AIMS For a better birth...

OMOM and IMA CMM: Two Acronyms for Radical Change

AIMS Journal 2005, Vol 17, No 3

Founder of the One Mother, One Midwife OMOM Campaign (OMOM) Laura Abbott explains the thinking behind the movement, and outlines the Independent Midwives Association's new Community Midwifery Model (IMA CMM), putting mothers back at the centre of care

The One Mother, One Midwife Campaign

The strength of feeling about the Independent Midwifery Association's Community Midwifery Model proposal was such that women in the UK wished to be able to express strongly their support for a model of care that they would want for themselves, their daughters and granddaughters: a model of care that could make choice a reality and not just a catch phrase. The "One Mother, One Midwife" movement started on 15th June 2005 and has women and midwives campaigning together with the same goals and the same vision. The vision being that every UK woman from whatever background and of whatever socio-economic status will have the opportunity to choose her midwife and be provided with a maternity care built upon choice, information, partnership and trust. OMOM are committed to changing this and as one campaigner says: "If we as mums allow this sort of conveyer belt system to carry on then our daughters and granddaughters will end up with more and more intervention and poor care".

OMOM campaigners are confident that with the IMA community midwifery model in place, many midwives will be attracted back into the profession. We believe the model will improve working conditions, flexibility of workload, autonomy and the opportunity to be "with women" in a way that many entered their training wanting to do.

How can you join or support us

More information about the OMOM campaign can be found on their website www.onemotheronemidwife.org.uk. They are keen to have more people join the campaign and have an e-group for those wishing to campaign actively.

You can sign the petition to show your support for this model of care. Details are on the OMOM website, but can also be accessed directly at http://www.petitionthem.com/default.asp?sect=detail&pet=1940

Independent Midwives Association Community Midwifery Model

At the AIMS AGM, members were introduced to the Independent Midwives Association Community Midwifery Model (IMA CMM) proposal by Brenda Van der Kooy, an independent midwife who has been

working to affect change. The proposal is for midwives to be able to work within the NHS, but independently, providing all of a woman's antenatal care, attending the birth wherever the woman chooses to give birth and providing all her postnatal care. This would run alongside the current system. This sort of care is available privately at present to women who can afford to pay for it and happen to live near enough a midwife who is practising independently.

The IMA CMM Proposal

Under the proposed NHS Community Midwifery Model put forward by the IMA, a standard midwifery contract (such as a standard contract that is already in place for general practitioners) will enable both NHS-employed and independent midwives to use NHS facilities and provide one-to-one midwifery care to all women, regardless of socio-economic background. This ideology is not intended to replace other models of care but will stand alongside current models, increasing choice and putting women at the centre of the maternity service provision, where they belong. The evidence is clear that continuity of care reduces the need for intervention in labour1. Evidence also suggests that the type of one-to-one care as proposed by the IMM CMM reduces the need for pharmacological drugs in labour1, as well as reducing the incidence of Caesarean Sections, increasing breastfeeding rates and maternal satisfaction, also reducing overall costs to the NHS1., 2., 3.Women are reporting feeling frightened and alone in labour and the incidence of Post Traumatic Stress Disorder (PTSD) is steadily increasing4,5 and the IMA proposal has the potential to address these issues, too. Fulfils the aims of the National Service Framework Standard 11 of the National Service Framework (NSF)6 declares that women should be able to access a midwife as their first point of contact, with all women supported by a known midwife with easy access to high quality maternity services. It also states that women should make informed choices in partnership with professionals with equal access to high quality care. Choice is central to the NSF with talk of easy access to information, facilitation of normal childbirth wherever possible and choosing the place of birth.

How the IMA community model would work

- Pregnant woman has list of midwives from which to choose.
- Contacts midwives and chooses one with whom she is most comfortable.
- Midwife enters into standard NHS contract with set fee per woman.
- Midwife and woman have full access to NHS facilities.
- Woman chooses place and type of birth that most suits her needs.

CHOICES FOR WOMEN

HOW FUNDING WOULD WORK

Van der Kooy (2005)

Proven model already implemented in New Zealand

This model was introduced throughout New Zealand in the early 1990s. Since this style of care was

introduced, over half of all New Zealand's women choose a midwife practising independently as their lead maternity professional for their pregnancy, birth and the postnatal period.

Midwifery Shortages

Many maternity establishments are short staffed. However the CMM has the potential to address the problem of recruitment and particularly retention of midwives. Midwives will be encouraged to stay in the profession by maximising the use of their skills, raising the overall standard of care. It is also recognised that the increased autonomy this model would invariably bring would help retain midwives[7]. Women could still choose to have their care under the current systems and midwives can choose to work within the system as it stands at present. The NHS Community Midwifery Model is proposed to provide a structure in which midwives could choose to work in a different way by offering one-to-one care to a caseload of women. Supervisors of Midwives (SOMs) already have an integral part to play in empowering midwives, enhancing midwives' autonomy and promoting confidence in midwives ensuring the highest quality of care is provided to women and their babies[8,9, 10]. With the NHS Community Midwifery Model, it is envisaged that SOMs will be fundamental in the continuing support and empowerment of midwives. As a profession we will be setting a benchmark of excellence by working autonomously, in partnership with women.

References

1. Hodnett, ED (2004)
2. Homer CS, Davis, GK, Cooke, M & Barclay, LM (2002) 'Women's experiences of continuity of midwifery care in a randomised trial in Australia'. Midwifery. Vol 18, no 2, pp102-112.
3. Page et al, 2001
4. Hillan, E. (2000) 'The Aftermath of Caesarean Section'. MIDIRS Midwifery Digest. Vol 10, no 1, pp70-72.
5. Laing, KG. (2001) 'Post-traumatic stress disorder: myth or reality?'. British Journal of Midwifery. Vol 9, no 7, pp447-451.
6. Department of Health (2004) National Service Framework for children, young people and maternity services: Supporting local delivery. HMSO, London.
7. Stafford, S (2001) 'Lack of Autonomy, a reason for midwives leaving the profession' The Practising Midwife. Vol 4, no 7, pp46-47.
8. LSA. (2002). Statutory Supervision of Midwives National Standards for England. LSA.
9. ENB. (1999). Supervision in Action. London. ENB.
10. NMC. (2002). Preparation of Supervisors of Midwives. London. NMC.