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Host: Zebra Midwives, VIP Clinic, Sofia, Bulgaria
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Inventing Midwifery from Scratch. A Strategy for Improving Midwives' Decision-Making in Bulgaria

ABSTRACT

The goal of my research project was to observe the work of the first autonomous midwifery practice in Bulgaria and to suggest practical algorithms, which may improve the midwives' decision-making and confidence in providing quality prenatal care within the current legal framework. This research project represents a first attempt to describe and optimise midwifery competencies, as well as to define a strategy for moving towards midwifery-led care in the future. It is a component of a long-term commitment which members of international midwifery alliances have made in order to improve the organization of care in the country. From my preliminary research, I knew that Bulgarian midwives had very restricted competencies in comparison to other midwives in the EU and that maternal and neonatal outcomes ranked Bulgaria low compared to the rest of the EU. By observing the prenatal consultations taking place at the Zebra Midwives practice, I could assess their level of comfort when using essential midwifery skills, such as abdominal palpation, fetal auscultation with a Pinnard and a Doppler, blood and urine test reading, diet recommendations, etc. The midwives at the autonomous practice had difficulties recognising these skills as solid clinical evidence for the woman and baby's wellbeing. These results were congruent with the restrictive legislation and medicalised culture of birth prevalent in the country

Over the full period of my research, thirty-five women at various gestational weeks visited the practice for prenatal care. During the appointments, I conducted informal interviews with women about their experiences with pregnancy and birth in the national healthcare system and was given permission to film some of the interviews. Women's experiences proved that pregnancy and birth are never social, family-oriented events and that physiological birth is largely unknown in practice although most of the women participating in the study wished for this to be normal practice in Bulgaria.

INTRODUCTION

The Zebra midwifery practice is the only registered midwifery practice in the country. It is a surprising fact that although midwives are legally allowed to open midwifery practices since 2011, it took five years before the newly graduated midwives from Zebra were able to take advantage of this opportunity. Midwives are not interested in opening their own practices because they are not allowed legally to provide the full spectrum of midwifery services required for basic prenatal care, such as prescribing tests and making clinical decisions. These elements of antenatal care

are only within the obstetricians' capacities even in physiological pregnancy and birth. The Zebra Midwives practice provides severely restricted by UK standards midwifery care. Moreover, midwives cannot get contracts with the national insurance company and women have to pay for this restricted version of midwifery care.

The STSM I conducted provided me with insight into the work of midwives who have very little clinical experience in supporting physiological pregnancy and no mentor to teach them practical midwifery skills. The women who had signed up for antenatal consultations discussed what the obstetricians had told, done or prescribed to them. A number of the women needed a second opinion from another obstetrician because they doubted what had told them by the first. There were women who had a large list of medication prescribed with no clinical indications. Many of them were taking medication to suppress irregular, painless contractions which normally occur physiologically in pregnancy. (Braxton- Hicks). The midwives based their recommendations on evidence but also allowed room for the women to go along with the doctors' prescriptions if there was perceived conflict. This is an example of how the midwives negotiated their limited decision-making in order to remain within their legal competencies and still offer a second opinion to women who asked for it. Midwifery in the limited version outlined in Bulgarian medical standards does not reflect EU directives on the autonomy of the profession and is experienced by both midwives and women as a compromise.

The research I conducted allowed me to expand my initial intentions and lead a two-hour-long presentation and a round-table discussion with the vice ambassador of Great Britain, the local WHO representative, the chair of the Bulgarian nursing association and NGO representatives who sat together to discuss the midwifery crisis in the country and possible solutions. The host institution's earnest efforts to involve the Ministry of Health were unsuccessful in getting their representation at the round table as decision-makers. For the purposes of introducing midwifery-led care as the best care for healthy women with straightforward pregnancies, I presented not only as an impartial researcher but also used my position as an expert in intrapartum quality control in order to gather political attention for the benefits of improving midwives' autonomy. With the midwives from the Zebra midwifery practice we also highlighted the issues on Bulgarian national television and radio stations to encourage discussion among women and professionals.

METHOD

Due to the unexpected nature of the project, emergent methodology was used in order to offer flexible response to the specific needs at each antenatal consultation. The project represents an ethnographic study of the Zebra Midwives practice with

the intervention characteristic of Action research. Interviews with midwives and women were collected, and observations were made in real-life antenatal visits with the midwives.

RESULTS

The research project provided me with an overview of maternity care, these were the key observations made:

Pregnancy and birth viewed by current care providers as risky and a medical event for all women and not a normal life event.
Reliance on technology and not on midwifery care and relationship based skills.-
Many interventions performed unnecessarily for no clinical reason:
- during pregnancy - medication, scanning;
- during birth - enema, shave, fundal pressure, routine use of oxytocin and episiotomy.

Babies are kept in the nursery following birth and women can only see them for two short periods per day, a three day stay following a normal birth is compulsory.

Many women only have one child, because they can not go through this experience again. Others were considering freebirthing at home alone, as they were too scared to go back to the hospital for birth.
Care is not based on evidence but routine, outdated practices.
In Bulgaria, there are no unified, nationally applicable guidelines for quality midwifery care.
In antenatal care, midwives are not allowed to:
- prescribe routine urine and blood tests. This is basic care for pregnant women and midwives cannot prescribe the tests even though they are trained to do so and it is part of their competencies.
- perform vaginal examinations or recognise onset and progress of labour using behavioural cues. By national law, midwives are not trained and allowed to perform vaginal examinations, which is a breach of the EU directives on midwives' competencies;
- assess CTG monitoring;
- work outside hospitals and without supervision of obstetricians;
- make contracts with the Bulgarian national healthcare service which puts them at a disadvantaged position.
In birth, midwives are not allowed to:
- Make clinical decisions for physiological birth;
- Make vaginal exams to assess dilation in labor;
- Repair vaginal tears and episiotomy.
Although directive 1 of the national law describing the midwifery scope of practice

allows midwives to assist birth with a cephalic presentation, the midwives' role in birth is limited to supporting the perineum which is a completely technical detail at the end of birth and does not reflect the meaning of the phrase "assisting birth". Autonomy in postpartum care was practiced until 20 years ago. Nowadays, postpartum care is not part of state sponsored maternity services. Even in Bulgaria, postpartum care has always been an essential element of midwifery work but at the moment there is a troubling gap in the care for mothers and newborns. Midwives need to be able to offer breastfeeding support, to assess the mother's physical and emotional recovery, as well as the newborn's health. The National insurance company does not consider it an element of basic maternity care.

Women have to attend the hospital on their own when they are in labour, with no support persons. Babies are taken away from them following birth. The baby is kept in the nursery, the woman only has access twice a day for two 30 minute periods. This could lead to mental health issues, problems with breastfeeding and emotional attachment issues for woman and baby.

When observing the midwives at Zebra:
They offer long appointment times to give screening, antenatal care advice and health education, including preparation for childbirth;
They offer evidence-based antenatal education sessions in an informal environment and forums for women to meet and discuss issues together as a group- providing support to each other with the midwives;
Provide refreshments and snacks, while taking a full medical, family and obstetric history;
Informal atmosphere with laughter;
Empowerment of women to believe in their bodies and the normal physiological process of pregnancy, birth and the postpartum period;
Taking into account not only their physical needs but their psychological and emotional ones too.

DISCUSSION

Can you imagine being alone in a room full of people in lithotomy with a midwife lying across you pushing on your fundus with all their weight, while a routine episiotomy is performed, an obstetrician pulls out the baby following birth of the head without a contraction! Your baby is taken away and you can't see him or her for at least two hours? This goes on all day every day! It has to stop!

This research proposal is the first investigation into the current state of midwifery in Bulgaria. There have been no publications in established English-language medical journals. This STSM project is already helping raise awareness about the poor state

of maternal services and midwifery within the international community and the first steps towards publishing in a scientific journal have been made.

The solution towards improving midwives' decision-making is pushing for implementing the components of midwifery-led care step by step. Here are some of the steps identified together with the midwives:
- Allow midwives to be primary caregivers in straightforward pregnancy and birth;
- Allow midwives to work without supervision, including birth centres;
- Create midwifery guidelines, such as NICE or adopt these;
- Midwives participating in guideline creation;
- Midwives to form contracts with NHS;
- Midwives to offer postpartum care;
- Opportunities for academic growth;
- Autonomy in practice, not on paper;
- In the UK we offer 4 places of birth to women with healthy uncomplicated pregnancies, Bulgaria should have these options as part of the MLC package, too.

Provide 1 or 2 sentences that are the highlights of the STSM results:

Listening to the women's stories alerted me to the fact that they suffer abuse of their dignity and human rights during labour and birth, this has to stop.

Midwives need to be able to practice fully under their EU Directives and the medical emergency law for maternity care in Bulgaria needs to be removed. Midwifery is a key component to improving maternity services in Bulgaria.