Women-centered Care in Modern Midwifery

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Essential elements in new Midwifery

• Working in a positive relationship with women
• Avoiding harm by using the best information or evidence in practice
• Having adequate skills to deliver effective care and support
• Promoting health & well-being
Principles of patterns of practice that support development of the new midwifery

- Women-centered care including choice, control & continuity for women, wide access to care is crucial
- The potential for the development of a personal continuous relationship between the women & her midwife
- Community-based care
- **Midwifery autonomy** and a clear expression of the distinct nature of midwifery practice including the support of normal or physiological birth
- Appropriate support for midwives
- Positive organizational culture
- An interface with other professionals, midwives, doctors, nurses and health visitors and hospitals and mechanisms for consultations, referral and transfer
- Cost-effectiveness
Women-centered care, access, control & continuity of care

- This term means that women & their families should be at the heart of everything midwives do in practice
- They should be given choice in the place of birth, caregiver & care
- Be given control over their own care & experience
- Two keys to achieving these principles:
  - Provision of continuity of carer
  - Restoration of autonomous midwifery
Choice & control

• Midwives help women retain personal autonomy and a sense of being a strong, powerful mother
• To help women make informed decisions
• The best decisions are informed not only by the evidence but also the health, personal circumstances & preferences, beliefs & values of individual women
choice

- Choice of how to access maternity care
- Choice of type of antenatal care
- Choice of place of birth:
  - Home birth
  - Birth in a local facility, including a hospital, under the care of a midwife
  - Birth in a hospital supported by a local maternity care team including midwives, anaesthetists & consultant obstetricians
Continuity of care

• Enable the relationship between the woman & her midwife to develop over time.
• Individual women may receive most of their care from a named midwife.
• This named midwife provides & manages most of the midwifery care for a woman and is likely to be available for critical events in the woman’s pregnancy
One –to-one midwifery

• One named midwife who is responsible for the care of individual women
• This named midwife works with a midwife partner who gets to know the women and provides on-call cover when the named midwife is unavailable.
• This pattern, integrates a high level of continuity
• To provide a service that is sensitive to the needs of individual women and their families, and to give women choice, continuity and control
• It is Geographically-based: midwives are situated in a local community & provide much care in the woman’s own home
Patterns of practice

- Employee vs Independent practice
- Community – based vs Integrated care vs Centralized care
- Continuity of caregiver vs fragmented care
- Midwifery autonomy vs Medicalized Midwifery
- Medically-led and complex care in larger hospitals
- midwifery-led care in community-based services
Community-based care

Community-based, integrated care or centralized care?

1- The woman may have all of her care at home (the birth & care after the birth)

2- all of their care in pregnancy & most of afterbirth care in the community (at home or in the midwife’s or doctor’s office).

3- some services integrate community & hospital: a midwife follow women through the system of care from start to finish

4- women receive all their care in an acute care centralized hospital setting.
quality of maternity care

“The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge”
quality of maternity care

✓ Safety
✓ Effectiveness
✓ Patient-centeredness
✓ Timeliness
✓ Efficiency
✓ Equity
Safe & Effective Care?

Overuse of unnecessary or harmful interventions

Underuse of beneficial interventions
Woman - centered & timely care?

• Limited role in decision making

• Uncomfortable with received care

• Dissatisfied with the quantity of information received during pregnancy

• “Consumer demand” for c-sections
Improving the quality of maternity care

Effective = Safe + Humane + Dignifying = Friendly
Reference:

Myles TextBook for Midwives
Fraser D. & Cooper M.
15th edition - 2009
امام حسن (ع)
در کیفر دادن گناه دیگری شتاب مکن و راهی برای پوزش باز بگذار