Group 1: Developing midwife-led care to support normal birth: an action research study

Background

Research evidence demonstrates the benefits of midwife-led care, suggesting that service reconfiguration to provide this offers many opportunities for users of the service and midwives. However, such a significant change in the organisation of services also poses challenges. The aim of this study is to explore service users’ views of midwife-led maternity care to determine what they feel is most important in a high quality service and potential barriers to use of the service. Midwives’ philosophies of care provision and perceived opportunities and concerns about the reconfiguration will also be explored.

Method

The study was conducted in one Hospital Trust in England and is the first phase of an action research study with the overarching aim of working with stakeholders to develop a midwife-led unit that is perceived as safe and realistic and meets the needs of women and their families staffed by a motivated, skilled and educated workforce. This first phase of the study involved focus groups and interviews with pregnant women and women after birth (a total of 30 women) to explore their perceptions of care during labour and birth and their understanding and beliefs about midwife-led care. In-depth interviews were also conducted with midwives with a range of experience working in different areas of the service.

Results

Change in service configuration can be challenging for midwives to deliver and for childbearing women to understand. Women’s concerns about safety of giving birth in a midwife-led unit will be explored in the context of what they consider a high quality service to be. A shift in the philosophy of midwifery care may be required prior to the service reconfiguration and this may involve a shift towards more autonomous practice, support from managers and strong leadership of the midwife-led unit. Opportunities for personal development for midwives are required prior to opening the midwife-led unit; including experiential learning through working in an existing midwife-led unit and ways to work towards enabling midwives to feel more confident and reduce the ‘fear of working by themselves’. Opportunities and barriers relevant to the development of a midwife-led unit highlighted by both women and midwives will be explored.

Discussion and conclusion

Such major changes in service delivery are complex. Recommendations will be made that may be of relevance to others involved in setting up midwife-led units to enhance normal birth. Key findings from this phase of the work will be used in the next phase in joint meetings to further refine the service in an on-going cycle of planning, action and reflection taking care to give voice to the full range of ideas from both women and midwives.

Ethical matters: Full ethical approval has been obtained for this first phase of the study

Funding: Internal research innovation funds were granted for the study.

Findings from the first phase of the study will be presented at the conference.
Preferred presentation mode: oral

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