Happier, Healthier Mothers and Babies: A Woman-Centred Collaborative Approach to Better Maternity Care

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The National Maternity Action Plan (NMAP) proposes a strategy for federal and state governments to enable comprehensive implementation of community midwifery services in both urban and regional/rural Australia. This article describes the importance of talking about the provision of maternity care within the context of the health system and illustrates how the present structure hinders many women from getting what they want and need from maternity services. It also outlines how the NMAP will provide a maternity care system able to address these issues.

What do Women Want from Maternity Care?

In Australia around 250,000 women give birth annually. These women are not a homogenous group. No individual can say, “this is how women think”, because the experience of pregnancy, birth and motherhood is unique for each woman. Neither can individual consumer advocates replace the clinical encounter where women may convey their individual needs and interests to a particular clinician. However research conducted into what women want from maternity care, satisfaction surveys and the various state and federal reports into maternity care do indicate a number of trends.

Choices for Childbirth is an independent consumer information group which aims to help parents make informed choices about their baby’s birth. For four years this group has been running information evenings for women and their partners and listening to what they have to say. Insights gained from these evenings, along with information from research and publications, (NHMRC, 1996; Senate Community Affairs Reference Committee, 1999; Lumley, 2000) strongly suggests that regardless of women’s individual choices or particular philosophical perspective on birth, there are some universal needs that women have with regard to their maternity care. These include:

1. A safe experience with best-practice principles informing care.
2. Choice both of caregiver and place of birth.
3. Continuity of carer.
   This is vital because during pregnancy and birth, women need to establish both connection and trust with a known caregiver in order to feel safe and secure. Feelings of safety and security are paramount for good birth outcomes.
4. Control over their birthing experiences.
   Women have control when their self knowledge, beliefs, values, attitudes and personal expertise are validated and form part of the decision making process. Women have control when they have access to comprehensive, unbiased information about issues related to their care and choices. Without this genuine informed decision-making is impossible.

The Present Situation

The key to an effective maternity care system is recognition and respect for women’s needs. No professional within maternity care works in isolation from the rest of the health system. So how effectively each health professional can perform their defined role, and work in harmony with the other elements of the health system, will affect the health system’s ability to offer women the maternity care they want.

Presently the maternity system struggles to offer women what they want. One of the fundamental problems is that the present system does not encourage rational distribution of each professional’s expertise. Therefore whilst the World Health Organisation (WHO, 1999) suggests that 80% of women should experience normal, uncomplicated pregnancy
and birth, Australia has highly skilled tertiary specialists (obstetricians) with the entire concomitant costs and resources, caring for these healthy women. This does not happen in any other area of medicine because obviously it would be an inefficient use of finite health resources. Having obstetricians or tertiary specialists caring for the majority of low-risk, healthy women has set up a justification for the role of the obstetrician in primary care. This practice defines all births as potentially hazardous when this is not the case and many women do not see it this way (personal communication).

This imbalance invalidates for many women their intuitive knowledge about birth and makes it more difficult for women to get what they want out of maternity care - that is, choice of carer, continuity of carer and control over their birthing experiences.

A more justifiable distribution of resources would see primary carers looking after the majority of well women, leaving specialist obstetricians with their skills and expertise available to those women with a genuine need for them. A collaborative model of maternity care is required where women’s support people, midwives, GPs and obstetricians each have a recognised, defined role and each team member has trust in and respect for, the expertise of the others. Women also need to be recognised as the central figure within this collaboration. Women’s personal expertise about themselves and the birthing process must also inform this care team.

The National Maternity Action Plan

The NMAP was developed in response to the expressed needs of women and the need for sustainable models of care within a system that has finite resources. In 1999, the Maternity Coalition Inc., with the support of the Australian College of Midwives, launched the Australian Midwifery Campaign. The campaign’s aim was to achieve for every Australian woman the right to choose a midwife as her known caregiver throughout the childbearing continuum regardless of where she chose to give birth and whether she used the public or private system. Public support was evident with over 6,000 signatures on a petition prompting the need for a strategic plan that could outline how this right could be achieved.

In addition, there have been over 30 state and federal government reports into birthing services since 1985 calling for increased options for midwifery-led care for women. Despite this, most maternity service policies are still not informed by evidence-based research or by the recommendations of peak bodies such as World Health Organisation, (WHO,1999) or the National Health and Medical Research Council (NHMRC, 1996 &1998).

The final catalyst demanding urgent attention was the loss of reasonable and affordable levels of professional indemnity insurance for midwives despite evidence in favour of the quality of their practice. The lack of professional indemnity insurance has further eroded the midwife’s ability to perform their role as an autonomous professional, able to work effectively in collaboration with other health care specialists.

The NMAP was prepared by a broad coalition of consumer and midwifery organisations from across Australia. It is the vision of the organisations and individuals involved in the development of the plan that within the next five years, there will be equitable access to community midwifery programs in all Australian states and territories. These programs will provide a one-to-one continuity of care by a known midwife for all women who choose this model of care.

The NMAP addresses:

1. The reasons why reform of maternity services is urgently required.
2. What community midwifery care provides for women and their babies.
3. Details of a successful best-practice community midwifery program in Australia and how similar programs can be readily established in other states and locations.
4. Recommendations to governments regarding the implementation of community midwifery programs.

Community Midwifery Care

Community midwifery services provide one-to-one midwifery-led care to healthy women throughout the childbearing continuum, in collaboration with other practitioners such as general practitioners and specialist obstetricians, where indicated. Midwives are able to follow individual women across the interface between community and acute health services and to provide care to each woman from early in her pregnancy until the baby is four to six weeks of age.

The NMAP calls on both federal and state governments to facilitate substantial change to the provision of maternity services by giving all women the choice of having a midwife provide one-to-one continuous maternity care through the publicly funded health system.

Universal access to community midwifery care will ensure significant savings in health dollars and bring Australia into line with international best-practice. Community midwifery will also meet community demands for a range of readily accessible and appropriate maternity services (Homer et al, 2001).

Community midwifery is informed by international best practice standards that acknowledge midwives as "the most appropriate and cost effective type of health care provider to be assigned to the care of women in normal pregnancy and birth, including the risk assessment and the recognition of complications" (WHO, 1999). In other Western countries, particularly the United Kingdom, midwifery is being promoted and funded as a public health strategy since community based care from midwives can be responsive to local need, particularly with regard to health inequalities and social exclusion (Sandall et al, 2001; Select Committee on Health, 2001).

Midwifery-led care has been proven to result in fewer women needing expensive obstetric interventions, such as caesarean surgery and operative deliveries (Chalmers). Research also shows that such care assists in mother/baby attachment and bonding (Expert Advisory Group on Caesarean Section in Scotland, 2001; McCourt & Page, 1996) and contributes to long term breastfeeding, improved adjustment to parenting, and lower incidence of post-natal depression (Hildingson & Haggstrom, 1999; Littlewood & McHugh, 1997; Fisher et al, 1997).

Widespread access for pregnant women and their families to one-to-one continuous midwifery care would:

- provide women with the choice of a midwife as their lead maternity carer in line with international best practice;
- improve maternal and infant outcomes;
- reduce the need for costly obstetric interventions in childbirth for the majority of pregnant women; and
- produce significant savings in health funding

Recommendations

The national consumer and midwifery organisations involved in the preparation of this Plan strongly recommend the following, to ensure that Australian maternity services are able to meet the diverse needs of individuals and the broader community in the twenty-first century.

1. That federal and state/territory governments commit to urgent reform of maternity services. This should include ensuring all pregnant women have the option of accessing one-on-one primary care from a qualified and registered community midwife throughout the childbearing continuum within the public health system.
2. That the federal and state governments introduce a policy on Maternity Service Provision and an Implementation Framework that addresses structural reforms such as funding, legislation, standards of care and indemnification to enable planned and sustainable implementation of community midwifery programs in both urban and regional areas as a matter of priority.

3. That federal and state/territory governments work cooperatively to establish and maintain community midwifery programs to deliver midwife-led care in both urban and regional areas within the public health system, as a matter of priority.

4. That federal and state/territory governments ensure that there is consumer representation at both policy and hospital/clinical levels to ensure that consumers of maternity services are included in the decision making processes that directly affect them.

5. That federal and state/territory governments further commit to ongoing expansion of community midwifery services in response to growth in consumer demand for these services.

6. That the Western Australian Community Midwifery Program with its emphasis on community management and consultation (Thiele & Thorogood, 2002), be used as a proven and successful template for community midwifery programs to be established in all other states and territories.

7. That both federal and state governments commit to ongoing expansion of midwife-led services in response to growth in consumer demand for these services.

8. That federal and state governments work cooperatively to identify and eliminate barriers that currently limit or preclude midwives providing competitive and cost-effective primary health services to healthy pregnant women and their babies.

9. That the federal government reviews the Medicare Schedule to include midwives as legitimate experts in the provision of maternal care for women.

Conclusion

Whilst Australian women are not a homogenous group and there is a diverse range of perspectives about birth, numerous reports and publications describe clearly the universal needs women have of maternity care. Choice of carer and birth place, continuity of care, and carer and control over the decision making and birthing experiences are high priorities.

Presently maternity service policies struggle to provide this for most women. The NMAP calls for fundamental reform of maternity service policy and service provision. It calls for state and federal governments to work together to ensure a more justifiable distribution of health resources that will provide all women with the choice of one-to-one midwifery led care throughout the childbearing continuum, in collaboration with secondary and tertiary health care specialists where indicated.

One-to-one community midwifery programs will ensure the choice of a safe and effective model of care to women, improving maternal and infant outcomes whilst producing significant savings to the health budget.

Robin Payne is a mother of two daughters and a member of the Maternity Coalition Inc. Robin currently facilitates the Choices for Childbirth consumer information group.

The final draft of NMAP can be downloaded with its accompanying appendices from www.communitymidwifery.iinet.au/nmap/html. The Maternity Coalition would appreciate feedback about the Plan and endorsement of the Plan from members of the community and key stakeholders.
For further information about the Maternity Coalition contact: www.maternitycoalition.org.au or Barbara Vernon Ph: (02) 6230 2107 or Robin Payne Ph: (03) 9380 2863.

References


