dependence. Formal incorporation into hospitals and medical institutions could strengthen the status of midwives by granting them recognized educational and occupational positions. At the same time, institutional structures could subject their activities to hierarchical forms of supervision and create boundaries around independent practice. This duality is important because professionalization does not necessarily produce unlimited autonomy. Contemporary evidence from the Iranian health system shows that the professional role of midwives is influenced by organizational structures, employment conditions, managerial arrangements, and the distribution of responsibilities among healthcare professionals [6]. The historical development of midwifery should therefore be examined not only as an expansion of professional opportunity but also as a restructuring of professional authority.

The significance of this issue extends beyond the occupational history of midwives. Changes in the organization of childbirth care can influence how women encounter the healthcare system during pregnancy and delivery. When childbirth becomes increasingly connected to formal institutions, women may encounter new forms of supervision, clinical intervention, professional expertise, and institutional decision-making. The professionalization of midwifery therefore represents an important component of the history of women's healthcare because it altered the personnel, settings, and organizational mechanisms through which maternal care was delivered.

The period between 1919 and 1941 is consequently best understood as a formative institutional phase rather than a completed transition. Formal education had begun to establish new pathways for professional preparation, while hospitals and medical institutions were developing new organizational capacities. Professional regulation and educational standardization were emerging as mechanisms for defining competence, yet traditional practices remained socially relevant. The historical significance of this period lies in the interaction among these processes. Rather than assuming that modernization followed a uniform trajectory, the analysis must identify how educational, institutional, regulatory, and professional changes developed in relation to one another.

Despite the growing body of research concerning contemporary midwifery education and professional practice in Iran, the historical mechanisms through which midwifery became institutionalized remain comparatively underexplored. Existing scholarship has provided substantial insight into current educational standards, clinical competencies, professional regulations, accreditation processes, and the contemporary organization of midwifery services [2-4,9,10]. These studies demonstrate that education and regulation are fundamental components of professional identity and practice. However, the existence of a contemporary

professional structure does not by itself explain how the foundations of that structure were established. Understanding the origins of professional education and institutional practice requires attention to the historical period in which traditional forms of birth assistance began to encounter formal educational and medical institutions.

A second limitation concerns the tendency to examine the history of midwifery primarily as a chronological sequence of educational developments. Such an approach can identify when institutions were established but may provide less insight into the mechanisms through which professionalization transformed maternal healthcare. The historical significance of formal education lies not simply in the creation of schools but in the introduction of new forms of knowledge production, competency assessment, professional recognition, clinical supervision, and institutional authority. Contemporary research on accreditation and curriculum mapping provides conceptual tools for identifying these dimensions [2,4], but their historical emergence in Iran requires a focused analysis of the formative period.

A third issue concerns the relationship between professionalization and institutional healthcare. The development of midwifery education and the expansion of institutional maternity care were related processes, but they should not be treated as identical. Professional education produced personnel with new forms of recognized competence, whereas institutional healthcare created settings in which those competencies could be deployed. The interaction between these processes potentially altered the organization of childbirth care, the relationship between midwives and physicians, and the position of women within the developing healthcare system. Research concerning midwife-led care and the professional experiences of Iranian midwives indicates the continuing importance of autonomy, role definition, and organizational context [5,6]. Examining the historical emergence of these dimensions can therefore contribute to a more nuanced understanding of the development of maternal healthcare.

The question of professional regulation represents another underexamined dimension. The establishment of formal educational systems inevitably raises questions concerning who was authorized to practice, what constituted adequate competence, and how professional boundaries were defined. Contemporary research has demonstrated the continuing importance of professional rules and regulatory knowledge among Iranian midwives [10]. Yet the historical development of regulatory mechanisms has received less systematic attention when considered together with educational institutionalization and clinical training. Professionalization should therefore be analyzed as an interconnected process involving education, regulation, institutional affiliation, and occupational authority rather than as an isolated educational reform.

International scholarship also emphasizes that the organization of midwifery is strongly influenced by professional regulation, institutional structures, and the conditions under which midwives exercise their competencies. Comparative evidence concerning midwives' practice environments demonstrates that professional autonomy and organizational conditions can shape the effectiveness and sustainability of midwifery practice [13,14]. These perspectives are useful for historical analysis because they demonstrate that the formal recognition of an occupation does not automatically produce professional autonomy. Institutionalization can simultaneously expand professional legitimacy and establish new forms of organizational control.

The Iranian case is particularly significant because the emergence of formal midwifery education occurred during a broader period of institutional transformation. The years 1919–1941 encompass the emergence of organized academic midwifery education and the consolidation of modern healthcare institutions during the first Pahlavi period [1]. This temporal framework makes it possible to examine a critical historical transition without extending the analysis across multiple political and institutional periods that would obscure the specific mechanisms of change. The selected period therefore provides a sufficiently focused setting for examining how educational structures, clinical training, professional boundaries, and institutional maternal healthcare developed in relation to one another.

Accordingly, this study addresses the following central research question: how did the professionalization of midwifery between 1919 and 1941 transform the organization of maternal healthcare in Iran? To answer this question, the study examines four interconnected dimensions: the institutional development of midwifery education, the movement toward standardized professional preparation, the emergence of regulatory and professional boundaries, and the incorporation of midwives into institutional maternal healthcare. The study does not assume that formal education simply replaced traditional birth assistance. Instead, it investigates the gradual interaction between traditional practices and emerging institutional structures.

The study contributes to the history of medicine by interpreting the professionalization of midwifery as a process of institutional transformation rather than merely an educational milestone. It also contributes to the history of women's healthcare by examining how changes in professional organization affected the personnel

and institutional settings through which childbirth care was delivered. By connecting educational standardization, clinical preparation, professional regulation, and institutional healthcare within a single historical framework, the study seeks to clarify the foundations of modern midwifery in Iran and the historical processes that shaped the subsequent organization of maternal healthcare.

Problem Statement

The professionalization of midwifery in Iran presents a complex historical problem because the emergence of formal education did not simply replace an existing system of childbirth assistance with a new institutional model. Rather, it involved the gradual reorganization of knowledge, professional authority, clinical responsibility, and institutional relationships. The central historical problem is therefore not merely to determine when formal midwifery education emerged, but to explain how the establishment of educational and healthcare institutions changed the position of midwives and the organization of maternal healthcare during a period of profound institutional transformation.

The period 1919–1941 is particularly important because it encompasses the emergence of formal academic midwifery education and the consolidation of modern healthcare institutions in Iran. Yet the historical significance of this period cannot be adequately captured by a chronological description of educational institutions. The development of a professional occupation requires mechanisms through which knowledge is transmitted, competence is recognized, professional responsibilities are differentiated, and occupational authority becomes institutionally legitimate. Contemporary research demonstrates that curriculum design, clinical education, accreditation, professional regulation, and defined competencies are central to the organization of modern midwifery [2-4,9,10]. The unresolved historical question is how these dimensions became connected during the formative period of Iranian professional midwifery.

A further problem concerns the relationship between professionalization and institutional healthcare. The integration of midwives into organized healthcare settings may have expanded their access to formal education and professional recognition while simultaneously subjecting their practice to new forms of institutional supervision. Contemporary research on Iranian midwives indicates that organizational structures, employment conditions, professional roles, and institutional environments continue to influence the way midwives exercise their professional responsibilities [6-8]. This suggests that professionalization should not be interpreted exclusively as an expansion of occupational status. It may also involve the redistribution of authority and the emergence of new boundaries between professional groups.

The historical transformation of midwifery also raises the problem of continuity. The development of formal education did not necessarily result in the immediate disappearance of traditional birth attendants or community-based knowledge. Instead, different forms of knowledge and practice could coexist while institutional healthcare expanded. Determining how these forms interacted is essential for understanding whether professionalization represented a complete displacement of traditional practice or a prolonged process of coexistence, adaptation, and institutional differentiation.

Another unresolved issue concerns the development of professional identity. Modern midwifery education is associated not only with technical competence but also with professional ethics, defined responsibilities, and institutional expectations [11]. Professional identity is therefore historically relevant because the transition from apprenticeship to formal education potentially changed the criteria by which a competent and legitimate midwife was recognized. The emergence of educational credentials, clinical preparation, and professional regulation could transform occupational identity even when traditional practices continued outside formal institutions.

The problem addressed by this study is consequently the lack of an integrated historical interpretation connecting these processes. Existing scholarship provides valuable evidence concerning the history of academic midwifery, contemporary educational standards, professional regulation, clinical education, and the organization of midwifery practice [1-4,9,10]. However, these strands of evidence have rarely been brought together to examine the professionalization of Iranian midwifery as a multidimensional transformation occurring between the emergence of formal education in 1919 and the end of the first Pahlavi period in 1941. The present study addresses this gap by examining the interaction among educational standardization, clinical preparation, professional regulation, institutional affiliation, and the changing organization of maternal healthcare.

The study therefore asks how the professionalization of midwifery between 1919 and 1941 altered the institutional and professional foundations of childbirth care in Iran. It specifically investigates whether the transition toward formal education produced new mechanisms of professional recognition, how clinical

preparation contributed to the institutionalization of practice, how professional boundaries were reconstructed, and how the emerging medical system affected the relationship between midwives and other healthcare actors. Addressing these questions provides a basis for interpreting the professionalization of midwifery not as an isolated educational reform but as a broader transformation in the historical organization of maternal healthcare.

Methods

Research Design

This study employed a historical-analytical research design to examine the professionalization of midwifery in Iran between 1919 and 1941. The study was designed to move beyond a descriptive chronology of educational institutions and reconstruct the mechanisms through which midwifery was progressively incorporated into formal systems of education, clinical practice, professional regulation, and maternal healthcare. A historical-analytical approach was selected because the research question concerns changes in institutional structures and professional relationships over time rather than the measurement of a contemporary population.

The chronological boundaries of the study were deliberately defined as 1919–1941. The starting point corresponds to the emergence of academic midwifery education in Iran, while 1941 marks the end of the first Pahlavi period and therefore provides a historically meaningful endpoint for examining the initial phase of institutional professionalization [1]. Restricting the analysis to this period makes it possible to investigate the transition within a relatively coherent political and institutional context while avoiding the analytical problems that would arise from combining substantially different healthcare regimes and educational periods.

Historical Unit of Analysis

The primary unit of analysis was the process of professionalization rather than individual midwives or individual educational institutions. Professionalization was operationalized as a multidimensional historical process involving five interconnected domains: formal education, clinical preparation, professional competencies, regulatory structures, and institutional integration into maternal healthcare.

Formal education referred to the emergence and organization of structured educational pathways through which midwifery knowledge was transmitted. Clinical preparation referred to the incorporation of supervised practical experience into professional training. Professional competencies concerned the knowledge and skills expected from formally trained practitioners. Regulatory structures included mechanisms through which professional responsibilities, qualifications, and practice boundaries were defined. Institutional integration referred to the incorporation of midwives into hospitals, medical education, and organized maternal healthcare services.

This multidimensional operationalization was informed by contemporary scholarship on Iranian midwifery education and professional standards. Research on accreditation identifies educational objectives, curriculum organization, clinical environments, supervision, and assessment as interconnected components of professional preparation [2]. Research addressing clinical midwifery education similarly emphasizes the relationship between theoretical preparation and practical competence [3]. Curriculum mapping further demonstrates that professional competence encompasses multiple domains rather than a single technical skill set [4]. These concepts were adapted as analytical categories rather than treated as historical conditions that necessarily existed in identical form during the 1919–1941 period.

Source Strategy

The study relied exclusively on the fourteen scholarly sources specified for the research project. These sources were selected to provide complementary evidence concerning the historical development of Iranian midwifery, professional education, clinical training, regulation, professional identity, and institutional practice. The central historical source was the study documenting the development of academic midwifery in Iran from 1919 onward [1]. Contemporary Iranian studies were used to identify the institutional and professional dimensions through which the historical transformation could be interpreted [2-12]. International scholarship was used selectively to provide comparative conceptual perspectives on professional practice environments, regulation, and the relationship between professional autonomy and institutional structures [13,14].

The source strategy deliberately distinguished between historical evidence and analytical concepts. Historical claims concerning the emergence of formal midwifery education and the chronology of institutional development were derived from the historical literature, whereas contemporary studies were used to construct analytical categories for interpreting education, professional competencies, clinical practice, regulation, and

institutional relationships. This distinction was maintained throughout the analysis to prevent contemporary professional standards from being retrospectively imposed on the historical period.

Inclusion and Exclusion Criteria

Sources were included when they directly addressed at least one of the analytical domains relevant to the study: history of Iranian midwifery education, clinical midwifery education, curriculum and competency development, professional regulation, professional identity, professional autonomy, or the institutional organization of midwifery practice. Studies were also considered relevant when they provided broader comparative evidence that could clarify the relationship between regulation, professional authority, and practice environments.

Sources unrelated to midwifery, studies focused exclusively on clinical outcomes without relevance to professional organization, and materials that could not contribute to the historical or analytical reconstruction were excluded from the evidence base. No thesis, dissertation, technical report, non-scholarly website, or unverified online material was incorporated into the final reference set.

Analytical Framework

The historical analysis was organized around the interaction of five dimensions:

1. Educational institutionalization
2. Clinical professionalization
3. Competency standardization
4. Regulatory boundary formation
5. Institutionalization of maternal healthcare

These dimensions were treated as interconnected rather than independent variables. The analytical assumption was that professionalization occurred when changes across these domains reinforced one another. For example, formal education could create a mechanism for transmitting standardized knowledge, while clinical training could connect that knowledge to institutional practice. Regulation could then establish boundaries around recognized competence, while institutional healthcare could provide the organizational setting in which the newly professionalized workforce operated.

This framework allowed the study to distinguish between the appearance of formal education and the broader process of professionalization. The establishment of an educational institution was therefore considered evidence of educational institutionalization but was not, by itself, interpreted as proof that professionalization had been completed. The latter required evidence of changes in training, competencies, regulation, and institutional practice.

Data Extraction and Historical Reconstruction

Data extraction was conducted through structured reading of the selected scholarly literature. Each source was examined for information relevant to the five analytical dimensions defined in the study: educational institutionalization, clinical professionalization, competency standardization, regulatory boundary formation, and institutional integration of maternal healthcare. Relevant historical statements, institutional developments, educational characteristics, professional roles, and regulatory observations were extracted and organized according to their chronological relevance.

The extraction process distinguished between direct historical information and interpretive evidence. Statements explicitly describing developments during 1919–1941 were treated as historical evidence. Findings from contemporary studies were used to establish analytical categories and interpret the institutional characteristics of professionalization rather than to attribute present-day structures retrospectively to the historical period. This distinction was particularly important because contemporary Iranian midwifery education incorporates accreditation, competency frameworks, and regulatory structures that cannot automatically be assumed to have existed in their current form during the first Pahlavi period [2,4,9].

Historical reconstruction was conducted by arranging documented developments chronologically and identifying relationships among them. The chronology was not treated as a simple sequence of events. Instead, each documented development was examined according to its institutional function. For example, the establishment of formal educational structures was interpreted in relation to the transmission of knowledge, while clinical training was examined as a mechanism connecting educational preparation with healthcare

practice. Regulatory developments were considered in relation to professional boundaries, and institutional healthcare developments were analyzed in relation to the practical deployment of formally trained midwives.

Coding Procedure

A structured coding framework was developed to organize extracted evidence. Each relevant observation was assigned to one or more of the following codes:

Code	Analytical dimension	Principal indicators
EDU	Educational institutionalization	Formal training, curriculum, educational organization, admission and graduation structures
CLI	Clinical professionalization	Hospital-based training, supervised practice, clinical exposure
COM	Competency standardization	Defined knowledge, skills, professional competencies and assessment
REG	Regulatory boundary formation	Professional rules, qualification requirements, scope of practice
INS	Institutional integration	Hospitals, medical schools, maternity services, organizational affiliation
AUT	Professional autonomy	Decision-making authority, professional independence, relationship with physicians
IDN	Professional identity	Professional ethics, occupational recognition, role definition

The first five codes constituted the core historical framework, while AUT and IDN were treated as interpretive dimensions. The distinction allowed the analysis to examine not only the creation of institutional structures but also their potential implications for the professional position of midwives.

The coding framework was informed by contemporary research demonstrating that midwifery professionalization encompasses education, clinical competence, professional standards, ethical development, and regulatory knowledge [2-4,10,11]. Studies addressing professional experiences and organizational roles were used to refine the categories concerning autonomy and institutional position [5-8].

Temporal Analysis

The period 1919–1941 was divided analytically into three phases rather than treating the entire period as homogeneous:

Historical phase	Period	Analytical emphasis
Phase I	1919–1925	Emergence of formal educational pathways
Phase II	1926–1932	Institutional consolidation and expansion of professional training
Phase III	1933–1941	Increasing integration of professional education and institutional maternal healthcare

These phases were analytical periods rather than claims that institutional transformation occurred abruptly at the beginning or end of each interval. The purpose of the division was to facilitate comparison between stages of professionalization and identify whether educational, clinical, regulatory, and institutional developments occurred simultaneously or sequentially.

For each phase, the available evidence was assessed across the core analytical dimensions. The resulting comparison enabled the study to identify patterns of continuity and change and to distinguish developments that represented institutional innovation from those that represented the extension or formalization of existing practices.

Comparative Interpretation

The analysis incorporated a limited comparative perspective to clarify the meaning of professional regulation and institutional organization. Contemporary international literature demonstrates that regulatory environments and professional practice conditions can influence the autonomy, organization, and functioning of midwives [13,14]. These studies were not used to make direct historical comparisons between Iran and contemporary foreign healthcare systems. Instead, they were employed to clarify analytical concepts such as professional jurisdiction, regulatory restriction, practice environment, and institutional autonomy.

This distinction was necessary because the objective was not to judge the historical Iranian system according to present-day international standards. The purpose was to identify the institutional mechanisms through which professional authority can be constructed, constrained, or redistributed. Contemporary comparative literature therefore served as a conceptual reference point rather than as historical evidence for the 1919–1941 period.

Data Organization

Extracted evidence was organized into chronological and thematic matrices. The chronological matrix recorded the year or period associated with each documented development, its institutional setting, and its relevance to the professionalization framework. The thematic matrix grouped evidence according to education, clinical practice, competencies, regulation, institutional integration, autonomy, and professional identity.

Where a source did not provide sufficient information for a particular analytical category, the category was left unassigned rather than supplemented through inference. This procedure was adopted to minimize retrospective interpretation and prevent unsupported historical reconstruction. Consequently, the analytical tables distinguish documented developments from interpretive conclusions derived from the interaction of multiple pieces of evidence.

Reliability and Historical Validity

Historical validity was addressed through systematic differentiation between documented evidence and analytical interpretation. Because the study examines a period in which institutional records and educational structures were undergoing transformation, individual historical observations were not interpreted in isolation. Instead, evidence was considered in relation to the broader institutional context of education, medicine, clinical practice, and professional regulation.

The principal historical chronology was anchored in the documented development of academic midwifery education in Iran [1]. Subsequent analytical interpretation was supported by contemporary scholarship addressing educational standards, curriculum structure, clinical education, professional regulation, and professional roles [2-4,9-12]. This approach reduced the risk of interpreting isolated historical events as evidence of a completed professional transformation.

The study also applied a source triangulation principle. When several sources addressed related dimensions of professionalization, their findings were compared conceptually rather than mechanically combined. For example, evidence concerning curriculum standardization was examined alongside evidence concerning clinical education and professional regulation. This permitted the analysis to determine whether different dimensions of professionalization reflected a common institutional transformation or represented distinct developments.

Analytical Matrix

The principal analytical matrix was constructed around the relationship between institutional change and professional transformation.

Analytical domain	Historical question	Evidence sought	Interpretation
Education	How was midwifery knowledge formally transmitted?	Educational institutions, structured training and curriculum	Movement toward institutional knowledge production
Clinical training	How was practical competence acquired?	Supervised practice and clinical environments	Movement toward organized clinical preparation
Competencies	How was professional competence defined?	Knowledge and skill requirements	Emergence of standardized professional expectations
Regulation	How were professional boundaries established?	Qualification and practice requirements	Institutional recognition and jurisdiction
Healthcare institutions	Where was professional practice organized?	Hospitals and medical institutions	Integration of midwifery into formal healthcare
Professional identity	How was the role of the midwife defined?	Ethical and occupational expectations	Development of a distinct professional identity
Autonomy	How was authority distributed?	Relationship between midwives, physicians and institutions	Expansion or restriction of professional jurisdiction

The matrix was used throughout the interpretation of the historical evidence. It prevented the analysis from equating the establishment of an educational institution with complete professionalization. Instead, professionalization was considered stronger when multiple domains demonstrated evidence of institutional differentiation and interconnection.

Construction of Historical Tables

Tables were designed as analytical instruments rather than as decorative summaries. Each table was constructed around a specific research question and included only information that could be supported by the selected evidence. Historical tables were organized chronologically when the purpose was to identify institutional development and thematically when the purpose was to compare professional dimensions.

For example, the chronological reconstruction was structured according to the following analytical format:

Period	Educational development	Clinical dimension	Institutional dimension	Professional implication
1919–1925	Emergence of formal academic midwifery education	Development of organized practical preparation	Initial connection with emerging medical institutions	Beginning of institutional professionalization
1926–1932	Expansion and consolidation of formal training	Increasing importance of structured clinical preparation	Stronger relationship between education and healthcare institutions	Increasing differentiation of professional training
1933–1941	Further institutional development	Greater integration of clinical preparation	Increasing incorporation into organized maternal healthcare	Consolidation of professional structures

The table above represents the analytical structure used for the historical reconstruction rather than a claim that every dimension changed uniformly throughout each phase. Specific factual observations are presented separately in the Results section and are linked to the available evidence.

Management of Missing Historical Information

Historical research frequently contains uneven documentation. Therefore, absence of evidence for a specific year or institutional characteristic was not interpreted as evidence that the relevant activity did not exist. When a source did not provide a sufficiently precise date, numerical value, institutional characteristic, or professional requirement, the corresponding field was treated as undocumented.

This principle is particularly important for quantitative information. The study does not estimate missing numbers, interpolate undocumented institutional characteristics, or infer annual changes from isolated observations. Consequently, numerical information is presented only when the selected literature provides sufficient documentary support.

The same principle applies to comparisons between traditional and formal midwifery. Traditional birth assistance is not treated as a homogeneous system, and formal education is not treated as a uniformly implemented national system immediately after its emergence. Instead, both are understood as historically variable practices whose relationship changed as institutional healthcare expanded.

Ethical and Interpretive Considerations

Because the study uses published scholarly literature and does not involve human participants, patient records, interviews, or identifiable individual-level data, no direct human-subject research procedures were required. The principal ethical concern was therefore accurate historical representation.

Particular attention was given to avoiding retrospective judgments. Contemporary concepts such as competency-based education, accreditation, professional autonomy, and regulatory standards were used as analytical categories rather than as assumptions about the precise institutional conditions of the early twentieth century. Contemporary studies concerning professional roles, regulatory structures, ethical development, and practice environments were therefore interpreted within their historical limitations [8-14].

Methodological Integration

The final analytical stage consisted of integrating chronological reconstruction with thematic interpretation. First, documented historical developments were arranged according to their temporal sequence. Second, each development was classified according to its relationship with education, clinical training, professional competence, regulation, institutional integration, professional identity, or autonomy. Third, relationships among these domains were examined to determine how the professionalization of midwifery developed as an interconnected institutional process.

This methodological structure permits the study to address its central research question without reducing professionalization to a single indicator. The emergence of formal education represents the chronological starting point, but the historical transformation is assessed through the interaction of educational organization, clinical preparation, professional boundaries, institutional affiliation, and maternal healthcare organization. The

resulting analysis therefore treats professionalization as a gradual process whose components developed through overlapping and mutually reinforcing institutional changes.

Results

Emergence of Formal Midwifery Education, 1919–1925

The reconstruction of the 1919–1941 period indicates that the professionalization of Iranian midwifery began with a change in the mechanism through which midwifery knowledge was acquired and transmitted. Before the establishment of formal educational structures, childbirth assistance was primarily associated with traditional midwives whose knowledge was acquired through practical experience and apprenticeship. The introduction of organized training in 1919 created a new pathway for preparing individuals for midwifery practice and established the initial institutional basis for academic midwifery education in Iran [1].

The first documented stage of this transformation occurred in 1919, when ten students from the Franco-Persian school for girls in Tehran were selected for midwifery training through hospital-based education. This development is significant because it combined two elements that distinguished the emerging model from traditional apprenticeship: selection through an educational institution and practical preparation within a hospital environment. The combination of formal selection and hospital-based training created an early institutional link between education and clinical practice.

The evidence further indicates that this initial development should not be interpreted as the immediate establishment of a fully standardized national system. Rather, it represented the beginning of a process through which formal midwifery education acquired institutional continuity. The transition was therefore characterized initially by the creation of an organized educational pathway rather than by the complete displacement of traditional birth assistance.

A second major institutional milestone occurred in 1926, when the first formal midwifery school was officially established. The creation of a dedicated educational institution represented an important qualitative change from the earlier hospital-based training model. It provided midwifery education with a more identifiable organizational structure and strengthened the distinction between informal acquisition of practical knowledge and institutional professional preparation.

The development of the midwifery school also established education as an identifiable institutional component of maternal healthcare. The significance of this development lies not simply in the existence of a school but in the creation of a setting in which midwifery could increasingly be treated as a distinct field of specialized knowledge. This institutional differentiation provided the basis for subsequent changes in educational requirements and professional affiliation.

By 1929, the midwifery school had become affiliated with the faculty of medicine. This affiliation represented a further step in the institutionalization of the profession because midwifery education was brought into a closer organizational relationship with formal medical education. The relationship between midwifery and medicine consequently became increasingly structured within an institutional hierarchy rather than being limited to informal cooperation between individual practitioners.

The documented educational requirements associated with this period provide additional evidence of standardization. Students entering the midwifery school were required to possess a primary-school certificate corresponding to five years of formal education. The duration of midwifery education was three years. These requirements are particularly significant because they introduced identifiable educational thresholds into a field that had previously relied substantially on experiential transmission of knowledge.

Table 1. Documented milestones in the institutionalization of midwifery education, 1919–1929

Year	Documented development	Educational significance	Institutional significance	Professional implication
1919	Ten students from the Franco-Persian school for girls in Tehran were selected for midwifery training	Introduction of organized selection and hospital-based training	Initial institutional connection between education and clinical care	Beginning of academic midwifery education
1926	First midwifery school officially opened	Establishment of a dedicated educational structure	Midwifery education acquired a distinct institutional setting	Strengthening of formal professional preparation

1929	Midwifery school became affiliated with the faculty of medicine	Closer integration with formal medical education	Institutional affiliation with the medical education system	Increasing institutional recognition of midwifery

The sequence shown in Table 1 demonstrates that professionalization developed through successive institutional steps rather than through a single reform. The 1919 initiative established an organized pathway for training, the 1926 school provided a dedicated educational institution, and the 1929 medical affiliation strengthened the relationship between midwifery education and the emerging medical establishment. The sequence therefore suggests an incremental process in which educational organization preceded deeper institutional integration.

Table 2. Educational characteristics documented for the early formal midwifery program

Educational characteristic	Documented finding	Historical significance
Initial formal training	Began in 1919	Established an institutional alternative to traditional apprenticeship
Initial cohort	10 selected students	Demonstrated selective entry into organized training
Training setting	Hospital-based	Connected professional preparation with clinical practice
Dedicated school	Established in 1926	Created a distinct institutional framework for midwifery education
Medical affiliation	Established in 1929	Integrated midwifery education more closely with medical education
Entry requirement	Primary-school certificate	Introduced a formal educational threshold
Duration of education	3 years	Established a defined period of professional preparation

The educational characteristics demonstrate that the transition involved several dimensions simultaneously. Selection procedures introduced an element of institutional gatekeeping, hospital-based instruction connected education to clinical practice, and the subsequent establishment of a dedicated school created organizational continuity. The requirement for prior formal schooling and the three-year duration of training further indicate that professional preparation was becoming increasingly differentiated from informal acquisition of childbirth knowledge.

The significance of the 1919–1929 period therefore lies in the emergence of a recognizable institutional architecture for midwifery. The process began with a small cohort receiving hospital-based preparation and progressed toward a dedicated school affiliated with formal medical education. This progression established the organizational foundations upon which later professional standardization could develop.

The evidence also demonstrates that professionalization should not be equated with numerical expansion alone. The initial cohort consisted of only ten students, indicating that the earliest stage of formalization was limited in scale. Its historical importance derived instead from the creation of a new institutional mechanism for producing midwifery practitioners. The significance of this period was consequently structural rather than demographic.

The transition also altered the basis of professional legitimacy. Traditional midwives derived legitimacy primarily from experiential knowledge and community recognition, whereas the emerging formal model introduced institutional selection, defined educational requirements, clinical training, and affiliation with medical education. These elements did not necessarily eliminate traditional forms of authority, but they created a competing and increasingly institutionalized basis for professional recognition.

Taken together, the findings for 1919–1929 identify the first phase of professionalization as a process of educational institutionalization. During this phase, midwifery moved from an occupation primarily transmitted through informal apprenticeship toward a formally organized educational field. The transformation remained limited in scale, but its institutional consequences were substantial because it established the mechanisms through which subsequent generations of midwives could be trained within an organized healthcare and educational environment.

Educational Standardization and Expansion of Clinical Preparation

The second phase of professionalization was characterized by the increasing differentiation of midwifery education from informal occupational learning. The establishment of a formal educational institution created the organizational basis for a more systematic curriculum, while the association of training with medical institutions strengthened the connection between theoretical preparation and clinical practice. This development was particularly important because professional competence in midwifery required both knowledge and practical skills. The emerging educational model therefore increasingly combined classroom-based instruction with supervised clinical experience.

The available evidence indicates that the formalization of training introduced a defined educational sequence rather than relying exclusively on the gradual accumulation of practical experience. This represented a significant change in the epistemic structure of midwifery. Knowledge was increasingly organized into teachable components and transmitted within an institutional setting. Contemporary analyses of Iranian midwifery education similarly identify curriculum structure, competency domains, clinical preparation, supervision, and assessment as central components of professional education [2-4]. Although these contemporary characteristics cannot be projected unchanged onto the 1930s, they provide a useful analytical basis for identifying the historical movement toward structured professional preparation.

The clinical component of education was particularly significant. Hospital-based training created opportunities for students to encounter childbirth and related maternal conditions within a supervised institutional environment. This differed from traditional apprenticeship not simply because the location of learning changed, but because clinical experience became increasingly connected to an organized educational purpose. The student was not merely observing or assisting an experienced birth attendant; clinical experience was progressively incorporated into a structured process of professional preparation.

Table 3. Transformation of the educational model

Dimension	Traditional apprenticeship model	Emerging formal model	Historical significance
Knowledge transmission	Experiential and interpersonal	Institutionally organized	Knowledge became more standardized
Entry into practice	Community recognition and apprenticeship	Educational selection and formal preparation	Access became increasingly institutionally mediated
Clinical learning	Participation under experienced practitioners	Organized hospital-based preparation	Practical learning became connected to formal education
Duration of preparation	Variable	Defined educational period	Training acquired temporal structure
Educational setting	Community and household environments	School and hospital environments	Professional preparation became institutionalized
Professional legitimacy	Experience and social recognition	Education and institutional recognition	Basis of professional authority began to change

The comparison presented in Table 3 demonstrates that the most important transformation was not the disappearance of experiential knowledge but the emergence of a second mechanism for producing professional competence. The formal system introduced institutional criteria into an occupational field previously dominated by informal transmission. This created a dual structure in which traditional experience and formal education could coexist during the transition.

The institutional organization of clinical education also created new relationships between students and healthcare professionals. As midwifery education became more closely connected with medical institutions, students encountered physicians and other healthcare personnel within the educational environment. This interaction potentially contributed to the development of professional boundaries by defining which forms of knowledge and clinical responsibility belonged to midwives and which were associated with physicians.

Contemporary research concerning clinical education in Iran emphasizes that the quality of professional preparation depends on the relationship between educational objectives, clinical environments, supervision, and opportunities for practical learning [2,3]. These elements are relevant to the historical interpretation because they demonstrate why the integration of clinical experience into formal education represents more than a change in teaching location. It changes the mechanism through which competence is produced and evaluated.

The development of formal curriculum also contributed to the gradual transformation of professional identity. A formally trained midwife was increasingly associated with a defined educational trajectory and a recognizable

body of specialized knowledge. Contemporary curriculum research demonstrates that midwifery education encompasses multiple competency domains and extends beyond the immediate technical management of childbirth [4]. The historical emergence of organized education can therefore be interpreted as an early stage in the differentiation of midwifery as a specialized professional field.

Table 4. Institutional mechanisms contributing to professionalization

Mechanism	Function within professionalization	Expected institutional effect
Formal admission	Controlled entry into training	Differentiation between trainees and non-trained practitioners
Structured curriculum	Organized professional knowledge	Greater consistency in educational preparation
Defined training period	Established duration of preparation	Increased predictability of professional formation
Clinical instruction	Connected theory with practice	Development of supervised practical competence
Medical affiliation	Linked midwifery education with medicine	Increased institutional recognition
Educational assessment	Provided mechanisms for evaluating preparation	Potential basis for professional certification
Institutional practice	Created formal environments for service delivery	Increased integration into organized healthcare

The mechanisms summarized in Table 4 indicate that professionalization developed through the accumulation of institutional functions. No individual mechanism was sufficient to transform midwifery into a fully professionalized occupation. Rather, formal education became increasingly consequential as it interacted with clinical preparation, institutional affiliation, and mechanisms of professional recognition.

An important finding concerns the relationship between standardization and continuity. Standardization did not necessarily eliminate variation in practice. Rather, it created a formal reference point against which professional preparation could increasingly be evaluated. Traditional practitioners could continue to provide childbirth assistance outside institutional settings, while formally trained midwives acquired new forms of recognition within the developing healthcare system. Professionalization therefore produced differentiation rather than immediate uniformity.

This distinction is important for interpreting the transformation of maternal healthcare. The institutionalization of training increased the availability of formally prepared personnel within the emerging healthcare system, but it did not mean that all childbirth care immediately moved into hospitals. The development of professional education and the institutionalization of childbirth were related but separate processes. The former concerned the production of professional personnel; the latter concerned the organization of healthcare delivery.

The findings also suggest that the educational transformation created the conditions for subsequent regulatory development. Once professional preparation was associated with defined educational requirements, it became possible to distinguish trained practitioners from individuals whose knowledge was acquired exclusively through informal apprenticeship. This distinction provided an institutional basis for defining professional boundaries and, eventually, for establishing more explicit regulatory mechanisms.

The second phase of professionalization can therefore be characterized as a movement toward educational and clinical standardization. The historical significance of this phase lies in the increasing integration of theoretical instruction, organized clinical experience, institutional affiliation, and professional preparation. These developments established the structural conditions under which midwifery could evolve from a community-based occupation into a recognized component of institutional maternal healthcare.

Institutional Integration and the Reconfiguration of Professional Authority

The development of formal midwifery education during the period under study gradually altered the institutional position of midwives within the emerging healthcare system. The significance of this transformation extended beyond educational organization because formal training created a workforce that could be incorporated into hospitals, medical institutions, and organized maternal healthcare services. The relationship between education and institutional practice consequently became increasingly important to the professionalization process.

The affiliation of midwifery education with formal medical education represented a particularly important institutional development. It established a closer relationship between midwifery and the expanding medical profession and created an organizational environment in which midwives were trained within structures increasingly influenced by biomedical education. This affiliation did not eliminate the distinctiveness of midwifery, but it placed professional preparation within a broader medical hierarchy.

The resulting institutional relationship had two simultaneous consequences. On one hand, affiliation with medical institutions enhanced the legitimacy of formal midwifery education by connecting it to recognized educational and clinical structures. On the other hand, it created conditions under which the scope of midwifery practice could increasingly be defined in relation to medical authority. Professionalization therefore involved both recognition and differentiation.

Table 5. Institutional dimensions of the changing position of midwives

Institutional dimension	Earlier pattern	Emerging pattern during professionalization	Resulting transformation
Knowledge authority	Community-based experiential knowledge	Institutionally organized professional knowledge	Expansion of formal sources of authority
Educational affiliation	Informal apprenticeship	Organized educational institutions	Institutional recognition of training
Clinical setting	Community and household environments	Increasing connection with hospitals	Greater institutionalization of practice
Relationship with physicians	Primarily situational	Increasingly structured through medical institutions	More defined professional boundaries
Professional recognition	Social and experiential	Educational and institutional	New basis for occupational legitimacy
Professional identity	Embedded in local practice	Increasingly associated with formal training	Differentiation of midwifery as an occupation

The pattern shown in Table 5 indicates that professionalization involved a redistribution of the sources of occupational authority. Traditional expertise remained important, but formal educational credentials and institutional affiliation created additional mechanisms through which professional legitimacy could be established. The result was not an immediate replacement of one authority structure by another, but the emergence of a more complex professional environment.

The development of professional boundaries is particularly significant. Contemporary scholarship on Iranian midwifery demonstrates that professional regulations define important aspects of practice and contribute to the identification of professional responsibilities [10]. In historical terms, the increasing formalization of education created the institutional conditions necessary for such differentiation. Once professional preparation became associated with identifiable educational standards, it became possible to distinguish between formally trained practitioners and individuals whose knowledge was acquired through traditional apprenticeship.

This distinction also affected the relationship between midwives and physicians. Formal integration into medical institutions meant that midwives increasingly worked within organizational settings where medical authority was structurally prominent. Professional boundaries could consequently be defined through collaboration, referral, supervision, and differentiation of responsibilities. The historical process was therefore not simply a movement toward greater independence for midwives; it also involved the incorporation of midwifery into a system in which different health professions possessed differentiated forms of authority.

Contemporary evidence regarding professional autonomy helps clarify this dual process. Midwife-led care research indicates that the ability of midwives to exercise professional competencies is influenced by the organization of maternity services and the institutional environment in which care is provided [5]. Similarly, research on the professional roles of Iranian midwives demonstrates that organizational structures can affect professional adjustment and the exercise of occupational responsibilities [6]. These findings provide an interpretive framework for understanding why institutional integration could simultaneously increase professional recognition and introduce new forms of organizational dependence.

Table 6. Professionalization and the redistribution of authority

Dimension	Traditional basis of authority	Institutional basis emerging during professionalization	Historical implication

Knowledge	Practical experience	Organized educational knowledge	Formal education gained greater legitimacy
Competence	Demonstrated through practice	Increasingly associated with structured preparation	Competence became more institutionally recognizable
Occupational entry	Apprenticeship	Educational selection	Institutional gatekeeping increased
Clinical authority	Community recognition	Institutional position and training	Authority became increasingly organizational
Relationship with medicine	Less formally structured	Increasing institutional interaction	Professional boundaries became more visible
Regulation	Primarily social norms	Increasingly formal expectations	Professional jurisdiction became more differentiated

The redistribution of authority was not exclusively a consequence of educational reform. It was also related to the changing environment in which maternal healthcare was delivered. As hospitals and organized medical services expanded, professional activity increasingly occurred within institutional settings. This meant that the legitimacy of healthcare workers was increasingly connected to educational qualifications, institutional affiliation, and organizational roles.

The professional identity of midwives was consequently reconstructed through both education and practice. Formal education provided a mechanism for identifying the knowledge and competencies associated with the occupation, while institutional practice provided a setting in which these competencies could be exercised and recognized. Contemporary research on professional ethics further suggests that professional identity develops through interaction among education, clinical experience, professional values, and institutional expectations [11]. Historically, the formalization of midwifery education can therefore be interpreted as an important mechanism in the emergence of a more differentiated professional identity.

An additional finding concerns the coexistence of professionalization and traditional practice. The emergence of formal education did not eliminate the social role of traditional birth attendants. Instead, the healthcare environment increasingly contained multiple forms of childbirth assistance. Formally trained midwives acquired institutional legitimacy, while traditional practitioners could retain community-based legitimacy. This coexistence meant that professionalization was gradual and uneven.

The distinction between institutional legitimacy and community legitimacy is essential for interpreting the transformation. A practitioner could possess extensive experiential knowledge without possessing formal educational credentials, while a formally trained midwife could possess institutional recognition without immediately replacing traditional practitioners in every community. Professionalization therefore changed the structure of legitimate expertise without necessarily producing an immediate transformation in all childbirth practices.

The findings indicate that the institutional integration of midwifery should consequently be understood as a process of professional differentiation. Formal education created new criteria for professional recognition, medical affiliation connected midwifery to the broader healthcare system, and institutional practice created new contexts for exercising professional competencies. At the same time, these developments introduced new professional boundaries and positioned midwives within an increasingly differentiated healthcare hierarchy.

This transformation constituted a significant stage in the historical development of maternal healthcare in Iran. The emerging professional structure did not merely produce better-trained practitioners; it altered the institutional organization through which childbirth care could be delivered. Midwifery increasingly became a recognized occupational component of formal healthcare, even though the coexistence of traditional and institutional practices prevented the transition from being immediate or uniform.

Professional Regulation, Standardization, and the Formation of Professional Boundaries

The institutionalization of midwifery education created a foundation for the subsequent development of professional standards and regulatory expectations. Once midwifery became associated with formal education, defined training requirements, and institutional practice, the occupation could increasingly be distinguished from informal forms of birth assistance. Professionalization therefore involved not only the acquisition of knowledge and clinical competence but also the establishment of boundaries around who could be recognized as a professionally prepared midwife.

The available historical evidence does not provide sufficient documentation to reconstruct every regulatory measure introduced between 1919 and 1941. Consequently, the findings do not assign specific regulations, legal provisions, or numerical estimates to years for which the available evidence is incomplete. Instead, the documented educational and institutional developments are interpreted as structural components of professionalization. This distinction is methodologically important because professional regulation cannot be assumed solely from the existence of formal education.

The emergence of educational requirements nevertheless represented an important form of institutional standardization. A defined educational pathway provided a basis for distinguishing professional preparation from informal learning. Contemporary research on Iranian midwifery regulations demonstrates that professional rules and regulations constitute an important component of professional knowledge and practice [10]. From a historical perspective, the development of formal educational requirements can therefore be regarded as an important precursor to a more explicit regulatory framework.

Table 7. Dimensions of standardization in the professionalization process

Dimension	Evidence of institutional change	Contribution to professionalization
Educational entry	Formal educational requirement	Created a criterion for access to professional training
Training duration	Defined period of education	Standardized the temporal structure of preparation
Clinical preparation	Hospital-based training	Connected competence with supervised practice
Institutional affiliation	Association with medical education	Increased organizational recognition
Professional knowledge	Structured educational transmission	Strengthened the formal knowledge base
Professional identity	Association with recognized training	Differentiated trained practitioners
Regulatory potential	Emergence of identifiable professional criteria	Created conditions for formal jurisdiction

The standardization process had an important epistemic consequence. Professional knowledge became increasingly distinguishable from general practical experience. This did not mean that experiential knowledge lost all value. Rather, formal education established a parallel mechanism through which knowledge could be selected, organized, transmitted, and evaluated. The profession consequently acquired a more explicit educational identity.

Standardization also contributed to the development of professional boundaries. A professional boundary defines the domain in which a particular occupation claims specialized competence and responsibility. In the case of midwifery, these boundaries were shaped by the interaction between specialized maternal knowledge, clinical practice, educational preparation, and the broader authority of medicine. The development of formal education therefore contributed indirectly to the differentiation of professional roles.

Contemporary comparative research on accreditation standards demonstrates that professional education is closely connected to competency expectations, quality assurance, and institutional accountability [9]. Although current accreditation frameworks cannot be directly transferred to the historical period under study, their conceptual structure helps identify the institutional functions that distinguish professional education from informal apprenticeship. The historical transition toward formal midwifery education can thus be interpreted as an early movement toward institutionalized mechanisms of quality and competence.

Table 8. From educational formalization to professional differentiation

Stage	Institutional characteristic	Professional consequence
Informal preparation	Learning through traditional practice	Competence primarily validated socially
Initial formal training	Selection of students for organized instruction	Entry into professional preparation became structured
Hospital-based preparation	Practical learning in institutional settings	Clinical competence became linked to organized healthcare
Dedicated educational institution	Midwifery education acquired an institutional location	Occupational identity became more explicit
Medical affiliation	Education became connected to formal	Professional relationships became more

	medical structures	differentiated
Emerging standardization	Defined educational expectations	Greater possibility of professional regulation

An important finding is that professional regulation and professional autonomy should not be treated as identical outcomes. Regulation can strengthen professional recognition by defining qualifications, responsibilities, and standards, but it can also place practitioners within institutional hierarchies. The historical integration of midwifery education with medical institutions therefore created a potentially ambivalent professional position: midwives gained institutional legitimacy while becoming more closely connected to structures of medical authority.

Contemporary evidence supports the importance of this distinction. Research examining restrictive and autonomous regulatory environments demonstrates that the regulatory organization of midwifery can influence professional practice environments and professional well-being [14]. Although this evidence concerns a contemporary context outside the historical period examined here, it provides an analytical basis for distinguishing professional recognition from professional autonomy.

The same distinction appears in research concerning the working environment of midwives. A global review of midwives' working conditions indicates that professional practice environments are influenced by organizational support, professional relationships, workload, autonomy, and the broader institutional context of care [13]. These dimensions reinforce the interpretation that professionalization cannot be reduced to the creation of educational credentials. The institutional environment in which practitioners exercise their competencies is equally important.

The historical transformation of Iranian midwifery can therefore be interpreted as involving two related but distinct processes. The first was the institutionalization of professional preparation. The second was the gradual differentiation of professional authority within the healthcare system. Formal education addressed the first process directly, while institutional affiliation created conditions under which the second could develop.

Table 9. Professionalization versus institutional control

Analytical dimension	Professionalization	Institutional control
Primary objective	Establish specialized competence	Organize healthcare delivery
Main mechanism	Education and professional standards	Institutional hierarchy and procedures
Effect on midwives	Greater occupational recognition	Greater organizational integration
Potential benefit	Stronger professional identity	Improved coordination of care
Potential constraint	Need to conform to professional standards	Possible limitation of independent decision-making
Historical relevance	Differentiation of midwifery	Integration within organized medicine

This distinction helps explain why the historical process should not be described simply as a linear progression toward professional autonomy. The development of professional education strengthened the institutional identity of midwives, but affiliation with medical structures also situated midwifery within a hierarchical healthcare environment. Professionalization consequently involved simultaneous processes of recognition, differentiation, integration, and institutional dependence.

The development of professional standards also had implications for accountability. Once professional preparation became structured, expectations concerning competence could increasingly be associated with educational preparation. This created a conceptual distinction between being experienced in childbirth assistance and being formally prepared as a healthcare professional. The distinction was central to the emergence of professional accountability.

The findings further indicate that professional boundaries were constructed relationally. Midwifery did not develop in isolation; its institutional identity was shaped through its relationship with medicine, hospitals, educational organizations, and maternal healthcare needs. The process of professionalization therefore involved negotiation of occupational space within a broader healthcare structure.

Taken together, the evidence demonstrates that standardization was a central mechanism in the professionalization of Iranian midwifery. Formal educational requirements provided an institutional basis for defining professional preparation, while medical affiliation increased organizational recognition and simultaneously embedded midwifery within broader medical structures. The resulting professional identity was therefore characterized by both differentiation and integration.

The historical significance of this process lies in the creation of institutional criteria for professional legitimacy. Midwifery increasingly became identifiable through education, clinical preparation, institutional affiliation, and emerging expectations concerning competence. Even where the precise regulatory mechanisms of individual years cannot be reconstructed from the available evidence, the structural direction of change is clear: childbirth assistance was progressively incorporated into a framework in which professional knowledge and institutional recognition became increasingly important determinants of professional legitimacy.

Professional Identity and the Transformation of Maternal Healthcare

The institutionalization of midwifery education contributed to a broader transformation in the organization of maternal healthcare. Before the emergence of formal educational structures, childbirth assistance was primarily embedded in community-based practices and transmitted through established forms of practical experience. The development of formal midwifery education introduced a distinct professional pathway through which specialized knowledge and clinical competence could be acquired within recognized institutions. This change affected not only the preparation of practitioners but also the social and institutional meaning of midwifery.

Professional identity emerged through the interaction of education, clinical experience, institutional affiliation, and professional expectations. A formally educated midwife occupied a position that differed from that of a traditional birth attendant because professional legitimacy was increasingly connected to an identifiable educational trajectory. This did not necessarily imply an immediate loss of authority for traditional practitioners. Instead, two different sources of legitimacy could coexist: community-based experience and institutionally recognized professional preparation.

The development of this dual structure is important because professionalization rarely occurs through the instantaneous replacement of an existing occupational system. The historical evidence indicates a gradual transition in which formal education created a new professional category while traditional forms of birth assistance remained part of the wider social environment. The transformation was therefore characterized by differentiation and coexistence rather than immediate substitution.

Table 10. Sources of professional legitimacy during the transition

Source of legitimacy	Traditional form	Emerging professional form	Implication
Knowledge	Accumulated practical experience	Structured educational knowledge	Multiple forms of expertise coexisted
Skill	Demonstrated through repeated practice	Developed through formal and clinical preparation	Competence acquired an institutional dimension
Social recognition	Community trust	Institutional and educational recognition	Basis of legitimacy became diversified
Learning	Informal apprenticeship	Organized education	Professional formation became more structured
Practice environment	Community and household settings	Increasing institutional and clinical settings	Occupational context became more diverse
Professional identity	Local occupational role	Recognized specialized occupation	Midwifery became more clearly differentiated

The coexistence of these forms of legitimacy provides an important explanation for the gradual nature of professionalization. Formal education could establish new standards without immediately eliminating existing social practices. Consequently, the emergence of professional midwifery should be understood as an expansion of the institutional healthcare system rather than as a complete replacement of traditional maternal healthcare.

The transformation of professional identity was also connected to changes in the meaning of clinical competence. Within an institutional educational environment, competence could increasingly be associated with defined learning objectives, supervised practice, and educational assessment. Contemporary research on Iranian midwifery education identifies competency-based preparation and clinical education as fundamental elements of professional development [2,4]. These principles provide an analytical framework for understanding the significance of the historical shift toward organized clinical preparation.

Clinical experience was especially important because midwifery is a practice-oriented profession. Knowledge concerning pregnancy, childbirth, and postpartum care cannot be separated entirely from direct interaction with

patients and clinical situations. The emergence of hospital-based training therefore represented an important change in the conditions under which professional knowledge was acquired.

Table 11. Education, clinical experience, and professional identity

Component	Role in professional formation	Contribution to professional identity
Formal education	Organized acquisition of specialized knowledge	Established a recognizable knowledge base
Clinical training	Application of knowledge in practice	Linked professional identity with competence
Institutional affiliation	Located training within recognized structures	Increased professional legitimacy
Supervised practice	Connected learning with professional responsibility	Strengthened accountability
Professional standards	Defined expectations concerning competence	Clarified occupational boundaries
Ethical formation	Connected practice with professional values	Supported development of professional identity

The relationship between professional identity and ethical responsibility is particularly relevant to the development of a modern healthcare occupation. Contemporary research on Iranian midwifery students indicates that professional ethics develops through educational and clinical experiences rather than through abstract instruction alone [11]. From a historical perspective, the institutionalization of education created an environment in which professional conduct could increasingly be associated with organized training and occupational expectations.

This development also influenced the relationship between the midwife and the pregnant woman. In traditional settings, childbirth assistance was closely embedded within local social relationships. Institutional care introduced a more formal professional relationship in which the midwife's role could increasingly be defined through specialized competence and healthcare responsibilities. The nature of this relationship was therefore gradually reframed from community assistance toward professional care.

The change should not, however, be interpreted as a complete transformation of the social meaning of childbirth. Institutional healthcare expanded within a society in which traditional knowledge and community practices continued to exist. The professionalization of midwifery consequently created an additional layer of maternal healthcare rather than immediately establishing a completely standardized national system.

Contemporary qualitative research on Iranian midwives' experiences of providing continuous midwife-led intrapartum care demonstrates the continuing importance of professional relationships, clinical responsibility, communication, and continuity of care in defining midwifery practice [5]. Although this evidence belongs to a contemporary period, it reinforces the analytical importance of understanding midwifery as a profession whose identity is constructed through direct responsibility for maternal and childbirth care.

Table 12. Transformation of the maternal-care relationship

Dimension	Traditional context	Institutional professional context	Nature of transformation
Care relationship	Community-based	Professionally structured	Greater formalization
Basis of trust	Local reputation and experience	Training and professional recognition	Diversification of trust mechanisms
Knowledge	Experiential	Formal and experiential	Integration of different knowledge forms
Clinical responsibility	Primarily individual/community-based	Increasingly connected to institutional roles	Greater organizational accountability
Referral context	Less formally structured	Increasingly linked to organized healthcare	Stronger connection with other professionals
Professional identity	Embedded in community role	Linked to specialized occupation	Greater occupational differentiation

The development of institutional maternal healthcare also changed the organizational context of referral and collaboration. As formally trained midwives became connected with hospitals and medical institutions,

childbirth care could increasingly involve interaction with other healthcare professionals. This created opportunities for collaboration but also made professional boundaries more significant.

The professionalization process therefore had a relational dimension. Midwives did not establish professional identity independently of physicians, hospitals, educational institutions, or patients. Their occupational role was shaped through interaction with these actors. The increasing institutionalization of healthcare consequently produced both opportunities for professional recognition and new expectations concerning coordination and accountability.

The evidence also indicates that professionalization should not be equated with complete autonomy. The integration of midwifery into medical institutions could strengthen occupational legitimacy while simultaneously positioning midwives within organizational structures. Contemporary research on midwives' working environments demonstrates that professional autonomy is strongly affected by the institutional context in which care is delivered [13,14]. These findings provide a useful interpretive framework for understanding the historical tension between professional recognition and organizational dependence.

Table 13. Major consequences of professionalization for maternal healthcare

Area	Historical transformation	Broader consequence
Workforce preparation	Movement toward formal education	Greater differentiation of trained practitioners
Knowledge	Institutional organization of professional knowledge	Stronger basis for specialized practice
Clinical practice	Integration of education and clinical experience	Greater connection between training and healthcare
Professional identity	Emergence of formally trained midwives	Increased occupational differentiation
Institutional relationships	Stronger connection with medical structures	Greater integration into organized healthcare
Professional authority	Increasing recognition of specialized competence	Development of clearer professional boundaries
Maternal care	Expansion of institutional mechanisms of care	Diversification of available care pathways

The findings demonstrate that professionalization affected maternal healthcare at multiple levels simultaneously. At the educational level, it established a formal route into the occupation. At the clinical level, it connected professional preparation with organized practical experience. At the institutional level, it integrated midwifery into developing healthcare structures. At the professional level, it created new criteria for identity, competence, and legitimacy.

The transition nevertheless remained incomplete and heterogeneous. Formal education did not erase traditional practice, and institutional affiliation did not automatically result in full professional autonomy. The historical process was instead characterized by the gradual expansion of institutional mechanisms alongside the persistence of established social practices.

This pattern is consistent with a broader understanding of professionalization as an institutional transformation rather than a single event. The emergence of a professional school, structured training, clinical preparation, and institutional affiliation created the foundations for a new professional identity. Subsequent developments in regulation, competencies, ethics, and professional practice could then build upon these foundations.

The findings from 1919–1941 therefore support the interpretation that the professionalization of midwifery in Iran involved a transformation in the production of professional knowledge, the organization of clinical preparation, the recognition of occupational competence, and the institutional positioning of midwives. The transition from traditional birth assistance to institutional maternal healthcare was consequently gradual, multidimensional, and characterized by the coexistence of established and emerging forms of care.

Integrated Historical Model of Midwifery Professionalization, 1919–1941

The findings of this study demonstrate that the professionalization of midwifery in Iran between 1919 and 1941 was a multidimensional institutional transformation rather than a single educational reform. The process began with the introduction of organized midwifery training and progressively incorporated institutional education, clinical preparation, medical affiliation, professional differentiation, and emerging mechanisms of

standardization. These dimensions interacted with one another and gradually altered the position of midwives within maternal healthcare.

The historical trajectory identified in the study can be organized into three interconnected stages. The first involved the introduction of formal training and the initial separation of professional preparation from traditional apprenticeship. The second involved the institutional consolidation of education through a dedicated educational structure and its connection with medical education. The third involved the broader consequences of this institutionalization for professional identity, authority, boundaries, and maternal healthcare organization.

Table 14. Integrated stages of midwifery professionalization, 1919–1941

Historical stage	Principal development	Institutional characteristic	Professional consequence
1919–1925	Introduction of organized midwifery training	Hospital-based professional preparation	Initial separation from informal apprenticeship
1926–1928	Establishment of a dedicated midwifery school	Formal educational institution	Institutionalization of professional education
1929 onward	Affiliation with medical education	Integration with organized medical structures	Greater institutional recognition and differentiation
Continuing development	Expansion of professional standards	Increasing emphasis on education and competence	Stronger basis for professional identity
By the end of the study period	Consolidation of institutional professionalization	Coexistence of formal and traditional care structures	Gradual transition toward institutional maternal healthcare

The first stage was defined by the introduction of organized training. The selection of students for hospital-based midwifery preparation in 1919 represented a fundamental departure from a system based predominantly on traditional learning. The importance of this event lies not only in the number of trainees but in the institutional logic underlying their preparation: midwifery knowledge was becoming something that could be deliberately taught within an organized healthcare environment.

The establishment of a dedicated midwifery school in 1926 represented a second institutional threshold. Education was no longer simply a training activity associated with a particular group of students; it had acquired a recognizable institutional form. This development strengthened the distinction between an occupation learned through apprenticeship and a profession supported by a formal educational structure.

The affiliation of the midwifery school with the faculty of medicine in 1929 represented a further stage of institutional integration. This relationship connected midwifery education with the broader medical educational system and strengthened its position within organized healthcare. At the same time, it introduced a more complex relationship between midwifery and medicine, because professional recognition developed within an institutional structure in which medical authority was already established.

Table 15. Relationship among education, clinical practice, and institutional integration

Component	Historical role	Contribution to professionalization
Formal education	Organized transmission of professional knowledge	Created a structured pathway into the occupation
Hospital-based training	Provided practical clinical experience	Connected learning with healthcare delivery
Dedicated school	Established an institutional center for training	Strengthened occupational differentiation
Medical affiliation	Connected midwifery with formal medical education	Increased institutional recognition
Professional standards	Created expectations concerning preparation and competence	Supported professional boundary formation
Institutional practice	Provided settings for exercising professional knowledge	Connected professional identity with healthcare responsibilities

The findings indicate that these components were mutually reinforcing. Formal education without clinical experience would have provided limited preparation for a practice-oriented occupation. Clinical experience without institutional organization would have remained closer to apprenticeship. Institutional affiliation without specialized education would not have created a distinct professional workforce. Professionalization emerged from the interaction of these components.

A further finding is that professionalization involved a transformation in the basis of professional authority. Traditional midwives derived legitimacy largely from experience and community recognition, whereas formally educated midwives increasingly acquired legitimacy through institutional preparation and recognized educational pathways. This did not produce an immediate disappearance of traditional authority. Instead, it created a more differentiated healthcare environment in which multiple forms of expertise could coexist.

Table 16. Transformation of the basis of professional authority

Dimension	Traditional basis	Institutional basis	Direction of change
Knowledge	Practical experience	Formal educational knowledge	Increasing institutionalization
Skill recognition	Community experience	Structured clinical preparation	Greater standardization
Occupational entry	Informal learning	Formal educational selection	Increased institutional gatekeeping
Professional legitimacy	Social recognition	Educational and institutional recognition	Diversification of legitimacy
Clinical role	Community-centered	Increasingly connected to organized healthcare	Greater institutional integration
Professional identity	Local and experiential	Specialized and educationally defined	Occupational differentiation

The process also demonstrates that professionalization and institutionalization were closely related but conceptually distinct. Professionalization concerned the development of specialized knowledge, competence, identity, and legitimacy. Institutionalization concerned the incorporation of these professional functions into schools, hospitals, medical organizations, and other formal structures. The historical development of Iranian midwifery involved both processes, but they did not progress at exactly the same pace.

The available evidence further indicates that professionalization should not be represented as a linear movement from tradition to modernity. The coexistence of traditional and formal forms of care was an important feature of the transition. Institutional education created a new professional category, but the existence of that category did not automatically transform the entire social organization of childbirth. This finding prevents an overly deterministic interpretation of modernization.

Contemporary research on midwifery education, professional regulation, clinical practice, and working environments reinforces the importance of viewing professionalization as an interaction among multiple institutional dimensions [2,4,9,10,13,14]. These dimensions include education, competency development, regulation, professional autonomy, organizational conditions, and professional identity. The historical findings from 1919–1941 are consistent with this multidimensional understanding, while the study avoids projecting contemporary institutional arrangements directly onto the historical period.

Table 17. Final analytical synthesis of the findings

Analytical domain	Observed historical transformation	Overall significance
Education	Emergence of formal midwifery training	Established professional preparation
Clinical learning	Integration of hospital-based experience	Linked education with practical competence
Institution building	Creation of a dedicated midwifery school	Gave professional education organizational continuity
Medical integration	Affiliation with medical education	Increased institutional recognition
Professional identity	Differentiation of formally trained midwives	Strengthened occupational identity
Authority	Shift toward educational and institutional legitimacy	Reconfigured sources of professional recognition
Boundaries	Increasing differentiation from informal birth assistance	Created a basis for professional jurisdiction
Maternal healthcare	Expansion of institutional mechanisms alongside traditional care	Produced a gradual rather than abrupt transition

The integrated findings support five principal conclusions concerning the historical process. First, formal education was the initial institutional mechanism through which midwifery began to acquire a distinct professional structure. Second, clinical training connected professional knowledge with practical healthcare responsibilities. Third, affiliation with medical education increased institutional legitimacy while also positioning midwifery within a broader medical hierarchy. Fourth, professional identity increasingly became associated with formal preparation, specialized competence, and institutional recognition. Fifth, the persistence of traditional childbirth assistance demonstrates that professionalization was gradual and heterogeneous.

The historical process can therefore be conceptualized as a transition from socially embedded expertise toward institutionally recognized professional competence. This transition did not eliminate experiential knowledge; rather, it introduced a new system for producing and validating professional knowledge. The significance of the period 1919–1941 lies precisely in this coexistence and gradual reorganization.

Table 18. Overall model of the transition

Starting condition	Transitional mechanisms	Emerging condition
Traditional birth assistance	Formal education	Institutionally prepared midwives
Informal knowledge transmission	Structured curriculum	Organized professional knowledge
Community-based practical learning	Hospital-based training	Clinical professional preparation
Social recognition	Educational and institutional recognition	Differentiated professional legitimacy
Limited institutional differentiation	Medical and educational affiliation	Defined position within healthcare institutions
Coexisting informal practices	Progressive standardization	Mixed traditional–institutional maternal healthcare

The results therefore establish that the professionalization of midwifery in Iran during 1919–1941 was fundamentally a process of institutional restructuring. The central change was not simply that midwives received more education, but that education, clinical practice, institutional affiliation, and professional legitimacy became increasingly connected. This connection created the structural basis for the subsequent development of professional standards, competencies, regulations, and more clearly defined professional roles.

The findings also provide an important qualification to narratives that portray modernization as the complete replacement of traditional healthcare. The evidence supports a more gradual model in which formal institutions expanded while traditional practices continued to coexist with them. Professionalization thus altered the hierarchy and organization of maternal healthcare without producing an immediate uniform system.

Overall, the period 1919–1941 can be interpreted as a formative stage in the institutional history of Iranian midwifery. During these decades, the occupation acquired the principal structural characteristics required for sustained professional development: organized education, clinical preparation, institutional affiliation, differentiated professional identity, and an emerging basis for professional standards. These transformations collectively shifted midwifery from a predominantly community-based form of birth assistance toward an increasingly institutionalized component of maternal healthcare.

Conclusion

The professionalization of midwifery in Iran between 1919 and 1941 represented a gradual transformation in the organization, production, and recognition of maternal healthcare expertise. The findings demonstrate that this transformation cannot be reduced to the establishment of formal education alone. Rather, it developed through the interaction of organized education, clinical preparation, institutional affiliation, professional identity, and emerging mechanisms of standardization. Together, these processes changed the position of midwifery from a predominantly community-based form of birth assistance toward an increasingly institutionalized healthcare occupation.

The introduction of organized midwifery training in 1919 constituted an important starting point in this transformation. The subsequent establishment of a dedicated midwifery school in 1926 and its affiliation with medical education in 1929 strengthened the institutional foundations of professional preparation. These

developments created a structured pathway through which specialized knowledge could be transmitted and clinical competence could be developed within recognized educational and healthcare environments.

A central finding of the study is that professionalization involved a redistribution of the sources of professional legitimacy. Traditional midwives derived authority largely from practical experience and community recognition, whereas formally educated midwives increasingly acquired legitimacy through institutional education, clinical preparation, and affiliation with recognized healthcare structures. This transition did not immediately eliminate traditional forms of childbirth assistance. Instead, formal and traditional systems coexisted, producing a gradual and heterogeneous transformation of maternal healthcare.

The study also demonstrates that professionalization and institutional control were not identical processes. Integration with medical institutions enhanced the recognition of midwifery while simultaneously placing the profession within broader organizational and medical structures. Consequently, professionalization involved both differentiation and integration: midwives acquired a more distinct occupational identity while becoming increasingly connected to the institutional hierarchy of healthcare.

The historical significance of the period 1919–1941 therefore lies in the establishment of the structural foundations of modern midwifery education and professional practice in Iran. Formal education, clinical preparation, institutional affiliation, and emerging professional standards created mechanisms through which midwifery could develop as a specialized healthcare profession. The transition was neither immediate nor uniform, but it established an institutional trajectory that distinguished professional midwifery from exclusively traditional birth assistance.

From a historiographical perspective, the findings support an interpretation of medical modernization as a layered process rather than a simple replacement of traditional practices by modern institutions. The professionalization of midwifery demonstrates how new educational and institutional structures can emerge alongside established forms of healthcare, gradually modifying the distribution of knowledge, authority, and professional legitimacy.

The study is limited by the availability of historical evidence within the defined source set. The available literature does not provide sufficient documentation to reconstruct every regulatory, educational, and institutional development for each individual year between 1919 and 1941. Accordingly, the conclusions are restricted to developments that can be supported by the available evidence and avoid assigning undocumented numerical or regulatory details to specific years. Future historical research based on archival records, governmental documents, hospital records, educational regulations, and contemporary Persian-language medical publications could provide a more detailed reconstruction of the institutional development of midwifery during this formative period.

Overall, the evidence indicates that the professionalization of Iranian midwifery between 1919 and 1941 was a multidimensional institutional transformation. It created the educational, clinical, organizational, and professional foundations through which midwifery increasingly became an identifiable component of institutional maternal healthcare. The historical trajectory established during this period provides an essential basis for understanding the subsequent development of midwifery education, professional regulation, and maternal healthcare in Iran.

References

1. Hakimi S. A century (1919-2019) of academic midwifery in Iran: From traditional midwives to PhD graduates. Eur J Midwifery. 2019;3:11.
2. Abedian S, Javadnoori M, Montazeri S, Khosravi S, Ebadi A, Nikbakht R. Development of accreditation standards for midwifery clinical education in Iran. BMC Med Educ. 2022;22(1):750.
3. Hajiesmaello M, Hajian S, Riazi H, Alavi Majd H, Yavarian R. Challenges facing clinical midwifery education in Iran. BMC Med Educ. 2022;22(1):407.
4. Abdolalipour S, Mohammad-Alizadeh-Charandabi S, Babaey F, Allahqoli L, Ghaffari R, Mirghafourvand M. Mapping of Iranian midwifery curriculum according to the International Confederation of Midwives competencies. BMC Med Educ. 2023;23(1):791.
5. Amiri-Farahani L, Gharacheh M, Sadeghzadeh N, Peyravi H, Pezaro S, et al. Iranian midwives' lived experiences of providing continuous midwife-led intrapartum care: A qualitative study. BMC Pregnancy Childbirth. 2022;22:724.
6. Rezaee Moradali M, Hajian S, Alavi Majd H, Rahbar M, Entezarmahdi R, et al. Job adjustment predictive factors of healthcare midwives in health system reform in Iran. Arch Public Health. 2023;81:181.

7. Moghasemi S, Adib Moghaddam E, Arab S. Explaining Iranian midwives' experiences of providing healthcare services during the COVID-19 pandemic: A qualitative study. BMC Health Serv Res. 2023;23:1363.

8. Shoorab NJ, Mirzakhani K, Aradmehr M, Irani M, et al. Trying to control the situation: A theory of Iranian midwives' experiences of the coping process with their professional roles following COVID-19. Iran J Nurs Midwifery Res. 2022;27(4):294-300.

9. Javadnoori M, Abedian S, Montazeri S, Khosravi S, Ebadi A, Nikbakht R. A comparative study on midwifery education accreditation standards in Iran and some other countries. Res Educ Policy Manag. 2024;6(2):415-435.

10. Rahmani AH, Banafshe E, Kamrani A, Moridi A, Yeganeh Z. Midwives' awareness and knowledge of the professional rules and regulations in Iran: A systematic review. Iran J Med Ethics Hist Med. 2024;16(10)..

11. Kabirian M, Gooshki ES, Khadivzadeh T. The process of professional ethics development in midwifery students: A grounded theory study. Iran J Nurs Midwifery Res. 2024;29(3):302-308.

12. Gandomkar R, Mirzazadeh A, Yamani N, Sadat Tabatabaei Z, Heidarzadeh A, Sandars J. Applying for recognition status: Experience of the undergraduate medical education accreditation in Iran. J Educ Health Promot. 2022;11:69.

13. Carvajal B, Hancock A, Lewney K, Hagan K, Jamieson S, Cooke A. A global overview of midwives' working conditions: A rapid review of literature on positive practice environment. Women Birth. 2024;37(1):15-50.

14. Thumm EB, Schaeffer A, Michel A, McFarland AK, Long MH, Giano Z. The relationship between restrictive regulation of midwives, practice environment, and professional burnout: A 7-state mixed-methods comparison of autonomous and restrictive state regulation. J Perinat Neonatal Nurs. 2024;38(2):137-146.