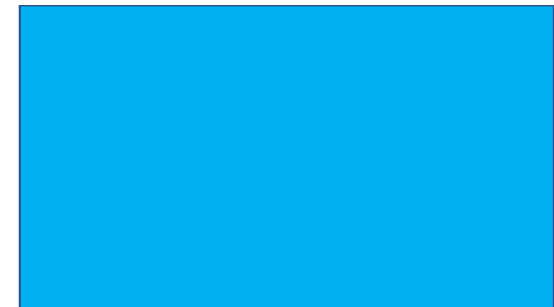
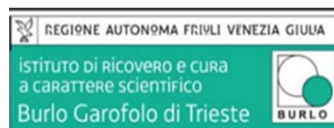




WHO Collaborating Center
for Maternal and Child Health
Trieste Italy



Quality of Maternal and Newborn Health Care
Translating research into policy initiatives
in the WHO European Region



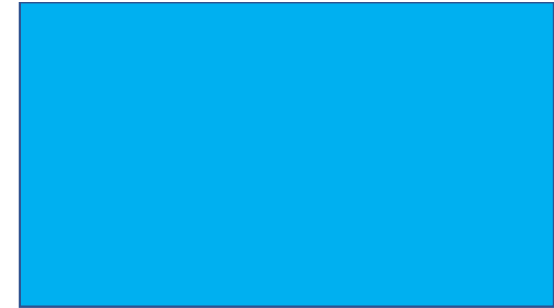
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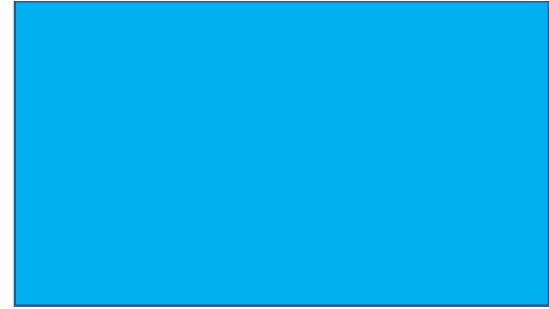


Dr Lucia Rocca-Ihenacho,
City, University of London and Midwifery Unit Network

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 - The Royal College of Midwives
 - European Midwives Association







Women's right to health and a respectful treatment is a human right

Maternal Health 2

2016

The Lancet, 388(10056), pp.2176-2191

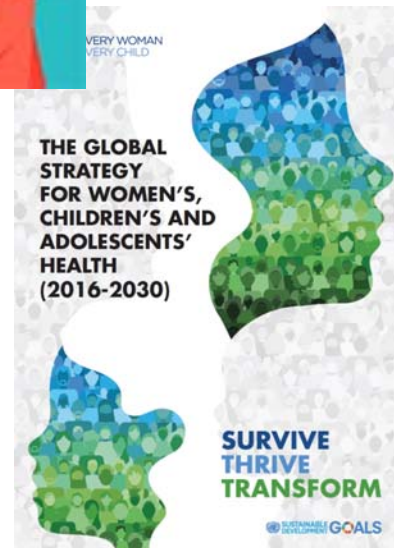
Beyond too little, too late and too much, too soon: a pathway towards evidence-based, respectful maternity care worldwide

Suellen Miller, Edgardo Abalos, Monica Chamillard, Agustin Ciapponi, Daniela Colaci, Daniel Comandé, Virginia Diaz, Stacie Geller, Claudia Hanson, Ana Langer, Victoria Manuelli, Kathryn Millar, Imran Morhason-Bello, Cynthia Pileggi Castro, Vicky Nogueira Pileggi, Nuriya Robinson, Michelle Skaer, João Paulo Souza, Joshua P Vogel, Fernando Althabe

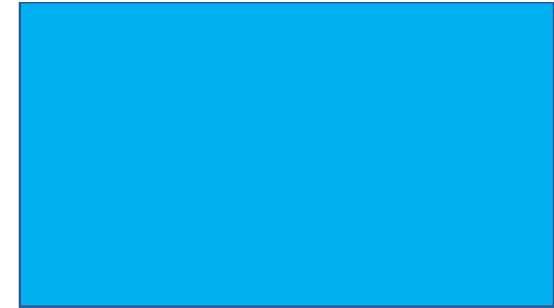
WORLD'S MIDWIFERY

2014

A UNIVERSAL PATHWAY. A WOMAN'S RIGHT TO HEALTH



Midwifery Units: the evidence suggests



Cost-effective model for women with physiological pregnancy and labour:

- ✓ Improved maternal clinical outcomes *
- ✓ Similar perinatal outcomes
- ✓ Better maternal experiences of care
- ✓ Better midwives' job satisfaction
- ✓ Less expensive

* Less: PPH, IT, HDU admission, episiotomies, 3rd-4th Tears
More: physiological birth, breastfeeding rates

Recommendations:

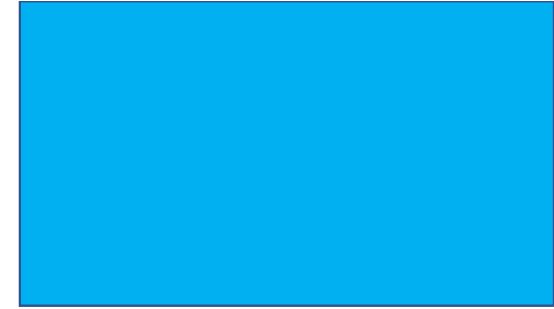
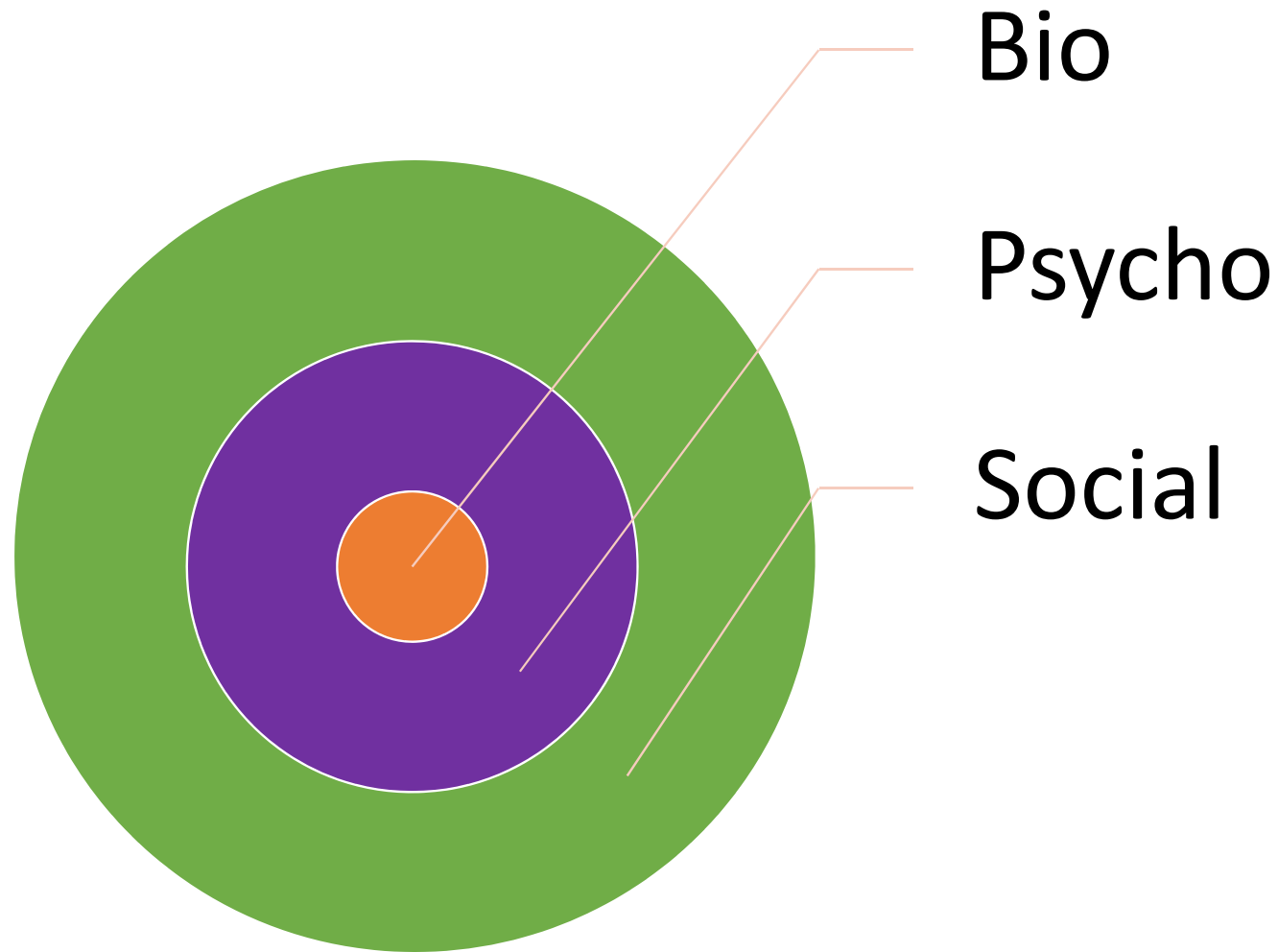
Provision of midwife-led settings should be expanded

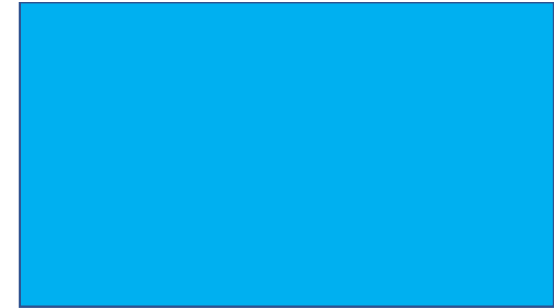
- Systematic facilitation to support change
- A whole system approach
- Interdisciplinary training
- A shift to consider midwife-led settings as the normal primary care pathways



(Schroeder et al., 2011; McCourt et al., 2011; Birthplace in England Collaborative Group, 2011; Rocca-Ihenacho, 2017; Scarf et al., 2018; Rocca-Ihenacho, et al., 2020)

What is the essence of a Midwifery Unit?

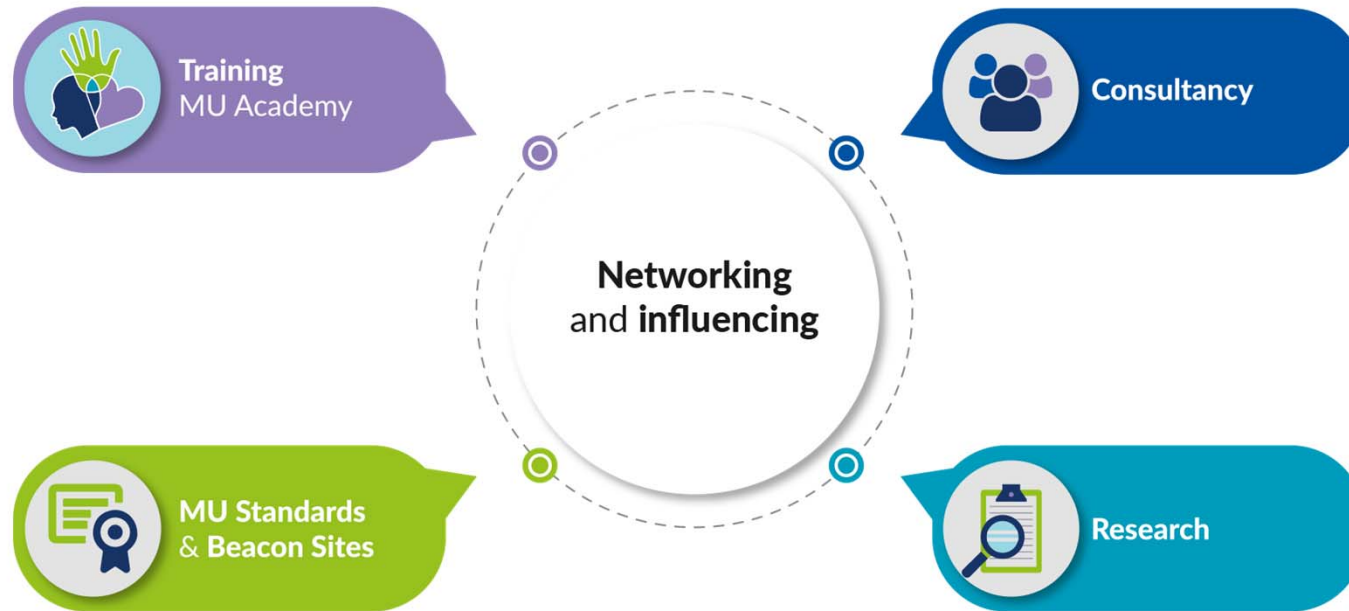




Beliefs About Labour & Birth

Bio-Psycho-Social Philosophy	Medical-Industrial Philosophy
Whole person: spirit, mind & body as one	Reductionism: body & mind separation
Respect and empower	Control and manage
Personalised, focused on individual needs	Assembly line, routine, nor tailored around individual needs
Relational (continuity of carer)	Impersonal (lack of continuity)
Environment central	Environment peripheral
Anticipate normality	Anticipate pathology
Local/community	Centralised institution
Support physiology /Creation of health	Risk avoidance and pathology focused

(modified from MacKenzie Bryers & van Teijlingen, 2010)



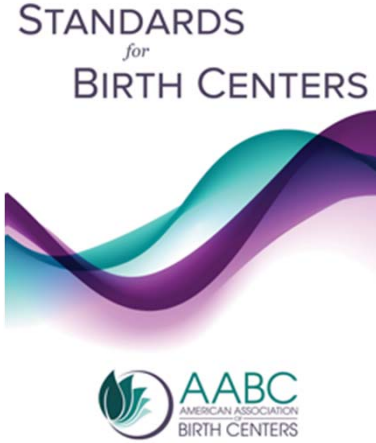
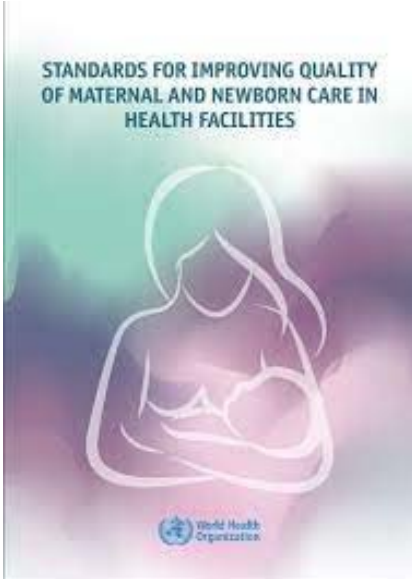
A community of practice, created in 2016 with the support of City, University of London to:

- support the scaling up and continuous improvement of MUs across Europe
- aim to make MUs the mainstream care pathway for women with an uncomplicated pregnancy, providing holistic care to them and their family

<https://www.midwiferyunitnetwork.org>

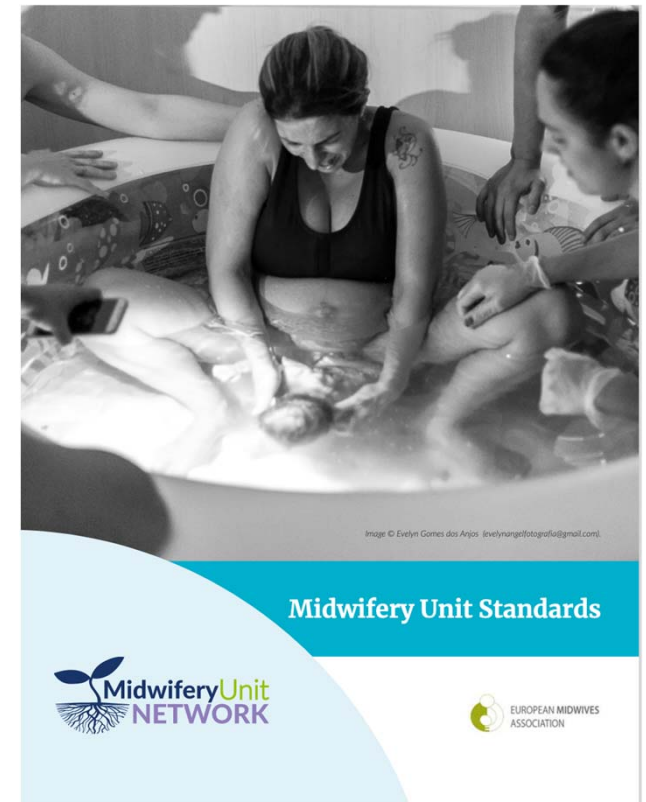
Existing policy, 2018

- There was limited policy focused on the implementation and improvement of Midwife-led birth settings.
- Lack of sociological understanding on what influences the origin and spread of disrespect and abuse in maternity care
- Implementation of MUs across Europe has been slow despite the strong evidence.



The Midwifery Unit Standards

- The European MU Standards were developed in UK by an international team of experts in 2018 as part of a NIHR Knowledge Mobilisation Fellowship awarded the Dr Roccca-Ihenacho (City & MUNet)
- The aim of the Standards is to support the implementation and improvement of MUs in Europe.
- It acknowledge the principles of co-production and stakeholder engagement as well as the need to include a sociological approach including context analysis to tackle specific barriers for the implementation
- In 2019 the MU Standards were endorsed by NICE.
- MUNet has facilitated stakeholder engagement with thousands of service users, members of midwifery and O&G associations, policymakers, commissioners and politicians across Europe





Who

- City, University of London in partnership with Midwifery Unit Network and the European Midwifery Association developed the MU Standards.
- More than 100 international experts contributed to the MU Standards as participants in the Delphi study, as peer reviewer or as a participant of a stakeholder event .
- In 2019 the MU Standards were endorsed by NICE.
- MUNet has facilitated stakeholder engagement with thousands of service users, members of midwifery and O&G associations, policymakers, commissioners and politicians across Europe

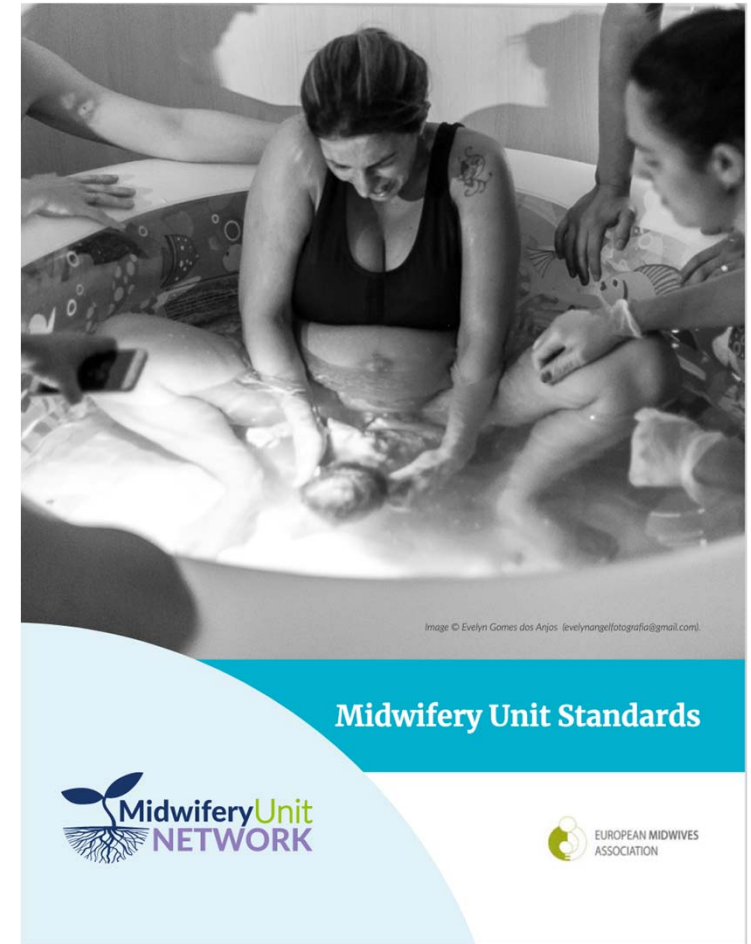
Methods:

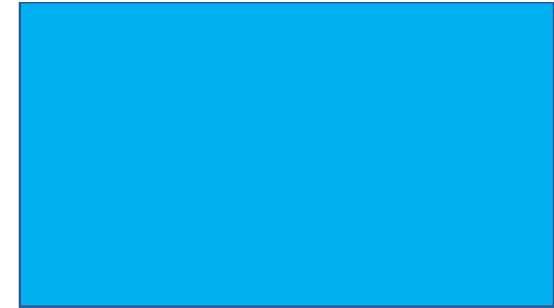


- The MU Standards were created following a rigorous process:
- 1) A systematic review and synthesis of the qualitative evidence on the provision of good quality care in midwifery units was conducted between January and October 2017.
- 2) A Delphi study was conducted, which involved two online surveys
- 3) Semi-structured interviews were conducted with the service leaders of high-performing midwifery units to expand the themes which were under-represented.
- 4) The findings from the evidence review were integrated into the Delphi survey questions.
- 5) A series of stakeholder meetings were organised to review the initial items and then the draft Standards document at each key stage of development.
- 6) Peer review was conducted by 12 interdisciplinary stakeholders.

MU Standards Themes

- Theme 1 - Bio-psycho-social model of care
- Theme 2 - Equality, diversity and social inclusion
- Theme 3 - Working across professional and physical boundaries
- Theme 4 - Women's pathways of care
- Theme 5 - Staffing and workload
- Theme 6 - Knowledge, skills and training
- Theme 7 - Environment and facilities
- Theme 8 - Autonomy and accountability
- Theme 9 - Leadership
- Theme 10 - Clinical Governance





Endorsed resource – Midwifery Unit Standards

[Midwifery Unit Network](#) has produced [standards](#) that accurately reflect recommendations in the NICE guidance on [intrapartum care for healthy women and babies](#). They also support statement 1 in the NICE quality standard for [intrapartum care](#).

Disclaimer

Endorsed resources are complementary to NICE guidance and are not produced by NICE. This resource has been developed by [Midwifery Unit Network](#), and is not maintained by NICE. NICE has not made any judgement about the quality and usability of the resource. In the event of any issues or errors, please contact [Midwifery Unit Network](#).

This page was last updated: **21 October 2019**



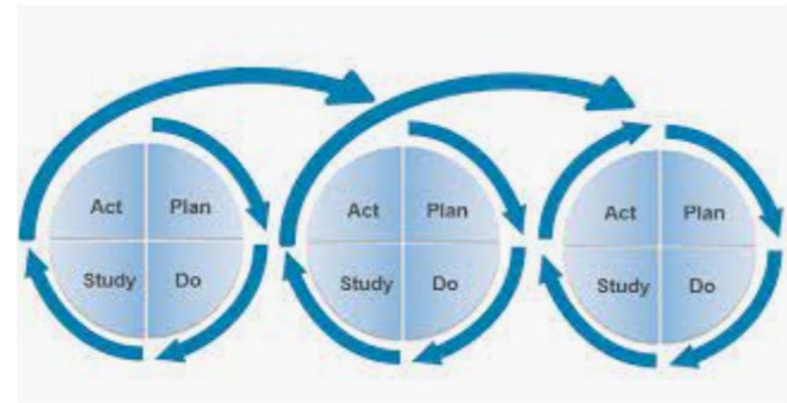
- The MU Standards have been launched in its Spanish, Italian and Czech translations.
- Translations about to be released: Portuguese, Dutch/Flemish and French.
- MUNet team is part of working groups developing MU Standards for Brazil and Saudi.
- Our First European Conference attracted 350 participants and we are holding monthly webinars which are followed from several countries in EU and further afield.
- With our contribution MUs have been opened for the first time in Czech, Spain, Bulgaria and the number of MUs in France will increase from 8 to 20 by 2022.

- More strategic work is needed to gather support at DoH level to implement legislation to support the implementation of MUs in Europe.
- Many EU country still do not have MUs, some have legislations or regulations directly creating barriers towards opening MUs.

The Midwifery Unit Self-Assessment (MUSA) Toolkit

The creation of the MU Standards, the Self-Assessment Tool (*MUSA-Tool*) and associated stakeholder engagement activities are supporting the implementation and improvement of MUs.

Two cycles of case studies have been conducted to test and improve the toolkit and we are moving towards a more formal evaluation project



MUSA-Toolkit



Barriers for the scaling up of Midwifery Units

Societal and Health Care System:

- Perceptions of risk and safety within society and health professionals
- Funding system of healthcare (lack of Primary care Maternity Care Budget)
- Lack of strategic thinking and alliances
- Divisions and rivalry within midwifery profession
- Lack of midwifery academics in some countries
- Disempowerment of service leaders
- Conflict of interest by some professional groups
- Lack of clear national policy to recommend implementation of midwife-led services
- Disempowerment among service users

Maternity Services level:

- MUs still considered as a 'non-essential service'
- Staffing (lack of)
- Conflict between the Bio-Psycho-Social and Medical- Industrial Philosophies of care
- Limited interdisciplinary collaboration and training
- Lack of evidence-based information on birthplace or bias in presenting it

Individual level:

- Lack of knowledge of the evidence (or not believing it)
- Lack of confidence and experience in midwife-led settings
- Lack of Midwifery Leadership (Transformational)
- Lack of understanding of the principles of women's autonomy and partnership in decision-making

Facilitators

- Midwifery Units work!! (the evidence)
- Experiences very positive
- Translation of the MU Standards in national language/s
- Specific implementation plans tackling local barriers
- Transformational leadership
- Strong service users' groups contribution
- Combination of research with activism
- Grass-route initiatives
- Politicians, Policy experts and Medical colleagues as allies
- Positive Media attention
- Networking....join MUNet! 😊

E-Learning

Midwifery Unit Academy Login →



E-Learning Module 1

Midwifery Units: An Introduction

View

Register here



E-Learning Module 2

Personalised care and partnership in decision making

View

Register here



E-Learning Module 3

Optimal Intrapartum Care: how to safely reduce unnecessary interventions

View

Register here



E-Learning Module 4

Intermittent 'intelligent' auscultation

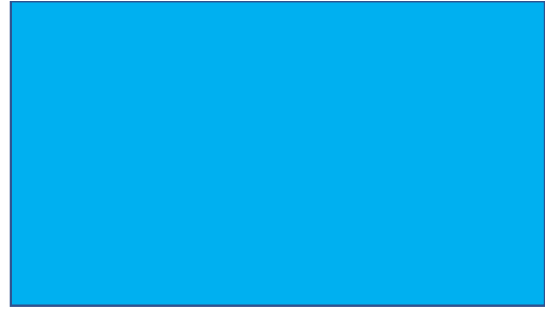
View

Register here



10 Lessons learnt

- Lesson 1: create strategic alliances
- Lesson 2: build relationships
- Lesson 3: co-production
- Lesson 4: be an external ally who can offer fresh eye
- Lesson 5: you can say what internal people cannot
- Lesson 6: focus on multi-layer aspects
- Lesson 7: window of opportunities
- Lesson 8: Learn to rest not to quit
- Lesson 9: know when the context is not ready (seeding)
- Lesson 10: share and delegate



Conclusions

- Overwhelming evidence in support of midwife-led care
- Implementation issues/Fidelity
- Tackling barriers globally
- Focus on policy, leadership, interdisciplinary training, networking

It is unethical NOT to implement and scale up MUs

General References on MUs and optimal maternity care

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