

Midwifery units provide better experiences than hospitals for women with low-risk pregnancies

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Women who planned to give birth in a freestanding midwifery unit rather than in the local hospital obstetric unit were more likely to report a good experience, according to researchers at City University London.

The study - which is published in the journal *Midwifery* - found that women who went to the midwifery unit in labour were significantly more likely to experience one-to-one care and have the same midwife with them throughout their labour. They were also more likely to report that staff were kind and understanding and treated them with respect and dignity.

The research provides further academic backing to the draft NICE

guidance released this week and adds additional evidence to that from the national Birthplace Research Programme which supports the use of freestanding midwifery unit care by women without [birth](#)-related complications.

Led by Alison Macfarlane, Professor of Perinatal Health at City University London and Lucia Rocca-Ihenacho, a senior midwife at Barts Health, the team examined women's choices and experiences of maternity care before and after the opening of the Barkantine Birth Centre, a freestanding midwifery unit on the Isle of Dogs in Tower Hamlets, an inner city area of London.

The 620 participating women from the borough were recruited in two phases, with 259 recruited into phase one before the birth centre opened, and 361 recruited into phase 2 after it had opened. Women were then interviewed by telephone by bilingual English and Sylheti/ Bengali speaking interviewers in late pregnancy and about six weeks after birth.

Lucia Rocha-Ihenacho said: "Women's experiences varied considerably depending whether they gave birth at the birth centre or at the hospital, with staff attitudes and communication skills having a profound impact on their birth experiences.

"Those who used the birth centre reported positive views of feeling listened to, supported and cared for by the midwives. In particular they appreciated the home-like environment at the birth centre. In general, the negative experiences reported were linked to staff attitudes and lack of communication skills."

Professor Alison Macfarlane said: "My colleague Christine McCourt and I were also involved in the national Birthplace Research Programme which found that freestanding midwifery units had similar levels of safety for babies and lower intervention rates for women compared to

consultant obstetric units, as well as lower rates of some postnatal health complications for women.

"Our work in Tower Hamlets adds further weight to the evidence in support of birth centre care for women who are assessed as at lower risk of medical problems. As a result, the findings also support the suitability of midwifery units in inner city areas such as London and refute claims that this model of care is only suitable for more affluent areas."

A recently published study by Professor Christine McCourt from City University London and colleagues also looked at Alongside Midwifery Units (AMUs), which are sometimes known as hospital birth centres.

While the Birthplace Research Programme identified that AMUs provide safe and cost effective care, this follow up study found that care in the birth centres was valued highly by women, their partners and families and by health professionals. The study discusses organisational and professional issues that could impact on the scaling-up of such birth centres to provide care for more of the low-risk [women](#) who could benefit from their care.

Provided by City University London

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