
Position Statement

Midwifery Led Care, the First Choice for All Women

Background

The medicalisation of birth has impacted on the midwifery profession and midwifery models of care all over the world. Increasingly, pregnancy and birth are not seen as normal physiological processes led by midwives, but as high risk events in women's lives that require medical intervention by highly specialised obstetricians¹. Evidence demonstrates however, that in order to improve maternal and neonatal health and to meet the Sustainable Development Goals, midwifery led care is crucial².

A midwife-led model of care means that the midwife is the lead health-care professional, responsible for the planning, organisation and delivery of care given to a woman from the initial booking of antenatal visits through to care during the postnatal period. The midwife-led model of care is woman-centred and based on the premise that pregnancy and childbirth are normal life events³

This model of care provides the woman with education, counselling and antenatal care adapted to her specific needs; continuous care during labour, birth and the immediate postpartum period and ongoing support during the postnatal period. It promotes birth as a normal process and advocates for a minimum of interventions. In case of complications, women are appropriately referred. -

Compared to other models of care, midwife-led care has a significant number of benefits. Women are less likely to have an epidural, an episiotomy, or instrumental birth. Women's chances of a spontaneous vaginal birth are increased and there is no difference in the rate of caesarean sections. Women are less likely to experience preterm birth, and they are also at a lower risk of their babies dying before 24 weeks gestation. In addition, women who receive midwife-led care are nearly eight times more likely to be attended at birth by a known midwife. There are no adverse effects compared to other models of care⁴.

¹ Johanson R, Newburn M, Macfarlane A. 2002, Has the medicalisation of birth gone too far? BMJ.

² Renfew M, Mc Fadden A, Bastos Dias M, Campbell J, Channon A, Cheung N, Audebert Delage Silva D, Downe S, Powell Kennedy H, Malata A, McCormick F, Wick L, Declerq E. 2014. Midwifery and quality care; findings from a new evidence -informed framework for maternal and newborn care. Lancet

³ Sandall J, Soltani H, Gates S, Shennan A, Devane D. 2016. Midwife-led continuity models versus other models of care for childbearing women. Cochrane. United Nations. 2016, Transforming our world: the 2030 Agenda for Sustainable Development.

⁴ Sandall J, Soltani H, Gates S, Shennan A, Devane D. 2016. Midwife-led continuity models versus other models of care for childbearing women. Cochrane. United Nations. 2016, Transforming our world: the 2030 Agenda for Sustainable Development.

Position

ICM believes that midwifery led care is the most appropriate model of care for childbearing women. It provides safe and high quality care and is associated with more efficient use of resources and improves outcomes.

Recommendations

Member Associations based in countries where women do not have access to midwife-led care are encouraged to advocate for the development of such models in their countries, together with women and other stakeholders. Member associations in countries where midwifery-led models of care do exist are encouraged to work with women and other stakeholders to further develop and maintain this model of care.

Related ICM Documentation

ICM. 2017. Position Statement. Appropriate Maternity Services for Normal Pregnancy, Childbirth and the Postnatal Period.

ICM. 2017. Position Statement. Home birth.

Other Relevant Documents

Hatem M, Sandall J, Devane D, Soltani H, Gates S. 2008. Midwife-led versus other models of care for childbearing women. *Cochrane Database of Systematic Reviews*. Issue 4. Art. No.: CD004667.

Homer C, Friberg I, Bastis Dias M, ten Hoop-Bender P, Sandall J, Speciale A, Bartlett L. 2014. The projected effect of scaling up midwifery. *Lancet*

Johanson R, Newburn M, Macfarlane A. 2002, Has the medicalisation of birth gone too far? *BMJ*.

Maassen MS, Hendrix MJC, Van Vugt HC, Veersema S, Smits F, Nijhuis JG. 2008. Operative deliveries in low-risk pregnancies in The Netherlands: primary versus secondary care. *Birth*. 35:4 December 2008, 277-82

Renfew M, et.al. 2014. Midwifery and quality care: findings from a new evidence-informed framework for maternal and newborn care. *Lancet*

Sandall J, Soltani H, Gates S, Shennan A, Devane D. 2016. Midwife-led continuity models versus other models of care for childbearing women. *Cochrane*. United Nations. 2016, Transforming our world: the 2030 Agenda for Sustainable Development.

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