AIMS For a better birth...

Why does the Albany Midwifery Model work?

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AIMS Vice Chair Nadine Edwards gives some background

The Albany Midwifery Practice was based in Peckham Pulse Healthy Living Centre in South London, England from 1997-2009, until King's College Hospital abruptly terminated its contract. It was one of nine community midwifery practices attached to King's in London, but was the only midwifery practice in England to have negotiated a sub-contract with a hospital Trust.

The seven self-employed and self-managed midwives in the Albany Practice provided midwifery care for over 200 women each year, referred from local GPs and from obstetricians at King's. The midwives looked after all the women during pregnancy, birth and postnatally whether or not they had any health complications and wherever they planned to have their babies. Most women were looked after throughout by a midwife they got to know and trust during their pregnancies.

The Practice worked in an area with high levels of deprivation. Southwark is 14th from the bottom of 354 districts in England, (with 1 representing the most deprived) in a Multiple Deprivation Index.1

The families looked after by this group of midwives enjoyed enormous health and well-being benefits, and together the midwives and women developed a positive birth culture that increased confidence, self esteem, knowledge and skills in both women and midwives.

'I think you grow because you grow to meet their expectations [...] They expected me to give birth well, they expected me to be a good parent afterwards and I grew to meet their expectations. You know? That's really powerful...' 2

Not only was the service highly valued by women, but the safety outcomes were second to none. The perinatal mortality rate for Albany babies born between 1997 and 2007 was 4.9 per 1000. This compared with a perinatal mortality rate of 11.4 per 1000 in the Borough of Southwark as a whole, and a national perinatal mor tality rate of 7.9 per 1000.3 Its caesarean section rate was far lower than that of the local hospital and the national rate - 14.4%, compared with 24.1% at King's College Hospital in 2008. Breastfeeding rates were far higher than anywhere in the country consistently around 80% at 28 days. More women had vaginal births, intact perineums, used birthing pools, fewer had episiotomies, elective caesareans, inductions and fewer used pethidine and epidurals than at King's and in the other midwifery group practices. The women and babies enjoyed a high rate of normal birth and home births, because of the level of support and information they received from their midwives.

All in all the Albany Midwifery Practice most closely matched Government policy and targets, and contributed significantly to improving public health. This impacted positively on social cohesion and developed community strength and well-being, as can be seen by the vigorous, consistent and creative efforts of the 'Albany Mums' to oppose King's decision to terminate the contract with their Albany midwives (www.savethealbany.org.uk [website no longer available])

During pregnancy the midwives built a relationship with the women and their families. They helped women to feel confident about giving birth, and continued to support them if they or their babies needed medical interventions. They enabled women to make informed decisions to improve safety for them and their babies, as can be seen by their excellent outcomes.

During labour the midwives provided continuous support to the woman and her family, at home or in hospital, and after birth the midwives visited the woman and baby at home or in hospital regularly in the first few days to help establish breastfeeding. They stayed on call for each woman and family for up to 28 days.

All the pregnant women and new mothers were encouraged to come to the antenatal and postnatal groups facilitated by the midwives. During the groups, women were encouraged to share their experiences and learn from each other, and build supportive networks to help them as they became mothers. The Albany philosophy can be seen at www.albanymidwives.org.uk [website no longer available, please see thealbanymodel.com].

The Albany Practice was very much part of the local community, women continue to speak very highly of the service and of their midwives. The community is devastated by the withdrawal of the Albany Midwifery service and is doing all it can to call for its reinstatement. The Albany Action Group and the Albany Mums Group regularly contacts politicians, managers and Board members at King's, the press, the local Maternity Services Liaison Committee, the local Adult Services Scrutiny Committees, as well as raising funds for demonstrations, legal fees, a national rally and other events. The practice also enjoys support well beyond the Southwark boundary. Student midwives and experienced midwives continually applied to spend time with the Albany Practice to learn from the midwives. Many gave glowing reports:

'I have learned that the way the Albany midwives practice is the way forward for all midwifery practices, the benefits to all their clients is evident every time we met them. The trust and joy the clients show towards the midwives and vice versa can only benefit the service.'

'Continuity has a huge role to play in preserving normal birth and midwifery, not to mention home birth rates. Caseloading is possible and rewarding for both women and midwives.' 4

Researchers frequently cite the practice as a model to emulate: it works for women and midwives, and the practice is renowned globally for its innovative approach to care during childbearing.5

I was fortunate enough to be invited on to the Advisory Board for the Normal Birth Project based at

King's College London and led by Jane Sandall, Nicky Leap and Jane Grant. Because of this I was privileged to see many of the filmed interviews with the Albany midwives, and the mothers and fathers they cared for. It is evident from these that even the excellent evaluations,[6,7,8] cannot portray just what the Albany Practice Midwives were achieving. Their focus on safety, continuity, excellent information, support as and when it was needed, and the commitment with which this was done was truly remarkable. Listening to the women talking about their care was extremely moving - women who would otherwise not have had positive birth experiences or have had the opportunity to further develop their sense of agency and confidence as they became mothers.

I have also been fortunate enough to spend time with the Albany midwives and some of the women they have looked after. It is difficult to put into words the strong sense of community that they have developed: a sense of community we rarely now see. Despite all that has happened to these midwives, their loyalty and commitment to their community is unshakeable. There is not a sign of bitterness or resentment - they are still completely focused on the women, remembering individual women and families from many years ago, as well as all the women they have recently cared for. The women I have met are strong, courageous and resourceful women, and the sense of reciprocity from them is overwhelming.

This group of midwives was providing all that is being asked for by the Government par excellence: safety, choice, and social cohesion. Not only this - it had reduced interventions (and hence costs) to the point that a report by King's suggested that there is a lot to be learnt from the Albany Midwifery Practice to improve care at King's overall.[6] This was sustainable midwifery at its best and the termination of the contract by King's is short sighted, and a tragedy for the families it served, midwifery and the wider community.

References

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