Antenatal options: Developing midwife-led services in Ireland

The low-risk woman’s antenatal experience would be enhanced by access to midwife-led care options, writes Annette Murphy

MIDWIFERY-led care has been well established in the UK for women of low-risk status. Evidence from the National Institute for Health and Clinical Excellence (NICE) guidelines,¹ the Scottish Government Health Directorates² and the recent Royal College of Midwives report³ suggest that it is the best form of care for low-risk pregnant women. Recent Irish evidence also validates midwifery-led care as being the best choice for low-risk Irish women.⁴

The above evidence has also identified the benefits of midwifery-led care to include: continuity of care, provision of choice for women and the development of trusting relationships with women and their partners. An agreed set of criteria is used to identify those who are eligible for midwifery-led care and this is determined at the beginning and is ongoing for the duration of the pregnancy.¹

Background

Since the late 1990s, changes in the Irish maternity services have been taking place slowly with regard to choice of care options. Midwifery-led services are currently being developed in areas throughout Ireland. Prior to this, most women in Ireland did not have a choice regarding their maternity care except to use the public healthcare system – which provides consultant-led care – or to attend a consultant privately using healthcare insurance, both providing a medical model for care.

In 2008, two midwifery-led units were established in the North East of Ireland in Cavan and Drogheda. Most Irish maternity units continue to follow a medicalised model of care and routine intervention during labour is still quite common.⁵,⁶,⁷

For many years, maternity options of care for low-risk pregnant women have been available throughout the EU and internationally, which implies that most Irish women are unable to make ‘informed choices’ about their care² due to the lack of options for any other models/types of antenatal care.

Ireland currently has the highest birth rate of the 27 European Union (EU) countries at 16.8 children per 1,000 compared to an EU average of 10.7.⁸ The increasing birth rate is putting intense pressure on existing maternity services.

In the US, it is estimated that nearly 85% of women are considered low-risk on entry into labour and there is an ongoing campaign trying to normalise birth.¹⁰

The World Health Organization estimates that between 70 and 80% of all pregnant women may be considered as low-risk at the start of labour,¹¹ while in the UK it is estimated that approximately 70% of pregnant women are low-risk.¹ In Ireland, it is estimated that 60% of women have normal pregnancies.¹² In view of these figures, increasing the amount of midwifery-led care services would ensure that the appropriate care is given but would also benefit the women.
and have economical implications for service delivery.

**Evidence from a national, European and international perspective**

In the UK and in Northern Ireland, recommendations for the establishment of additional midwifery-led care schemes have been made.\(^1,14,15\) In addition, evidence from the Centre for Child and Maternal Enquiries (CMACE)\(^13\) and from a Cochrane review\(^16\) further supports these viewpoints. Internationally, Australian and New Zealand evidence also advocate the establishment of further midwifery-led schemes.\(^17,18\)

Several Irish reports recommend the development of more midwifery-led schemes.\(^3,12,19,20\) More than ten years ago, the Irish government recommended that midwives become more involved in the management and delivery of future maternity services based on the principles of safety; woman-centeredness; equity; access and accountability.\(^21\) These recommendations will hopefully become attainable with the anticipated reconfiguration involving maternity services, which is currently being led by the National Clinical Programme.\(^22\)

The recent CMACE triennial report\(^13\) has established service provision, appropriate pathways for care, communication and continuous risk assessment at the forefront with regard to priorities for antenatal care. In tandem with these recommendations, the role of the midwife is viewed as the woman’s ‘care navigator’ working within the context of the multidisciplinary team, providing both the continuity and communication links to protect and optimise women’s health and well-being.\(^23\) Moreover, recent Irish research\(^24,25\) also echoes these findings. Therefore, it seems advisable and more economical to provide more midwifery-led clinics to provide care for low-risk women in order to make best use of available resources.\(^3,4,12,14,15,19,20\)

The woman’s voice is heard through voluntary organisations such as the Association for the Improvement of Maternity Services Ireland,\(^26,27\) Childbirth Choices in Ireland\(^28\) and Ciudiú.\(^29\) These groups have advocated for the strengthening of community maternity services and the development of more midwifery-led services. Additionally, it is considered that options for maternity care need to be in place if Irish maternity services are to conform to best evidence-based practice from a UK, European and international perspective.\(^30\)

**Current Irish context**

So, why is midwifery-led care ‘the road less travelled’ within Irish maternity care settings in view of the above empirical evidence?

In order to provide the correct information to answer this question, the following issues need to be considered:

- What are low-risk women’s preferences for their antenatal care?
- Are low-risk women aware that they have available choices regarding their care?
- Is there an inadequate supply of midwifery-led services to meet the demand?

Perhaps there are other issues involved and only those working in the services, such as maternity-care providers, and pregnant women using the services\(^31\) can provide insight into this scenario?

There has been little Irish research carried out from these perspectives and most of it has been carried out in the Dublin area,\(^1,22\) North Eastern area\(^19,20\) or the HSE Western area.\(^33\) The recent Department of Health briefing paper on the review of undergraduate nursing and midwifery degree programmes\(^34\) in a description of the context for Irish midwifery has stated that pregnant women want a wide range of choices when it comes to models of maternity care as revealed by findings from a recent Irish survey.\(^31\)

Byrne et al state that 46% of Irish women would prefer to have their baby delivered in a doctor-led unit and 43% in a midwifery-led unit. However, the survey was carried out at one Dublin maternity unit with 68.4% of the sample (n=501) attending private practice as stated in the article. Therefore, this research cannot be representative of the average Irish pregnant woman given that the sample profile deviates from the wider maternity population.

In addition, other recent Irish research reflecting women’s preferences for care\(^26\) also states that their sample (n=367) may not be entirely representative of Irish women given that it was carried out online and had a higher percentage of women planning for a home birth as compared with available Irish statistics.

The most recent government health policy\(^35\) also addresses ‘informed choice’ and options for care directly by acknowledging that midwifery-led care schemes provide an opportunity for doctors to focus on higher risk women and so improve patient safety while making adequate use of midwifery and medical skills from a safety perspective.
Midwifery-led care in the South East

Currently, in the South East a well-established Integrated Hospital and Community Midwifery Service (ICMCS) for women with low-risk pregnancies is provided. This service has provided ‘Domino’ (DOMicillary IN and OUT) schemes in the hospital environment or the home setting since 2001. In addition, a midwife-led antenatal clinic provided care in the antenatal outpatients department (OPD) in conjunction with consultant-led antenatal clinics since 2004. Since 2002 outreach midwifery-led ante-natal clinics have also been provided on a weekly basis in a community location for ante-natal mothers within a 40km radius of the central maternity unit.

While midwifery-led services are developing, there are however, no internal or external referral pathways to optimise the care that is available. At present, suitable low-risk women are allocated for care at the midwives clinic in the OPD as they attend for their visits. It has been identified by maternity stakeholders at a local level that this system of allocating mothers to midwifery-led care is not functioning at maximum capacity and therefore not making best use of available resources.

Additional factors further adding to this scenario include:

- Provision of the midwives clinic service is dependent on available staff resources
- There are long waiting times at maximum capacity: allocation to midwifery-led care could be incorporated from the booking visit which would lead to shorter waiting times and a more streamlined care package
- Informal communications with other professionals in midwifery care suggests that this is the situation throughout most of the maternity units within Ireland.

These problems provide the rationale for further exploration to identify how midwifery-led care can be better accessed and tailored for the current services to reach their full potential in the South Eastern region. Therefore, in addition to further research areas previously suggested by Irish and UK research, a further exploration of the views of pregnant women and their care providers is necessary to assess the journey of antenatal women through maternity services.

The current research study being conducted in the South East of Ireland, which focuses on these issues, has the potential to enhance co-ordination of all services for stakeholders. It is anticipated that the low-risk woman’s journey through maternity services will be enhanced from the findings of this research. Strategies for a more efficient, streamlined service are anticipated to develop, better referral pathways for midwifery-led care options, a reduction in waiting times and avoidance of duplication of care.

Irish maternity services are changing, and progress is inevitable and ongoing. The implications for the future as outlined in this article are encouraging and obtainable. The future reorganisation of maternity services in Ireland would benefit from further research of this kind to lead towards evidence-based recommendations from the perspective of service user and service provider.

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