AIMS For a better birth...

Woman-led care

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Nadine Edwards and Vicki Williams explore the links between relationships and good care

This issue has focused on maternity services in the UK that are working well, provide excellent care and have 'good' outcomes, where 'good' extends to more than short-term physical outcomes. None of the Birthplace studies, for example, reported on in this issue were designed to look at women's emotional health as an outcome, though AIMS has campaigned for this to be included in research for many years.

We know that healthy women have fewer interventions when they birth away from obstetric unit and that this creates a healthier start for their babies. But we wanted to provide examples of services that provide more than this: examples that confer crucial other benefits to mothers', babies' and families' well-being and experiences; models that provide women with the care they want and need and that is physically, emotionally, culturally and spiritually safe; models that are genuinely inclusive rather than exclusive, models that midwives take pride in, where they can exercise their clinical and caring skills and judgement, and models in which they can increase their skills and confidence.

What is particularly striking about the examples included in this issue is their careful attention to the mother and her family – positively meeting her needs, welcoming her and her family, being unafraid to support her in her circumstances, even when she is deemed to have obstetric, medical or social complexities.

AIMS has always supported appropriate obstetric care when needed. This is vital for some women. AIMS has always supported women's decisions about place and type of birth, but what this issue shows is what can be achieved when there is flexibility, when women and midwives can feel free to make decisions and when they are well supported by maternity systems and other practitioners. As Helen Shallow describes, women are healthier and happier when they are heard, respected and supported.

The relationship of trust between a woman and midwife is crucial for both[1] and although the midwife is with the woman for a relatively short time as she journeys through pregnancy, birth and early motherhood, this is a critical period for her well-being. We now know that positive relationships, built up over time, between mothers and midwives really do make a difference, and that mothers and midwives thrive on these. Equally important is the difference midwives can make longer-term by supporting the woman to develop social and community networks that strengthen her and therefore strengthen her community. This has been less of a focus to date.

The Albany midwifery Practice and Serenity birth Centre (among other examples in the UK) show that it

is possible to develop maternity services that are about the individual woman, family and midwife, about their relationships, and, just as importantly, about community building. supporting the woman within her family, within friendship circles and within her own community increases good health, strength and confidence – and also improves the care provided by midwives.

Birth centres such as Serenity that have worked hard to develop strong relationships with their colleagues and their communities tend to be more flexible and can extend the kind of supportive care they offer to more women than when boundaries around risk are too rigid. The Albany midwifery Practice, from the start, purposefully focused on developing trusting relationships, inspiring confidence and supporting the woman in her community. It put in place several positive factors to make this happen – midwifery continuity, providing information and support to encourage women to make decisions, bringing women together to support each other and helping them to access other support networks, and crucially insisting on an 'all risk caseload'.

This meant that they provided care for ALL women booking with them throughout their pregnancies, births and beyond, and thus no woman was excluded or transferred from the benefits of their midwifery care or ever denied access to medical and social care if needed. When maternity care is woman-led, when women are supported by skilled midwives who can be their advocates, and when the evidence about the importance of relationships and place of birth is heeded, then maternity care will be transformed. In addition, midwifery needs to be well integrated into its communities and existing services and be able to provide care for all pregnant mothers in those communities irrespective of medical, obstetric or social disadvantages.

If there is a commitment to better care for all pregnant women and their babies, reducing inequalities, using the available research evidence and reducing costs of maternity care, then Serenity birth Centre and the Albany midwifery Practice could and should be replicated in maternity care across the UK.

References

1. Kirkham M (2010) The mother-midwife relationship. Palgrave Macmillan