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Stop Press

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Jo Murphy-Lawless sends news on Ireland's midwifery unit closures

Bleak news from Ireland became still more bleak last week. Following the downgrading and closure of two of our six midwifery-led initiatives to support women in good birthing, we learned that Cavan Midwifery-Led Unit was to be closed without any public discussion.

Cavan is one of only two MLUs in the Republic (the other is in Drogheda, also in the northeast of the country.) Cavan opened in 2005 after tremendous work by the Kinder Maternity Task Force, a pioneering effort to bring midwifery-led care into being.

Both MLUs were the subject of a full-scale randomised controlled trial commissioned by the Health Services Executive (HSE), the Mid U Study, which reported in 2009 with excellent data on the favourable outcomes for women using the MLUs. Even within the restrictive conditions governing these two MLUs, outcomes proved MLU care at least as safe for women as birth in the consultant-led units to which they are attached, with far fewer interventions, and they are, economically, more cost-efficient.

The HSE, now focused on 'savings', saw closure as a 'cost-cutting measure'. Medical opponents to the unit saw it as their good chance. The Caesarean section rate in the consultant unit in Cavan currently stands at 28.3%, above even the national average in Ireland of 27%. There was not a whisper about savings to be made in that arena, but then that is the purview of much lucrative private obstetric practice.

The HSE argument was that the MLU was 'underutilised'. What was left unsaid was that local GPs and obstetricians have consistently failed to support Cavan MLU or to refer women to the MLU. Its sister MLU in Drogheda, sixty miles away, has a waiting list of women anxious to receive evidence-based woman-centred care.

Feverish behind-the-scenes activity gained a temporary reprieve on 16 December 2011, with some tough targets to meet, but the questions remain: why are women in Cavan not being told what the women in Drogheda clearly know about genuine midwifery care? How can we keep this care from vanishing?

Jo Murphy-Lawless
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