Review Article

The Midwifery Model of Care: A Quality Maternal and Newborn Health Initiative

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ABSTRACT

The Midwifery model of care is based on the evidences that most pregnancies, labors, and births are normal biological processes that result in healthy outcomes for both mothers and babies. It consists of maximizing the health and wellbeing of mother and baby, early identification and management of health problems including emotional, social and spiritual aspects of pregnancy and birth. The Midwifery model of care include; monitoring physical, psychological and social well-being of the mother; providing individualized continuity of care, education, counseling and hands-on assistance; minimizing technological intervention and identifying and referring women who require obstetrical attention. Evidences from Sweden, UK and Malaysia have shown that midwifery model is associated with a number of important benefits for mothers and babies. Most studies reported greater satisfaction with midwifery-led model of care compared with other models and it is cheaper and women friendly. The history of midwife led center in Patan Hospital, other hospitals are the milestone in Nepal, and recent government initiation of onsite midwife led birthing unit (OMBU) is remarkable.

Conclusion: All pregnant women should be offered midwifery model of care unless they have serious medical or obstetric complications requiring medical attention and government initiatives for OMBU and professional midwives are our road map for quality care.

Keywords: Continuity of care, Midwife, Midwifery model

INTRODUCTION

Midwifery Model of Care means a philosophy of care that is based on the fact that pregnancy and birth are normal life processes that result in healthy outcomes for both mothers and babies. The core characteristics of midwifery model of care are being with women, listening to women and sharing knowledge and decision making with women. The Midwifery Model of Care includes monitoring the physical, psychological, and social well-being of the mother throughout the childbearing cycle; providing the mother with individualized continuity of care, education, counseling, continuous hands-on assistance during labor and delivery, and postpartum support. This model of care minimizes the technological interventions; and identifying and referring women who fall outside his/her scope of practice(The Midwives Model of Care, 2010). Midwifery model can be practiced in any setting like, clinics, private hospital, home, birth centers etc as per country context.

Despite good evidence in various studies, that underscore the benefits of midwifery model of care and the heightened satisfaction of women who use midwives, most communities in the United States fail to promote a midwifery model of care ("Models of Maternity Care," n.d.). A intervention study found that people felt need of midwifery model of women center care (Lundgren, Berg, Nilsson, & Olafsdottir, 2019). Similarly unplanned caesarean section and postpartum hemorrhage, preterm births and admission to neonatal intensive care unit was lower in women taking midwifery model of care (Mortensen et al., 2019)

Midwifery model of care includes three aspects:

A dignity-protective action takes place in a midwife's caring relationship with a childbearing woman at high

risk and includes mutuality, trust, ongoing dialogue, enduring presence and shared responsibility.

The midwife's embodies knowledge is based on genuineness to oneself and consists of theoretical, practical, intuitive and reflective knowledge.

Finally, midwives have a special responsibility to balance the natural and medical perspectives in the care of childbearing women at high risk, especially by promoting the women's inborn capacity to be a mother and to give birth in a natural manner.

BENEFITS

Every women deserves access to the high quality, safe personalized, attentive, affordable and respectful care of a midwife (The Midwives Model of Care, 2010).Midwife takes the lead in planning, organizing and delivering her care from her first antenatal booking to the postnatal period. However, sometimes a team of midwives shares a caseload. (Midwife-Led Continuity Models versus other Models of Care, 2016) Several studiesindicated that midwifery model of care was associated with reduction in the use of epidural anesthesia, fewer episiotomies and instrumental births, and increased spontaneous vaginal births and increased breast feeding practice (Sandall, Soltani, Gates, Shennan, & Devane, 2016).The International Confederation of Midwives (ICM) has also promoted the midwifery model of care based on respect for human dignity, compassion and the promotion of human rights for all persons (ICM, 2014).

A Cochrane review of 15 trials also revealed that the levels of continuity of care ranged from 63-98% in midwifery model of care and 0-21% in other models of care (WHO, 2016). In midwife led setting caesarean birth were lower but the duration of labor tend to be for about half an hour longer on average. Maternal satisfaction was also higher in midwifery model of care compared with other models (WHO midwife led care delivers positive pregnancy outcome 2016) and Sandall et al; Midwife-Led Continuity Models Versus Other Models of Care 2016)

In regards to cost of care ANC provider cost was 20-25% lower with the midwifery model of care than other models because of staff costs and other resources (WHO, 2016).The other research findings importantly state that the reduction in preterm birth is 24 per cent; a significant finding, is the strongest value, used to influence policy making within clinical practice (Sandall et al; 2016)

A study published in the Cochrane library mentioned that, in several developed countries, such as the UK and Australia, midwives represent the main providers of care for women during pregnancy and childbirth. Midwife-led continuity of care and being cared for by a known, trusted midwife during labour including multidisciplinary network of consultation and referral with other care providers.

The government of Nepal has prioritized the quality of care by the midwives human resources by producing the separate cadre to meet the universal health coverage reaching to unreached people and in the process of safe motherhood roadmap with concept of onsite midwife led birthing units (OMBU) in selected health facilities.

Childbirth Models of Care

	Medical Model of Care	Midwifery Model of Care
Philosophy	Birth is viewed as a pathological event Body is unpredictable and cannot be trusted to birth physiology Medical intervention can and should be used even in non-emergency situation Care provider is regarded as key decision maker	Birth is viewed as physiological process Technology is inherently riskier than normal uninterrupted birth Physiological principles should be utilized. Woman is regarded as the key decision maker
Response/ Reasoning	Prenatal care focuses on pathology(finding problems) Care providers uses medical interventions and treatments as preventive measures Medical professionals assess and control the birth process	Prenatal care focuses on the woman and her life Care provider monitors for changes and intervene or transfer to hospital if needed The woman is allowed more control over the process, including monitoring and assessments
Outcomes	Baby is born healthy most of the time Some complication of nature are avoided Risks of intervention are added Medical providers need more control to address complications of medical intervention	Baby is born healthy most of the time Complications of medical interventions are avoided Increased risk of missing complications of nature due to reduced intervention Interventions used only as needed, woman takes more control in decision making regarding interventions.

Source: Childbirth Models of Care: Medical vs. Midwifery – handout – The Doula Shop at New Beginnings 2020

CONCLUSION

Based on the extensive reviews of the studies, it can be concluded that all women should be offered midwifery-led model of care unless they have serious medical or obstetric complications. Policymakers in different countries of the world where health systems do not provide midwife-led care should consider the importance of midwives in improving quality maternity care.

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