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Every Mother Needs a Midwife – Midwives Make a Difference to Women's Lives

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- discuss the evidence
- discuss the reality
- discuss what needs to be done by others
- discuss what needs to be done by us

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A systematic review, meta analysis, meta synthesis and economic analysis of midwife led models of care

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Section one presents a systematic review and meta analysis of randomised controlled trials of midwife led models of care compared with other models of care for childbearing women.

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Section two presents a meta synthesis of qualitative research on midwife led care

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Section three presents an assessment of the cost effectiveness of midwife led care in the UK

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The evidence is limited and the conclusions based on only four studies but if their findings can be extrapolated the savings are £12.38 per woman or £1.16 million per year and this is on the basis of only half of all eligible maternities availing themselves of midwife led care.

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Women randomised to midwife led care were significantly less likely to have:

- amniotomy
- augmentation/ oxytocin during labour
- regional analgesia
- opiate analgesia
- instrumental vaginal birth
- episiotomy

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Women randomised to midwife led care were significantly more likely to have:

- attendance at birth by known midwife
- spontaneous vaginal birth
- no intrapartum analgesia/anaesthesia
- longer labours
- high perceptions of control

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There was no statistical difference between women randomised to midwife led models and those randomised to other models in:

- mean number of antenatal visits
- antenatal hospitalisation
- antepartum haemorrhage
- fetal loss/neonatal death before 24 weeks
- fetal loss/neonatal death equal to/after 24 weeks.
- overall fetal loss and neonatal death
- induction of labour
- caesarean birth
- intact perineum
- perineal laceration requiring suturing
- postpartum haemorrhage
- maternal death
- duration of postnatal hospital stay (days)
- postpartum depression
- breast feeding initiation
- prolonged backache

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As far as the baby goes, infants of women randomised to midwife led care had significantly shorter hospital stays. There was no statistical difference between groups for:

- low birth weight
- preterm birth
- 5 min Apgar score below or equal to 7
- admission to SCBU/NICU
- neonatal convulsions

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So assuming one believes that a positive birth experience is important to a woman's life, this study tends to confirm what we instinctively believe and which other studies have confirmed which is that midwives can make a difference to women's lives if they help to ensure a positive birth experience.

The study concludes

'Based on the evidence contained in this review , the majority of women will benefit from midwife led models of care including models that have and do not have an antenatal component without any adverse consequences for them or their infants. The clear benefit and absence of evidence of harm maintains that midwife led models of care should become the dominant model of care for child bearing women'

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- relationally – mediated benefits for women experiencing midwifery-led models: increased agency, more empathetic care

- problematic interface between midwifery led units and host units: clash of culture and models

- greater agency for midwives in midwifery led models though bounded by the relationship with the host unit.

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Current trends in centralisation of birthing facilities could be detrimental to the experience and outcomes of care unless birth centres or their characteristics are introduced alongside this centralised provision.

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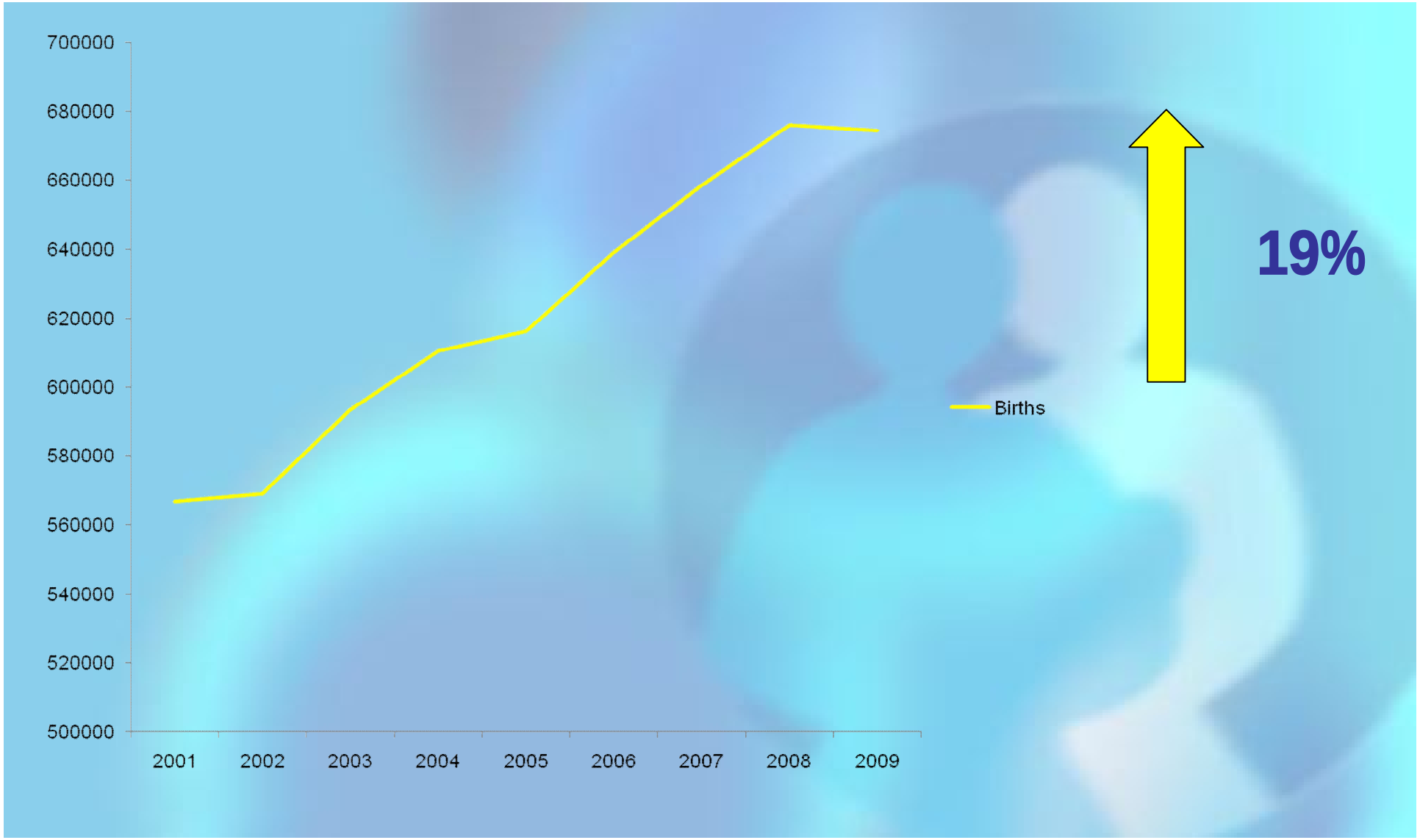
Births England 2001-2009



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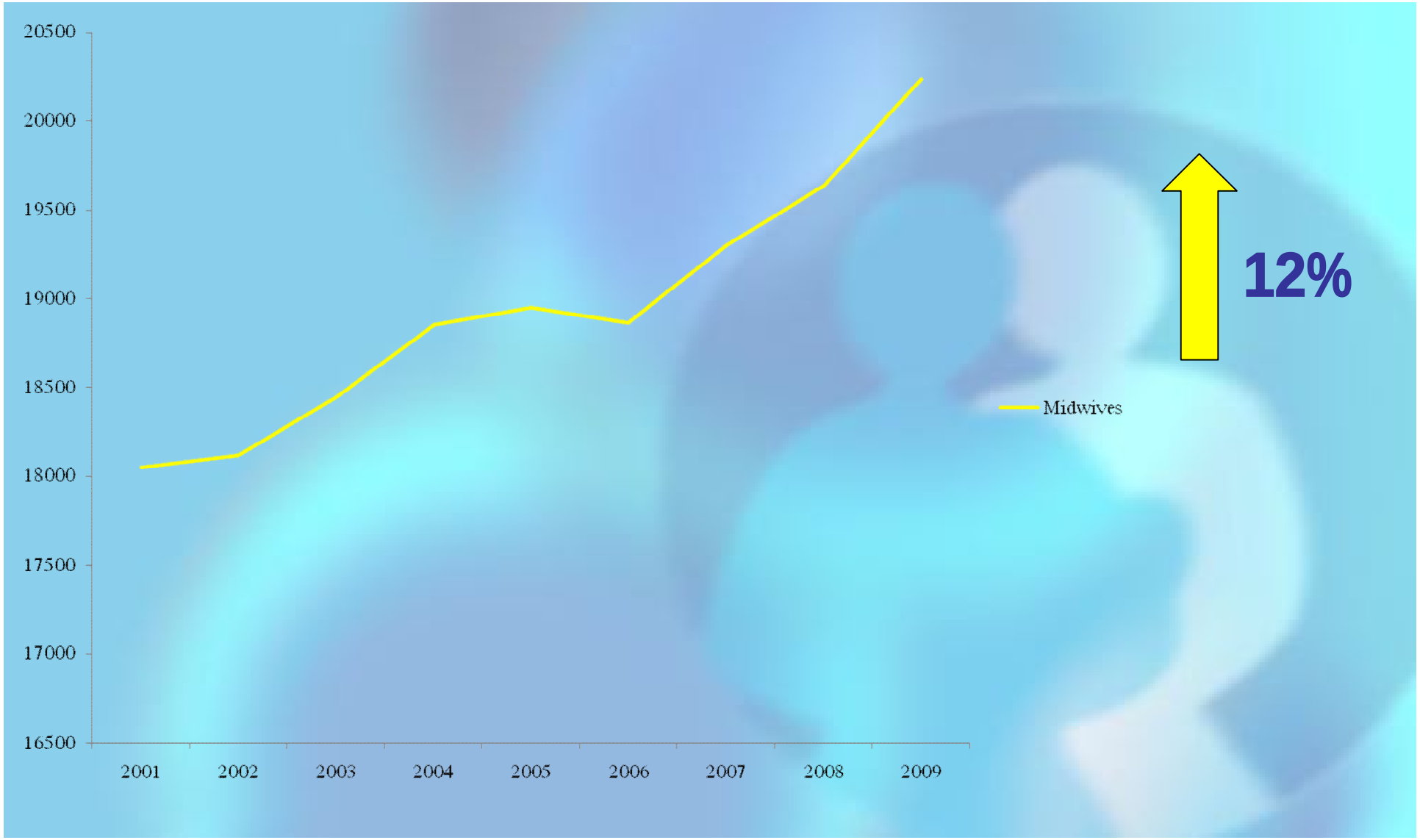
FTE Midwives England 2001-2009



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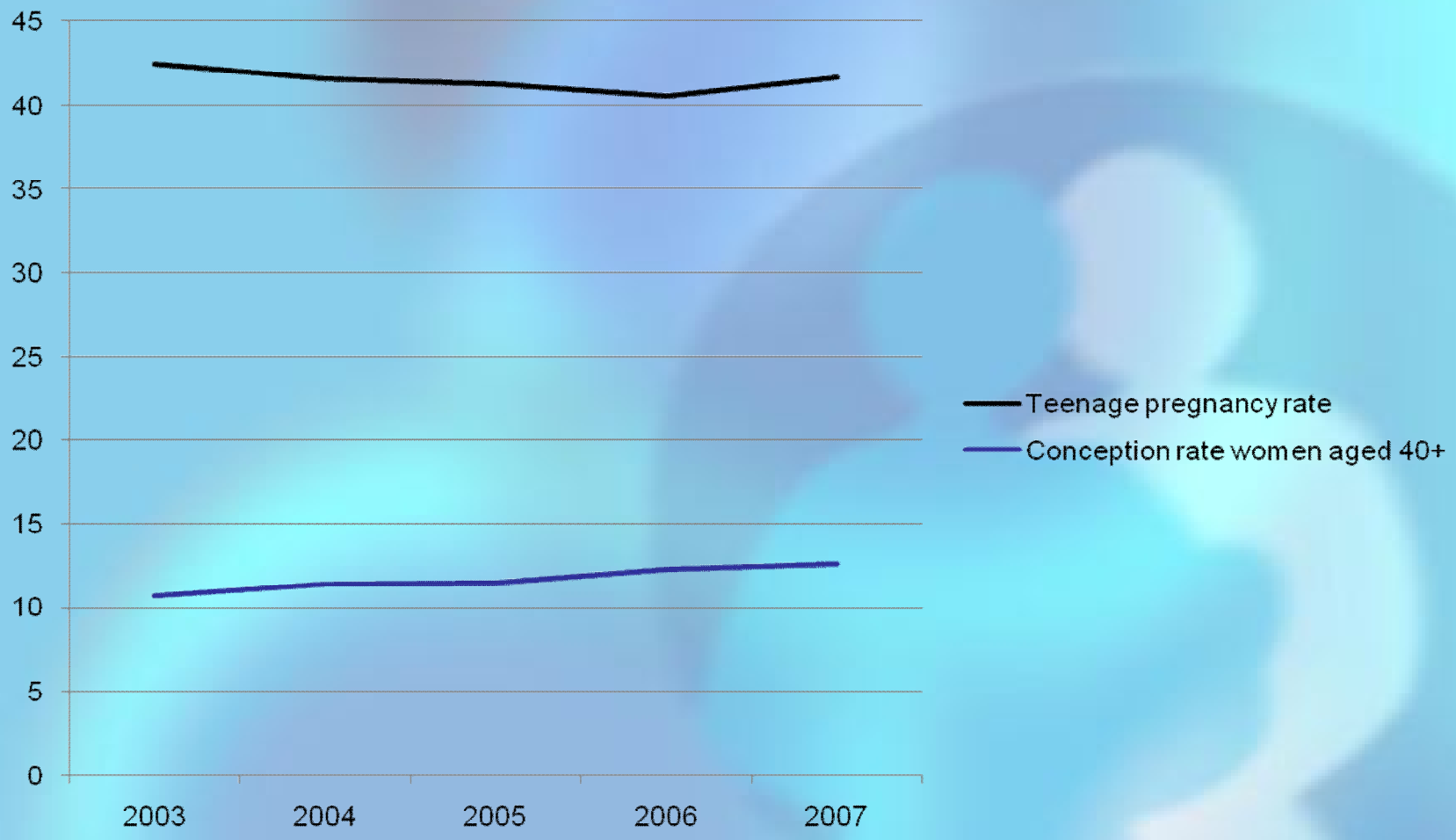
Conception rates for teenage parents and older mothers, 2003 to 2007



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RCM Heads of Midwifery Survey 2010

- 67% of HOMs say midwifery establishment not enough to meet activity levels
- 30% of HOMs report midwifery budget cut
- 85% of midwives report an increased workload in the last year
- 42% of HOMs say morale has deteriorated in last year

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Cuts to maternity services

- Birth centres threatened with closure
- Withdrawal of funding for new MLUs
- Downbanding of midwife posts
- Vacancy freezes and cuts to staffing
- Attack on sickness and disciplinary procedures

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Cuts across Britain

- **Scotland:** NHS Greater Glasgow and Clyde: 1200 jobs to go, including 670 'nursing and midwifery posts'; NHS Lothian: 700 job cuts

- **Wales:** Health budget to be cut by 3% per year from 2011/12 to 2013/14; Health Boards asked to save £7m per month

- **Northern Ireland:** Trusts required to make enormous efficiency savings; savings not ploughed back into trust budgets.

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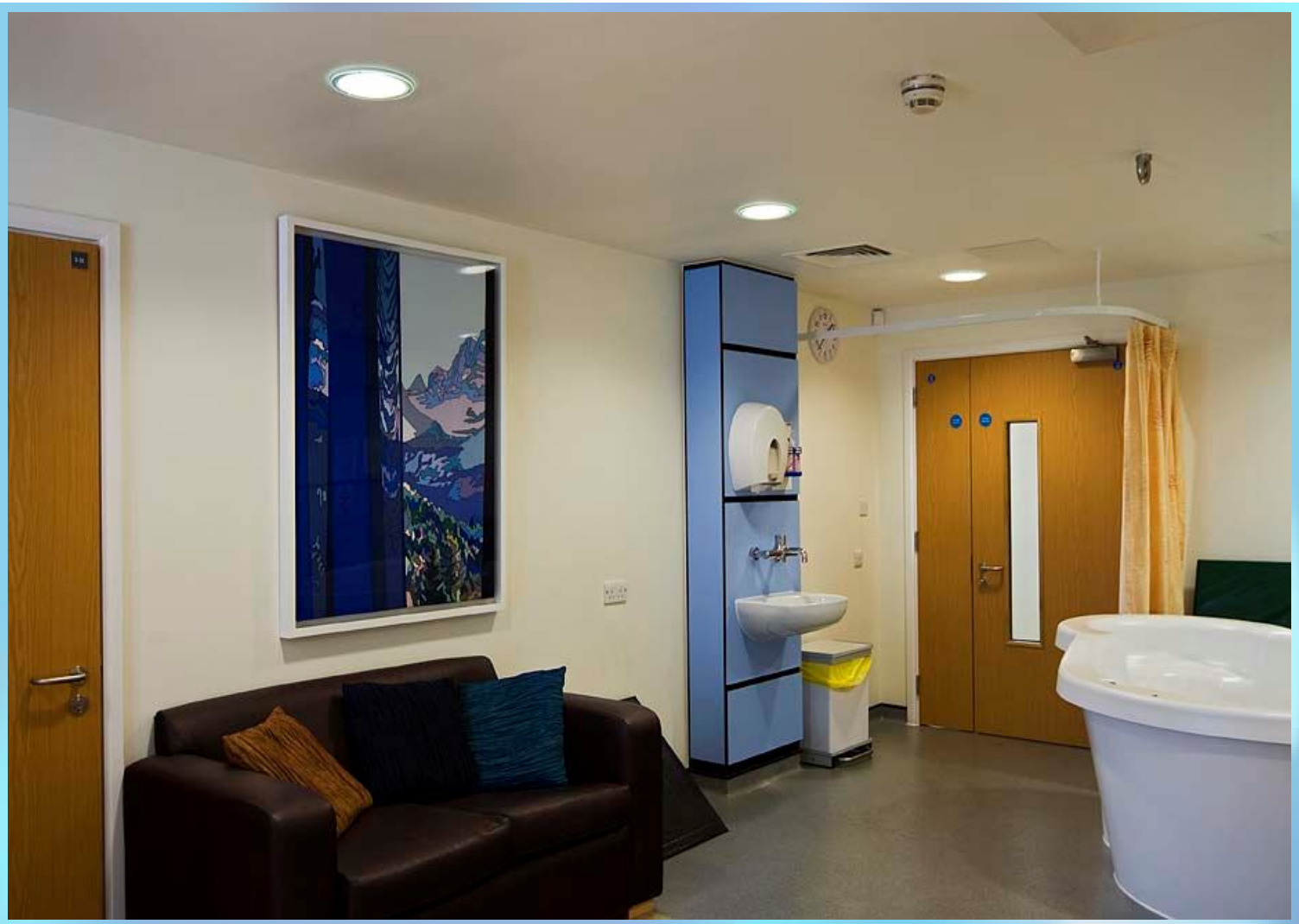

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Opportunities for maternity services: UK developments

- Scotland: refreshing the Framework for Maternity Services
- Northern Ireland: review of maternity services; creation of CMUs at Downpatrick and Lagan Valley
- Wales: RCM involved in National Overview Group

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Factors underpinning success

Leadership

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- *and openly*
- *Challenge risk*