

# Study finds midwifery care saves money and is safer

February 11 2014, by Rachel Gleeson

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University of Sydney research has found that pregnant women who see the same midwife throughout pregnancy are more likely to experience fewer interventions during birth, and cost the public hospital system less than women who receive standard shared antenatal care or private obstetric care.

The research, published in the journal BMC Pregnancy and Childbirth, examined the costs and outcomes for women who experienced each of the three models of care offered at the Royal Hospital for Women - caseload midwifery care, standard hospital care, or care by a private obstetrician in the [public hospital](#).

Lead author of the paper Sally Tracy, Professor of Midwifery at the University, said that first-time 'low-risk' mothers who received caseload midwifery care were more likely to have a spontaneous onset of labour and an unassisted [vaginal birth](#) at 58.5 percent of women.

"This is compared to 48.2 percent of women who chose standard hospital care and 30.8 percent with private obstetric care.

"Caseload midwifery patients were also ten-times less likely to have an elective caesarean than women with private obstetric care," she said.

The study found that over one financial year there was an average saving of over \$1000 per woman for those who chose caseload midwifery care. It is also the first study to calculate the average cost per woman receiving

private obstetric care in the public system.

"A previous study published by the same University of Sydney team in the *Lancet* in 2013, found the median cost of caseload midwifery care was \$500.00 less than routine or standard hospital care.

"The latest findings help to refute misconceptions that one-to-one midwifery care is expensive or unsuitable to complex pregnancies," Professor Tracy said.

The 2013 Cochrane review of 13 trials involving more than 16,000 women found those receiving midwife-led continuity models of care were less likely to require analgesia, episiotomy, or an instrumental vaginal birth compared to women cared for by different obstetricians, GPs and midwives.

"Childbirth is the single most important reason for hospitalisation and accounts for the highest number of occupied bed days for women, however, the current structure of our maternity system makes it challenging to deliver value for money," she said.

"Caseload midwifery care works on the premise that women will labour more effectively, need to stay in hospital less time, and feel a stronger sense of satisfaction and personal control if they have the opportunity to get to know their midwife at the beginning of pregnancy.

Paper co-author Dr Donna Hartz, from the University of Sydney, said that despite high quality evidence of the safety and cost savings associated with caseload midwifery care, it has only been introduced in most hospitals as a token service with access to a small proportion of women.

"It is a very appealing model to women. If you review the few hospitals

that provide caseload midwifery care you'll find there is an enormous wait list. At the Royal Hospital for Women where over 1200 women of all risk are cared for by caseload midwives, there are still at least 240 [women](#) per year who cannot get into the model," she said.

Dr Hartz said that midwifery group practice models could play a major role in the future reducing the public health burden by increasing normal outcomes and promoting more efficient use of funds.

**More information:** "Caseload midwifery compared to standard or private obstetric care for first time mothers in a public teaching hospital in Australia: a cross sectional study of cost and birth outcomes." Sally K Tracy, Alec Welsh, Bev Hall, Donna Hartz, Anne Lainchbury, Andrew Bisits, Jan White, Mark B Tracy. BMC Pregnancy and Childbirth 2014, 14:46 [DOI: 10.1186/1471-2393-14-46](https://doi.org/10.1186/1471-2393-14-46)

Provided by University of Sydney

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