

One-to-one midwife care just as safe and costs significantly less than current maternity care

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Continued care from a named midwife throughout pregnancy, birth, and after the baby is born (caseload midwifery) is just as safe as standard maternity care (shared between different midwives and medical practitioners) for all women irrespective of risk, and is significantly cheaper, according to new research published in *The Lancet*.

"Caseload midwifery costs roughly AUS\$566.00 (£333.00) less per woman than current maternity care, with similar outcomes for women of any risk, and could play a major part in reducing public [health expenditure](#) in countries like the UK and Australia where standard [maternity care](#) is shared between different health professionals"*, explains study leader Professor Sally Tracy from the University of Sydney in Australia.

The Midwives @ New Group practice Options (M@NGO) study randomly assigned pregnant women (aged 18 or older) from two metropolitan [teaching hospitals](#) in Australia to a named caseload midwife (or back-up caseload midwife; 871 women) or standard shared care with rostered midwives and [medical practitioners](#) (877), to compare outcomes for mothers and babies and cost of care.

The researchers noted no difference between the groups in number of caesareans, use of epidurals, instrumental births, 5-minute Apgar scores of 7 or less (a system for determining a newborn's health using a scale of

0 to 10, with 10 being the healthiest), admission to [neonatal intensive care](#), or preterm birth.

However, women who received caseload midwifery care were less likely to have an elective caesarean (before the onset of labour), more likely to have a spontaneous labour, required a lower amount of [pain drugs](#), had less [blood loss](#) following birth, needed to stay in hospital for less time, and had improved breastfeeding rates—which together, say the authors, accounted for the lower cost of caseload midwifery.

According to Tracy, "The caseload model of midwifery care has been largely overlooked in maternity systems because of a perception that the service will be too expensive and that the model is not safe for complex pregnancies. Our results show that in women of any risk caseload midwifery is safe and cost effective."

Commenting on the study, Petra ten Hoope-Bender from Instituto de Cooperación Social Integreare in Switzerland says, "A health system that makes caseload midwifery services available to all women would provide the right services to the right women at the right time. Such an approach can reduce unnecessary interventions, iatrogenic harm, deaths, and costs. It can also strengthen the health and wellbeing of women, the start of the early years of a child's life, and the capabilities of women to take care of their families and themselves...A crucial final piece to complete this study is the analysis of women's satisfaction with caseload midwifery, to which I would recommend investigators add the satisfaction and workload of [midwives](#)."

More information: [\(13\)61406-3/abstract](http://www.thelancet.com/journals/lan...)

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