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MIDWIFERY MODEL OF CARE

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The purpose of this paper was to describe the concept of midwifery model of care in order to clarify its meaning among nurse midwives and implement in the clinical setting to decrease the maternal morbidity mortality by providing quality and effective care to the mothers.

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Abstract A midwife is a health professional who provide continue support and care for women during pregnancy, labour and child birth. A Midwife helps to stay healthy in pregnancy and provide full antenatal care, including parenting classes, clinical examinations and screening and. Identify high-risk pregnancies if no complications arise, to give birth with little intervention. Midwives also provide care for first few weeks following the birth. Teach new and expectant mothers how to feed, care for and bathe their babies. Pregnant women who received prenatal, intrapartum, and postnatal care primarily from a midwife were less likely to deliver prematurely (before 24 weeks) and needed fewer medical interventions, compared with women cared for by obstetricians or family physicians. The main benefits were that women who received continue midwifery support during labour less likely to have an epidural. In addition, fewer women had episiotomies or instrumental births. Women's chances of a spontaneous vaginal birth were also increased and there was no difference in the number of caesarean births.

KEYWORDS: Midwifery care model, Midwife, Midwifery support, Continuous labour support

INTRODUCTION

Maternal mortality is unacceptably high. About 295 000 women died during and following pregnancy and childbirth in 2017. The vast majority of these deaths (94%) occurred in low-resource settings, and most could have been prevented. Every day in 2017, approximately 810 women died from preventable causes related to pregnancy and childbirth. Between 2000 and 2017, the maternal mortality ratio (MMR, number of maternal deaths per 100,000 live births) dropped by about 38% worldwide. 94% of all maternal deaths occur in low and lower middle-income countries. Young adolescents (ages 10-14) face a higher risk of complications and death as a result of pregnancy than other women. Skilled care before, during and after childbirth can save the lives of women and newborns.

The high number of maternal deaths in some areas of the world reflects inequalities in access to quality health services and highlights the gap between rich and poor. The MMR in low income countries in 2017 is 462 per 100 000 live births versus 11 per 100 000 live births in high income countries

- Women in less developed countries have, on average, many more pregnancies than women in developed countries, and their lifetime risk of death due to pregnancy is higher. A woman's lifetime risk of maternal death is the probability that a 15 year old woman will eventually die from a maternal cause. In high income countries, this is 1 in 5400, versus 1 in 45 in low income countries. Women die as a result of complications during and following pregnancy and childbirth. Most of these complications develop during pregnancy and most

are preventable or treatable. Other complications may exist before pregnancy but are worsened during pregnancy, especially if not managed as part of the woman's care. The major complications that account for nearly 75% of all maternal deaths are severe bleeding (mostly bleeding after childbirth), infections (usually after childbirth), high blood pressure during pregnancy (pre-eclampsia and eclampsia), complications from delivery and unsafe abortion.[1]

Prevention of Maternal mortality

Most maternal deaths are preventable, as the health-care solutions to prevent or manage complications are well known. All women need access to high quality care in pregnancy, and during and after childbirth. Maternal health and newborns health are closely linked. It is particularly important that all births are attended by skilled health professionals, as timely management and treatment can make the difference between life and death for the mother as well as for the baby.

Poor women in remote areas are the least likely to receive adequate health care. This is especially true for regions with low numbers of skilled health workers, such as sub-Saharan Africa and South Asia.

The latest available data suggest that in most high income and upper middle income countries, more than 90% of all births benefit from the presence of a trained midwife, doctor or nurse. However, fewer than half of all births in several low income and lower-middle-income countries are assisted by such skilled health personnel. The main factors that prevent women from receiving or seeking care during pregnancy and childbirth are poverty, distance to facilities, lack of information, inadequate and poor quality service, cultural beliefs and practices.[2]

Midwifery model of care

To provide optimal maternity care and to reach our millennium development goals, we need more certified independent midwives that can care for women, and the hallmark of midwifery is one-on-one care. We need changes at the policy level, a separate body altogether for midwifery regulation. We also need to introduce a proper three-year midwifery programme; currently, midwifery is intertwined with nursing, which comprises just six months.[3]

The word "midwife" derives from Old English, "mid" meaning "with", and "wif" meaning "woman" - that is, it refers to the person (not necessarily a woman) who is with the mother giving birth. A nurse can work in many different medical areas, while a midwife works only in labour and delivery. Nurses are required to receive formal education and certification, while midwives are not. Nurse-midwives have the formal education of a nurse and the hands-on experience of a midwife. A midwife is a health professional who provide continuous support and care for women during pregnancy, labour and child birth. They help the antenatal pregnant mother to stay healthy in pregnancy and, if no complications arise, to give birth with little intervention. Midwives also care for mother and baby in the first few weeks following the birth.

"The question is not whether it is better to have a midwife or a doctor, but the degree to which midwives and doctors are able to work together to provide the best care utilizing all of their expertise and abilities," Vedam said by email.

A midwifery model of care should include characteristics such as proceeding towards midwifery philosophy, professional contribution of the midwife for providing constant care, presence of midwives with special knowledge, attitudes, and skills for provision of highquality care before childbirth until six weeks after delivery, and passing natural labor without intervention.[4]

Role of midwife-

During labour and birth, a midwife will usually: provide reassurance psychological support and guide throughout labour and birth. help women's labour and birth progress by suggesting positions and movements. perform routine checks to monitor women and baby's health.

Midwife or midwives are specialists in normal pregnancy and birth. Their role is to look after pregnant women and their babies throughout a phase of antenatal care, during labor and birth, and for up to 28 days after the baby has been born.

A Midwife provide full antenatal care, including parenting classes, immunization, Diet, clinical examinations and screening. Midwife also identify high-risk pregnancies. monitor women throughout pregnancy and provide continuous support during labour and the birthing process. teach new and expectant mothers how to feed, care for and bathe their babies.[5]

Qualities of Midwife a Midwife should be Competent to provide quality of care to mother.

1. **General competence**

- Midwives act as advocates for respectful care in pregnancy, labour and childbirth, and post-partum.
- Recognize abnormalities and complications and implement appropriate treatment and care
- The midwife will work in partnership with women, on her own professional responsibility, to give women the necessary support, care and advice during pregnancy, labour and the postpartum period up to six weeks, to facilitate births and to provide care for the newborn
- The midwife will also educate women – individually or in groups – so that they have knowledge about how to have a healthier pregnancy and a better birth.
- Midwives plan the care of the mother, and this involves assessing, planning, evaluating and implementing.
- Midwives may also work inter-professionally; with doctors, nurses, and other health care providers as part of a maternity care team.
- Midwives will teach and mentor others.

2. **Pre-pregnancy and antenatal care**

- Family planning, monitoring the progression of pregnancy.
- The midwife understands, promotes and facilitates the physiological processes of pregnancy and childbirth, identifies deviations or complications that may arise in mother and baby, obtains appropriate medical assistance, and implements emergency measures as necessary. When women require referral, midwives will provide midwifery care in collaboration with other health professionals.

3. **Care during labour and childbirth**

- Promote normal birth with respectful care
- Manage safe and spontaneous vaginal births and prevent complications. Stabilizing emergencies and referral as necessary and provide immediate care of newborn

4. **Ongoing care of the women and newborns**

- Provide postnatal care for the woman, and newborn including breastfeeding
- Detect, stabilize and refer postnatal complications in woman and newborn
- Midwives will ensure that (unless there are contraindications), the mother has skin-to-skin contact with her baby immediately after the birth, and maintains that for as long as she wants.

- Provide immediate postpartum family planning
- Midwives will work independently and will be supervised and supported by on duty Medical Officer
- Specialist when complications are identified. It is critical that well established referral linkages to FRUs and SNCUs are established to support Midwifery Care Units.[6]

Merits of Midwifery model of care

Pregnant women who received prenatal, continuous labour support and postnatal care primarily from a midwife were less likely to deliver prematurely (before 24 weeks) and needed fewer medical interventions, compared with women cared for by obstetricians or family physicians, according to a review of 13 studies of midwife-led care (with a total of 16,242 women) from the Cochrane Collaborative. Eight of the trials evaluated women at low-risk for complications, and five trials looked at women at high risk for complications. Other benefits of midwife-led care included fewer epidurals, fewer episiotomies, lower odds of delivering before 37 weeks, and greater odds of experiencing spontaneous vaginal birth and being happier with the overall experience. Midwife care didn't reduce the number of caesarean births, and women were in labor about 30 minutes longer.[7]

According to a new study published in *The Cochrane Library*, maternity care that involves a midwife as the main care provider leads to several positive outcomes with no adverse effects for both mothers and their babies. 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. One of the authors of the study, Professor Hora Soltani from Sheffield Hallam University, said: "The perception is that in order to get the highest quality of care, they [women] must be cared for by a senior clinician and that is simply not the case. Midwives provide a sense of normality and by having a midwife they know during pregnancy it allows the mother to feel comfortable and at ease during labour which in turn is much better for the baby."[8]

Women who received midwife-led care were less likely to experience intervention, more likely to have a **spontaneous vaginal birth** and more likely to be satisfied with their care. Women who received midwife-led care were less likely to experience preterm birth, fetal loss before and after 24 weeks and neonatal death.

Conclusion

Maternity care that involves a midwife as the main care provider leads to several positive outcomes with no adverse effects for both mothers and their babies. 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.

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