

The journey of integrating continuity of care into a tertiary maternity hospital

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ABSTRACT

Introduction

Evidence supporting continuity of midwifery care where women are provided with a known midwife across the childbirth continuum is well established. Continuity of care is generally provided through a midwifery group practice (MGP) by a small team.

Problem

Continuity of midwifery care should be accessible to all Australian women but this is not the reality.

Aim

Our aim is to share the journey and lessons learnt along the way as continuity of midwifery care models were introduced and extended to include not only low risk but medium to high risk women attending a tertiary maternity hospital.

Process and Outcomes

In 2014, MGP 1, 2 and 3 were introduced at the Birth Centre for women determined to be low risk at booking who intended to birth in the Centre ideally with their primary midwife or another known midwife from the team. This 'no exit' model ensured that should a woman's risk status change, she would continue to receive care from her MGP midwives regardless of the birth setting. Evaluation of this model confirmed its acceptability and safety. Comparison to 33,393 WA women found that MGP women were more likely to have a vaginal birth and intact perineum and were less likely to use epidural/spinal analgesia or have a caesarean. An overwhelming 98% of MGP women would recommend the service to others. In 2016, MGP 4 was introduced for women with low to medium risk and a community midwifery program (CMP) intrapartum risk model was commenced for women planning a hospital birth. Finally in 2018, MGP 5 was initiated for high risk women whose are managed by a medical team in collaboration with a known midwife.

Conclusion

The expectations of the institution, women and staff must be clear, realistic and aligned. Women must be at the centre of care with processes to ensure women received consistent messages are a priority. Insight around benefits and challenges encountered by staff who must adapt to a new way of working must be recognised to ensure ongoing sustainability of these important care models.