

Women who receive midwife care throughout their pregnancy and birth have better outcomes

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Maternity care that involves a midwife as the main care provider leads to better outcomes for most women, according to a systematic review published in *The Cochrane Library*. Researchers found that women who received continued care throughout pregnancy and birth from a small group of midwives were less likely to give birth pre-term and required fewer interventions during labour and birth than when their care was shared between different obstetricians, GPs and midwives.

In many countries, including the UK and Australia, midwives act as the main providers of care for women throughout pregnancy, labour and birth. In midwife-led care, there is an emphasis on normality, continuity of care and being cared for by a known, trusted midwife during labour. Midwife-led continuity of care is provided in a multi-disciplinary network of consultation and referral with other care providers. This contrasts with medical-led models of care, where an [obstetrician](#) or [family physician](#) is primarily responsible for care, and with shared-care, where responsibility is shared between different [healthcare professionals](#). There has been some debate about whether the midwife-led model of care is more effective.

The researchers reviewed data from 13 trials involving a total of 16,242 women. Eight trials included women at low risk of complications and five trials included women at [high risk](#) of complications. They looked at outcomes for mothers and babies when midwives were the main

providers of care, compared to medical-led or shared care models. When midwives were the main providers of care throughout, women were less likely to give birth before 37 weeks or lose their babies before 24 weeks. Women were happier with the care they received, had fewer epidurals, fewer assisted births, and fewer episiotomies. An episiotomy involves making a surgical incision to reduce the risk of a tear. In addition, women who received midwife-led care were no more likely to have a [caesarean birth](#), but they were in labour for about half an hour longer on average.

Based on these results, the researchers conclude that all women should be offered midwife-led continuity of care unless they have serious medical or obstetric complications. "Women should be encouraged to ask for this option," said lead researcher Jane Sandall of the Division of Women's Health at King's College London in London, UK, who led an interdisciplinary team of researchers from Sheffield Hallam University, The University of Warwick and National University of Ireland Galway. "Policymakers in areas of the world where health systems do not provide midwife-led care should consider the importance of midwives in improving [maternity care](#) and how financing of midwife-led services can be reviewed to support this."

Five studies considered the cost of midwife-led compared to shared care. While care provided by midwives was more cost-effective during labour, the results for postnatal care were inconclusive. "There was a lack of consistency in the way that maternity care cost was estimated in the studies, but there seemed to be a trend towards a cost-saving effect of [midwife](#)-led care," said Sandall.

More information: Sandall J, Soltani H, Gates S, Shennan A, Devane D.; Midwife-led continuity models versus other models of care for childbearing women. *Cochrane Database of Systematic Reviews* 2013, Issue 8. Art. No.: CD004667. [DOI: 10.1002/14651858.CD004667.pub3](https://doi.org/10.1002/14651858.CD004667.pub3)

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