Midwifery led units in UK - organizational context

Date of STSM: From the 11th until 24th September 2017

Host: MUNet and City of London University.

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Abstract

Following international recommendations, more women should be encouraged to give birth at midwife-led units rather than traditional labour wards. However, this option is not available in Spain for women. To give birth in an obstetric unit is the only option possible for women. The aim of my stay was to know more about structure and management of midwifery led units in UK. I participated in the MUNet (Midwifery Unit Network) attending some training programmes. Besides, we worked together developing structure for a Master Degree between University of Seville and City of London University. On the other, we finished a draft to be submitted in Midwifery Journal about home birth situation in Spain. As pending issue, we will work on improving a Marie Curie proposal to be submitted soon.

All these outputs have been a high input in my career as academic and advocate of physiological birth.

Introduction

Midwifery led care is beneficial to women who want to give birth at a lower risk of unnecessary interventions. A systematic review published recently laid the emphasis on the natural ability of women to experience birth with minimum intervention.
Models of care in which midwives provide care were associated with fewer episiotomies or instrumental births. However, women’s chances of being cared for in labor by just a midwife are not guaranteed in Spain. We usually work with a multidisciplinary group, where the gynecologist is the leader and decides what has to be done. It is known that non-traditional places of birth (home, freestanding midwifery units and alongside midwifery units) present advantages for low risk women, when compared with obstetric units. In particular, women had greater maternal satisfaction; provision of women-centred care (Overgaard et al, 2012); lower costs (Stone, 2012); better maternal/neonatal outcomes (Hodnett et al. 2010, Sandall et al, 2013).

The City-led European group of the Midwifery Unit Network (E-MUNet) aims to consolidate all the learning and knowledge within midwifery units so that it can be shared and accessed by commissioners and midwifery managers quickly and easily across Europe.

Yet despite the strong evidence for midwifery-led care and midwifery units, most EU countries still offer the 4.7 million European women giving birth each year a very limited choice regarding place of birth. In many EU countries, obstetric units in hospitals are in fact the only available birth setting. As a result, the Midwifery Unit Network is supporting the development of midwifery-led units – also known as birth centres - across the UK and also in mainland Europe.

The Midwifery Unit Network is a community of people with an interest in supporting and promoting the development and growth of midwifery units (birth centres) which are managed and staffed by midwives.
The network is being developed in collaboration with the Royal College of Midwives Better Births Initiative.

The mission of the network is to maximize potential for positive childbirth experiences, enhance the physical and psychological wellbeing of childbearing women, and facilitate an optimal start in life for their babies, through the promotion and support of midwifery units.

Aim

The purpose of my visit was to establish a network between MUNet UK and the development of the network in Spain. To explore the structure of midwifery led units placement in UK.

Methods:

Visit for 15 days was carried out to work closely with participants of MUNet, and participate actively in programmed activities from 11th September to 24th September in London. We scheduled different activities taking into account Lucia’s diary. (See Appendix 1)

Results:

My stay was very productive. My main goal was to know more about structure and management of MLU. I covered this aim visiting different units, thanks to Lucia’s arrangements. We worked on a Master degree proposal to teach midwives with salutogenesis approach to encourage physiological birth in Spain. We worked on a Marie-Curie proposal to apply among various European Universities. A paper is going
to be submitted to Midwifery Journal about situation of homebirth in Spain. We share authorship with another participant of Cost Action, Ramon Escuriet. I participated in some workshops organized by Munet and City to promote “Optimum birth” in Midwifery led units. I had opportunity to exchange ideas with colleagues and their experiences with midwifery led care. (Ver appendix 1).

**Discussion:**

Situation about birth in Spain is complex. Only one option of birth place limit women’s choices. So far, to give birth in an obstetric unit is the only offer to women in our system. Obstetricians claim that we do not have infrastructures to offer other models but as I could observe in UK, some of them could be feasible to implement it. There are not previous studies about home birth or other models of childbearing in Spain. The research carried out recently and that we will try to publish soon, showed that women who opted for a home birth were seeking, according with other similar studies continuity or carer, to avoid a medical model of childbirth, and having a familiar atmosphere and environment (Grigg et al, 2015).

Evidence suggests that midwifery-led birth settings, such as home and midwifery units –both alongside and freestanding (AMU, FMU) – offer health advantages for healthy women with straightforward pregnancies, when compared with obstetric units (Broklehurst et al, 2011; Borrelli et al, 2017; Hollowell, 2017). Benefits are wide: lower maternal interventions associated with maternal postnatal short and long term morbidity (Broklehurst et al, 2011), greater maternal satisfaction (Dahlen, 2010; Overgaard et al, 2012, Macfarlane et al, 2014a, 2014b) and a reduction in intrapartum

Due to all above, it is necessary to work on strategies to promote normal birth and others model of childbearing in Spain. One of this strategy would be to teach midwives how to manage a midwifery led unit and empower them to lead normal birth care beyond medicalization of birth. So, our proposed master could be considered a first step to get the achievement. Other input could be the research that is going to be published soon about home birth situation in Spain. This would help make visible that some women seek other possibilities for their births and we should cover this gap.

References:


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Appendix 1

Diary.

Monday 11th September

Visit to Wipps Cross Hospital where consultant midwife, Felipe Castro showed me the facilities. We visit obstetric area, alongside maternity and birth center. We discussed about protocols and systematic of work at Hospital. We visit antenatal area and neonatal care unit.
Tuesday 12th September

Lucia and I had a meeting at City to introduce myself to colleagues. At the afternoon, I attend a workshop at King’s College where spoke Professor Lesley Page and Cathy Warwick entitled: *Midwifery policy, politics and practice: Lessons for the future*. They reflected on women in leadership, the politics of midwifery in the UK and globally and key lessons for the future.

Professor Cathy Warwick discussed about “My midwifery Career: Lessons learned for the future” and Lesley Page about “Building the future of midwifery”.

This was a really inspiring session to reflect about midwifery worldwide.
**Wednesday 13th September:**

**Transforming services together in Barth´s Health & NHS Trust.**

Meeting to improve the service working together commissioners, obstetricians, neonatologists and midwives. They have the aim of achieving 35% in midwifery led settings. This allows me to know from very first hand the strategy to improve rates of use of midwifery led units. The meeting was held in Royal London Hospital, so I had the opportunity of visiting Lotus Birth Centre. Some pictures were taken as you can see below.

In the afternoon, I had a meeting with MUNet founders to draw the programme of a master degree between City of London University & University of Seville for next Autumn 2018.

**Thursday 14th September**
Work at City designing joined Master. In the afternoon, trip to Manchester for the workshop that we will be held on 15\textsuperscript{th} Friday.

\textbf{Friday 15\textsuperscript{th} September}

Workshop in Manchester at Tameside Hospital with Felipe and Lucia from MUNet.

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\textit{Room at Lotus Birth Centre}
GUIDELINES

Criteria for use of the pool in labour and/or birth

- 37 – 42 weeks pregnant
- Cephalic presentation
- Singleton pregnancy
- Spontaneous onset of labour
- Women who have augmentation using ARM only
- Normal fetal heart rate.
- No obstetric or maternal complications which require increased surveillance during the intrapartum or immediate postnatal period.
- Clear liquor if membranes ruptured
- Ruptured membranes <24 hours
- No fetal abnormalities requiring increased surveillance in the intrapartum or immediate postnatal period.
- Woman should not be exceptionally drowsy or have had pethidine within 2 hours prior to pool immersion.
- The woman should be in established labour ie the cervix is at least 4cm dilated, fully effaced and with regular contractions.

If the woman is contracting regularly and becoming distressed she may choose to enter the pool before the cervix is 4cm dilated.
She should be advised that her contractions may become irregular if she enters the pool prior to 4cm dilated. This discussion should be documented.
If in doubt regarding woman's suitability for immersion in pool discuss with a senior midwife or obstetrician.

Guidelines for water birth at Lotus Birth Centre
Birth chair at Lotus Birth Centre

Room at Lotus Birth Centre
I travelled to Manchester with Lucia and Felipe. They had a workshop on obstetric emergencies: shoulder dystocia, postpartum haemorrhage and neonatal resuscitation at Tameside Hospital.

I attended the whole course from 8 to 17.
Monday 18th September

We were working on the Master degree for Spanish midwives that University of Seville and City of London University are going to offer next Autumn 2018. We were designed
the structure and contents. In this master degree will be involved other Spanish colleagues as Ramón Escuriet and other Spanish midwives. Next week, we will submit the proposal to the University of Seville to be approval.

**Tuesday 19th September**

I had the opportunity of spending the day with Felipe at clinic. I was with him in the birth places choices clinic. We were discussing about this service offered by the National Health Service and that is not offered in Spain. This was very interesting because I could observe how women change their mind after Felipe’s explanations about advantages and disadvantages of different kind of births.
**Wednesday 20th September**

We were discussing a Marie Curie proposal to submit in following months. We would be partners with other European universities.

We were working on a draft paper to be submitted to Midwifery Journal about homebirth in Spain. We share authorship with Marie Berg from University of Gotenborg (Sweden) who is part of COST. We finished the first version and we would like to submit it next week.

**Thursday 21st September**

We were working on the strategy to spread out MUNet in Spain. We were discussing and planning some workshops and focus group with Spanish health professionals. We planned to have the first intervention in early 2018.

**Friday 22nd September**

I attended Lucia’s lesson with students about international midwifery. This was very inspiring, she and Freda XXX talked about midwifery situation in Afghanistan and China comparing different aspects.
In the afternoon, we were in Newham Hospital and Royal London Hospital in a workshop with staff about optimum birth.
In the evening, we had our farewell. I would like to say thank you to Lucia and Felipe for their welcoming these two weeks. We have shared many moments and projects for the early future. I think that we have covered many outputs of this visit. Thanks to STSM committee, because they gave the opportunity to know more about Midwifery led units in United Kingdom.