Midwives are the experts in normal pregnancy, childbirth and postnatal care and are accountable for their practice. The needs of the mother and baby are the primary focus for the role and responsibilities of each practising midwife. There have been many studies comparing midwife-led care with obstetrician-led care for women of low obstetric risk, conducted in England, Scotland and other countries comparable with our maternity services. The results demonstrate that women receiving midwife-led care have lower rates of intervention, i.e. induction and augmentation of labour, artificial rupture of membranes, epidurals and other analgesia in labour, operative vaginal delivery and caesarean sections. Midwifery-led care, where midwives are the lead professionals with effective referral pathways to medical colleagues, are popular with women, cost-effective and deliver good outcomes.

It is generally accepted in the UK that continuity of care is desirable to health service users, with the Winterton Report and Changing Childbirth Report, highlighting the fragmented nature of maternity services and lack of continuity. By seeking to implement a choice of midwife-led care for appropriately low-risk pregnant women, the RLI midwife-led care working party is seeking to reflect the forces behind current government policy and initiatives, which include:

- user empowerment
- user involvement
- social inclusion with equality of access to services
- partnerships between professionals and users.

However, midwives striving continually to improve the service offered to pregnant women and their families, find this difficult to achieve when midwifery is under-staffed, under-resourced and demoralised. Successful implementation of women-centred care depends on commissioners and managers recognising the role and value of midwifery care by investing appropriate resources and support for midwifery leadership. The modernisation and improvement of maternity services play a key role in tackling unacceptable variations in health across social class and ethnic background, which is both a national and local priority.

The midwife-led care working party has two primary aims:

- to provide and promote the option of midwife-led care for appropriate low-risk pregnant women, primarily within the community setting
- to influence and reduce the intervention rates and high dependency levels which exist currently within our service.

The working party was initially set up in response to staff concerns regarding increased workload, low morale, recruitment and retention issues and the increasing intervention rates and dependency levels within our unit. We felt that looking at ways to offer midwife-led care would address most of those staff issues. As a working party we will communicate with each general practitioner within the Morecambe Bay area explaining our aims and objectives. We held a presentation evening at the Postgraduate Medical Centre, RLI in April 2003 for GPs, health visitors, practice managers and members of the Lancaster Health Group. We are also hoping to secure interest from GPs in conducting a pilot scheme at two surgeries, one in Lancaster and one in Morecambe. It would be difficult to succeed to improve our maternity services without the ongoing support of Morecambe Bay GP practices and the Women’s Unit obstetricians.

REFERENCES

1. Flint C, Poulengeris P, Grant A. The “Know your midwife” scheme - a randomised controlled trial of continuity of care by a team of midwives. Midwifery 1989;5(1):11-16