

# Midwife continuity of care model linked to positive experiences during pregnancy

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Increasing midwifery continuity of care has been identified as a key priority for maternity services in the United Kingdom (UK). Published today in *Cochrane Database of Systematic Reviews*, [a study](#) led by Professor Jane Sandall and colleagues, which builds on previous research, compares how outcomes for women and their babies who received a midwife continuity of care model differed from other models of care.

Midwife continuity of care models provide care from the same [midwife](#) or team of midwives during pregnancy, birth, and the early parenting period, in collaboration with obstetric and specialist teams when required. Midwife continuity of care models have been a key approach to transforming Maternity Services in England since 2016, with the aim of making birth safer, more personalized, and equitable.

The review found that women receiving midwife continuity of care models were less likely to experience a [cesarean section](#) or instrumental birth and were more likely to experience spontaneous vaginal birth and report a positive experience.

Additionally, midwife continuity of care provides benefits for health services through [cost savings](#) in the antenatal (care during pregnancy) and intrapartum (care during labor and birth) period, and women who experience midwife continuity of care models also reported more positive experiences during pregnancy, labor, and postpartum.

"The studies included models of care that offered intrapartum care in hospitals, midwife birth centers co-located in a maternity unit and home birth. We found that midwife continuity of care models, as compared to other models of care, increase spontaneous vaginal birth, reduce cesarean sections and instrumental vaginal birth (forceps/vacuum), and

may reduce episiotomy," says Sandall.

The team identified trials that compared midwife continuity of care throughout the antepartum and the intrapartum period (and postnatal period where offered) with other models of care. The results of the trials were compared, summarized, and rated in the evidence based on factors such as study methods and size, and in total, 17 studies were identified that involved a total of 18,533 women in Australia, Canada, China, Ireland, and the United Kingdom.

Although women who received midwife continuity models of care were less likely to experience certain interventions and more likely to be satisfied with their care, there was uncertainty about the effect, as compared to other models of care, on fetal loss at or after 24 weeks gestation, neonatal death, third or fourth-degree tear or maternal readmission within 28 days of birth.

The researchers found that midwife continuity models resulted in little to no difference in [preterm birth](#), intact perineum, postpartum hemorrhage, and admission to a special care nursery/[neonatal intensive care unit](#).

The review gives implications for future research, suggesting that further evidence may change the results and focus should be given to the impact of midwife continuity of care models on women with social risk factors, those at higher risk of complications, and low- and middle-income countries.

Additionally, a team of researchers at the National Institute for Health and Care Research (NIHR) Applied Research Collaboration South London, led by Professor Jane Sandall, is carrying out work in this area, exploring the benefits of midwife continuity models for diverse groups of women, including women at risk of preterm birth, and women belonging to ethnic minorities or living in disadvantaged areas.

**More information:** Jane Sandall et al, Midwife continuity of care models versus other models of care for childbearing women, *Cochrane Database of Systematic Reviews* (2024). [DOI: 10.1002/14651858.CD004667.pub6](https://doi.org/10.1002/14651858.CD004667.pub6)

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