# Research Study Analysis

This study looks at one of the 2 alongside midwifery-led maternity care units (MLU) within a major hospital in Ireland compared to its consultant-led maternity care unit (CLU). The units were followed for 6 years to gather data on maternal and neonatal outcomes, frequency of interventions, and transfer rates. It was found that women in the MLU had more continuity of care, fewer vaginal examinations, more upright births, fewer amniotomies and episiotomies, and a higher number had physiologic management of the third stage of labor.

Midwifery-led maternity care has not been an accepted practice in Ireland for a long time. Research has shown that midwifery-led care results in fewer interventions, better outcomes, higher patient satisfaction, and cost savings. The aim of this study was to show that it was possible to have a safe and effective MLU alongside a CLU within the hospital. This would allow women a choice in care provider and mode of delivery, with decreased interventions and positive maternal and neonatal outcomes while still having the ability for a rapid, smooth transfer if necessary.

This is a retrospective cohort study that looked at data from 2008-2013. All the data was taken from the hospital's electronic records system. All the participants were low-risk and opted for midwifery-led maternity and birth care. Any participants who developed complications were transferred to the consultant-led care section of the hospital. All spontaneous vaginal births from both units were looked at for comparison of interventions received, support of the normal course of labor, and maternal and neonatal outcomes. The data was analyzed using Linear-by-Linear Association, One-way ANOVA, and SPSS 23. Data with p-values less than 0.05

were considered significant. A flow chart was included to show criteria for remaining in the study or being removed. Those who needed instrumental or surgical births were excluded. Direct comparisons were then made between those who had spontaneous vaginal deliveries at the MLU compared to those who had spontaneous vaginal deliveries at the CLU.

Between the years 2008 and 2013, 3,884 women chose the midwifery-led care for their pregnancies at this location. 49%, 1,903 of those women gave birth at the MLU. Anyone who required induction using oxytocin, wanted an epidural, developed a serious complication, or needed a cesarean were transferred to the CLU. 90% had only 1 or 2 people care for them during labor, just over half, 51.3%, gave birth in an upright position, only 3.8% had episiotomies, and 1.6% had a sphincter rupture. 40% of these women had an intact perineum after birth. Amniotomy rates ranged from 2.2 to 8.7%. About half, 50.3%, had the third stage of labor managed expectantly. The rate of moderate postpartum hemorrhage (over 500mL) was 3%, and severe postpartum hemorrhage (over 1,000mL) was only 1.3%. Almost no babies (0.1%) had a 5-minute APGAR below 7. Quality of care is an aspect that should be looked at when examining maternity care. This study "demonstrates ongoing support for midwife-led care as a safe and viable option for healthy, low-risk pregnant women", and "Maternity units without the option of MLU care should consider its introduction" (Dencker et al., 2017).

This study, and others like it can have an impact on maternity care in the United States. Some states have similar problems to those in Ireland, where midwifery-led maternity care has not been accepted as a safe and viable option for a very long time. In Alabama, where I plan to practice midwifery, midwifery only became legal again 5 years ago, in 2017. A state board was formed the following year and the first few licenses were granted. We now have 22 licensed and

practicing community midwives in the entire state. The first midwife-run freestanding birth center opened earlier this year and received almost immediate negative attention from the Alabama Department of Public Health. There are no other standalone birth centers in the state. There are also no midwifery-led maternity units in hospitals.

I believe that a separate midwifery-led unit inside the hospital could be a steppingstone for our state, to show that midwifery-led care is just as safe as physician-led care for low-risk clients. Many physicians have never seen a truly natural birth, they are trained to always look for a potential problem. I believe that with education, strict transfer guidelines, and seamless transfers, collaboration could be possible. I think that the families of Alabama, throughout this county, and around the world deserve the best care available. For healthy, low-risk families, the midwifery model of care has been proven to be the better option. With it comes fewer interventions, better maternal and neonatal outcomes, and higher satisfaction.

One of my long-term goals as a midwife has always been to open a midwife-owned and operated free standing birth center. But what if a midwife-led unit within the hospital was an option as well? Some birthing people and their families feel safer inside the hospital where life-saving equipment, medication, and surgeries are immediately available. But they also desire the midwifery model of care, physiologic birth, and a home-like atmosphere. Could this be possible to achieve within the hospital system. Transfer of care in emergency situations would be very quick and seamless. It would be no different than moving from a labor and delivery room to the operating room. Would the hospitals and local physicians be willing to trust midwives more if they could see firsthand the good we do? All maternity health care workers

should be on the same side, wanting the same outcome, a healthy parent and child. What if collaboration and integrating midwives into the system that already exists was the answer?

We do not need any more research to prove that midwifery-led maternity care is a safe and cost-effective option. We should take the research that has already been done and put the findings into practice.

## References

Dencker, A., Smith, V., McCann, C. & Begley, C. (2017). Midwife-led maternity care in Ireland - A retrospective cohort study. *BMC Pregnancy and Childbirth*, *17*(1), 101. https://doi.org/10.1186/s12884-017-1285-9