



The Midwifery Unit Network: spreading the knowledge about optimal birth

Dr Lucia Rocca-Ihenacho, CEO of MUNet , Lecturer and Researcher City, University of London

What is Midwifery Unit Network?

‘Midwifery Unit Network (MUNet) is a European community of practice with a shared interest in supporting and promoting the development and growth of midwifery units (birth centres), which are managed and staffed by midwives’

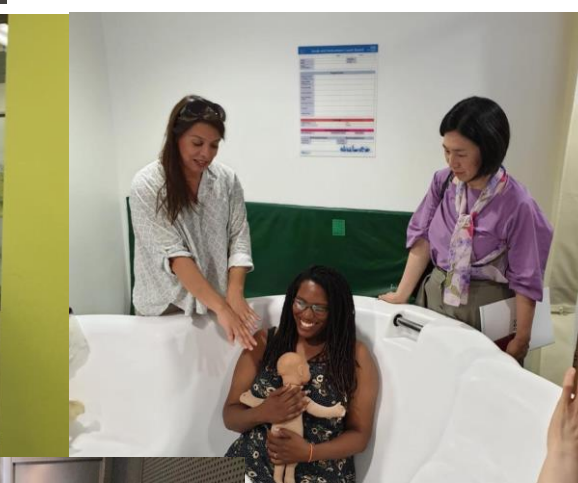


Work streams

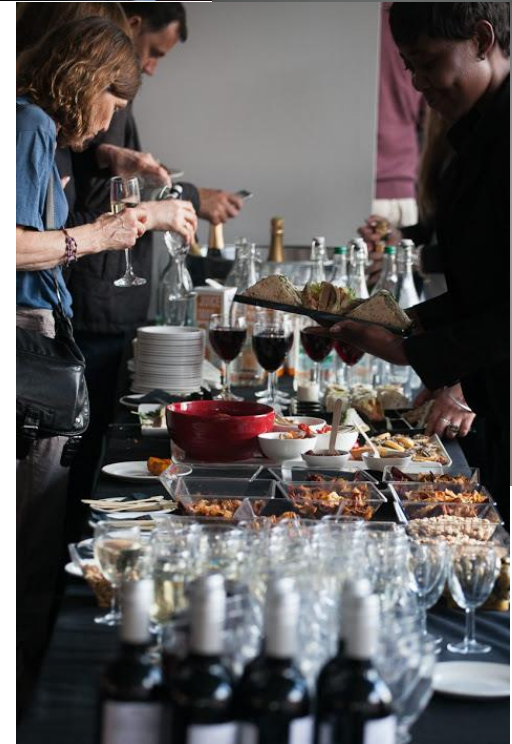


The beginning in my house...it was 2015





Conference and European meeting 2016

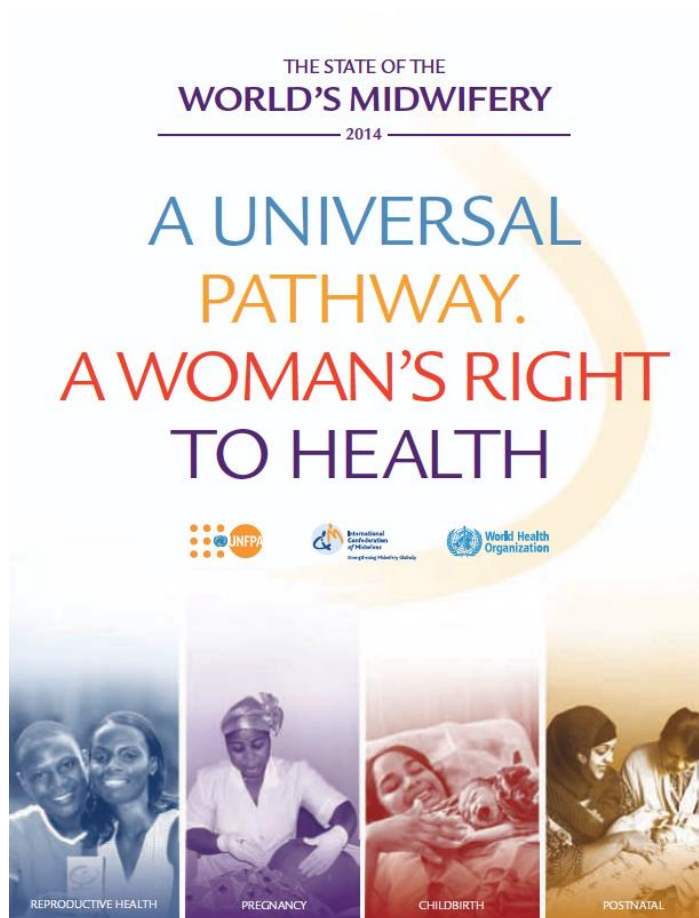




Conference and European meeting 2018



Women's Human Right to Health and respectful treatment



Maternal Health 2

**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

Miller, S., Abalos, E., Chamillard, M., Ciapponi, A., Colaci, D., Comandé, D., Diaz, V., Geller, S., Hanson, C., Langer, A. and Manuelli, V., 2016.

The Lancet, 388(10056), pp.2176-2192.



Contents lists available at ScienceDirect

Midwifery

journal homepage: www.elsevier.com/locate/midw

Review Article

Maternal and perinatal outcomes by planned place of birth among women with low-risk pregnancies in high-income countries: A systematic review and meta-analysis



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Midwifery: a public health resource (Lancet, 2014)

THE LANCET

June, 2014

www.thelancet.com

Midwifery

An Executive Summary for *The Lancet's* Series



"Midwifery is a vital solution to the challenges of providing high-quality maternal and newborn care for all women and newborn infants, in all countries"

- These findings support a system-level shift
- From care focused on identification and treatment of pathology, to a system of skilled care for all
- Multidisciplinary teamwork
- Integration across hospital and community settings.
- Midwifery is pivotal to this approach.

Issues with research: asking different questions

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COMMENTARY

WILEY **BIRTH** ISSUES IN PERINATAL CARE

Asking different questions: A call to action for research to improve the quality of care for every woman, every child

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Abstract

Despite decades of considerable economic investment in improving the health of families and newborns world-wide, aspirations for maternal and newborn health have yet to be attained in many regions. The global turn toward recognizing the importance of positive experiences of pregnancy, intrapartum and postnatal care, and care in the first weeks of life, while continuing to work to minimize adverse outcomes, signals a critical change in the maternal and newborn health care conversation and research prioritization. This paper presents "different research questions" drawing on evidence presented in the 2014 Lancet Series on Midwifery and a research prioritization study conducted with the World Health Organization. The results indicated that future research investment in maternal and newborn health should be on "right care," which is quality care that is tailored to individuals, weighs benefits and harms, is person-centered, works across the whole continuum of care, advances equity, and is informed by evidence, including cost-effectiveness. Three inter-related research themes were identified: examination and implementation of models of care that enhance both well-being and safety; investigating and optimizing physiological, psychological, and social processes in pregnancy, childbirth, and the postnatal period; and development and validation of outcome measures that capture short and longer term well-being. New, transformative research approaches should account for the underlying social and political-economic mechanisms that enhance or constrain the well-being of women, newborns, families, and societies. Investment in research capacity and capability building across all settings is critical, but especially in those countries that bear the greatest burden of poor outcomes. We believe this call to action for investment in the three research priorities identified in this paper has the potential to achieve these benefits and to realize the ambitions of Sustainable Development Goal Three of good health and well-being for all.

4 | WILEY **BIRTH** ISSUES IN PERINATAL CARE

KENNEDY ET AL.

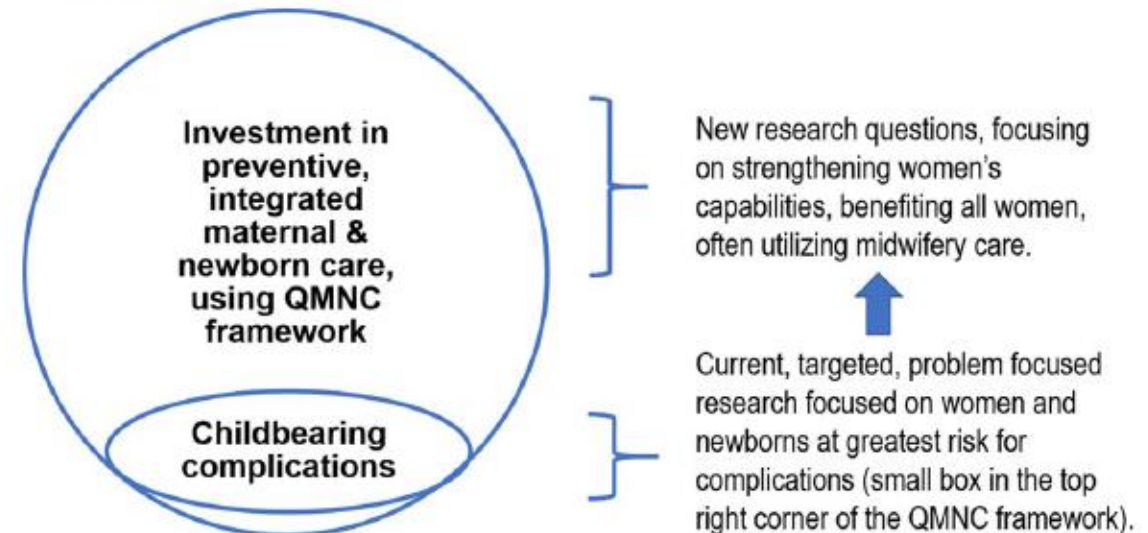


FIGURE 2 Emphasis for future research

Examples of areas under-researched until recently:

- Continuity of carer
- Birthplace
- Impact of physiological labour/birth
- System level change to facilitate optimal intrapartum care

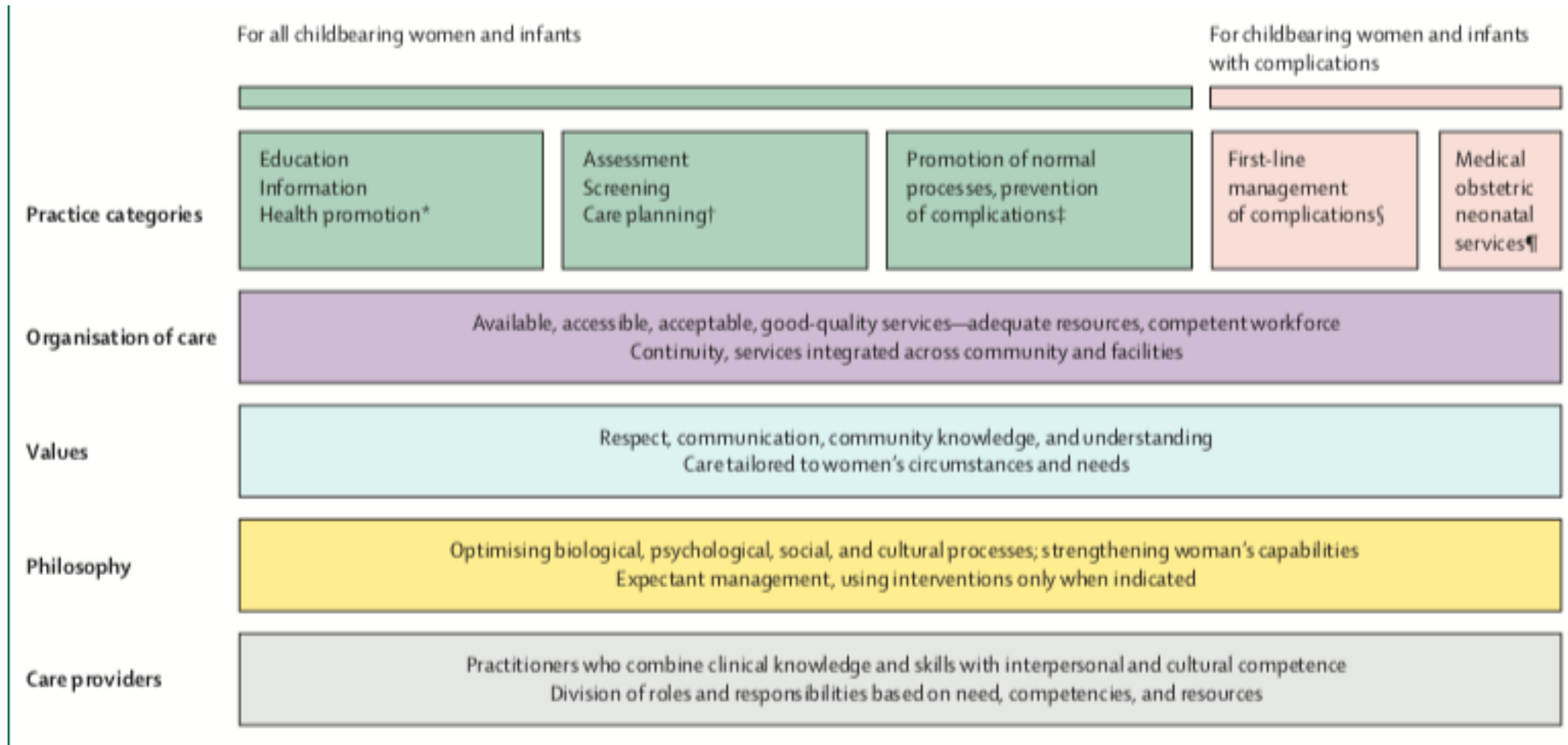


Figure 2: The framework for quality maternal and newborn care: maternal and newborn health components of a health system needed by childbearing women and newborn infants

Optimal Birth and Optimal Care



- Optimal birth is the best birth for a woman as defined by herself
- Optimal care is achieved by supporting the physiological process of labour as much as possible and introducing interventions timely when the benefits outweigh the risks
- Optimal care is for all women regardless of whether they have a straightforward or complex pregnancy
- A woman having an elective CS can receive optimal care by being offered for example skin to skin, delayed cord clamping and early breastfeeding if/when appropriate

“Clinical intervention should not be offered or advised where labour is progressing normally and the woman and baby are well.”

- **What is a necessary intervention?**
- **What is normal progress?**

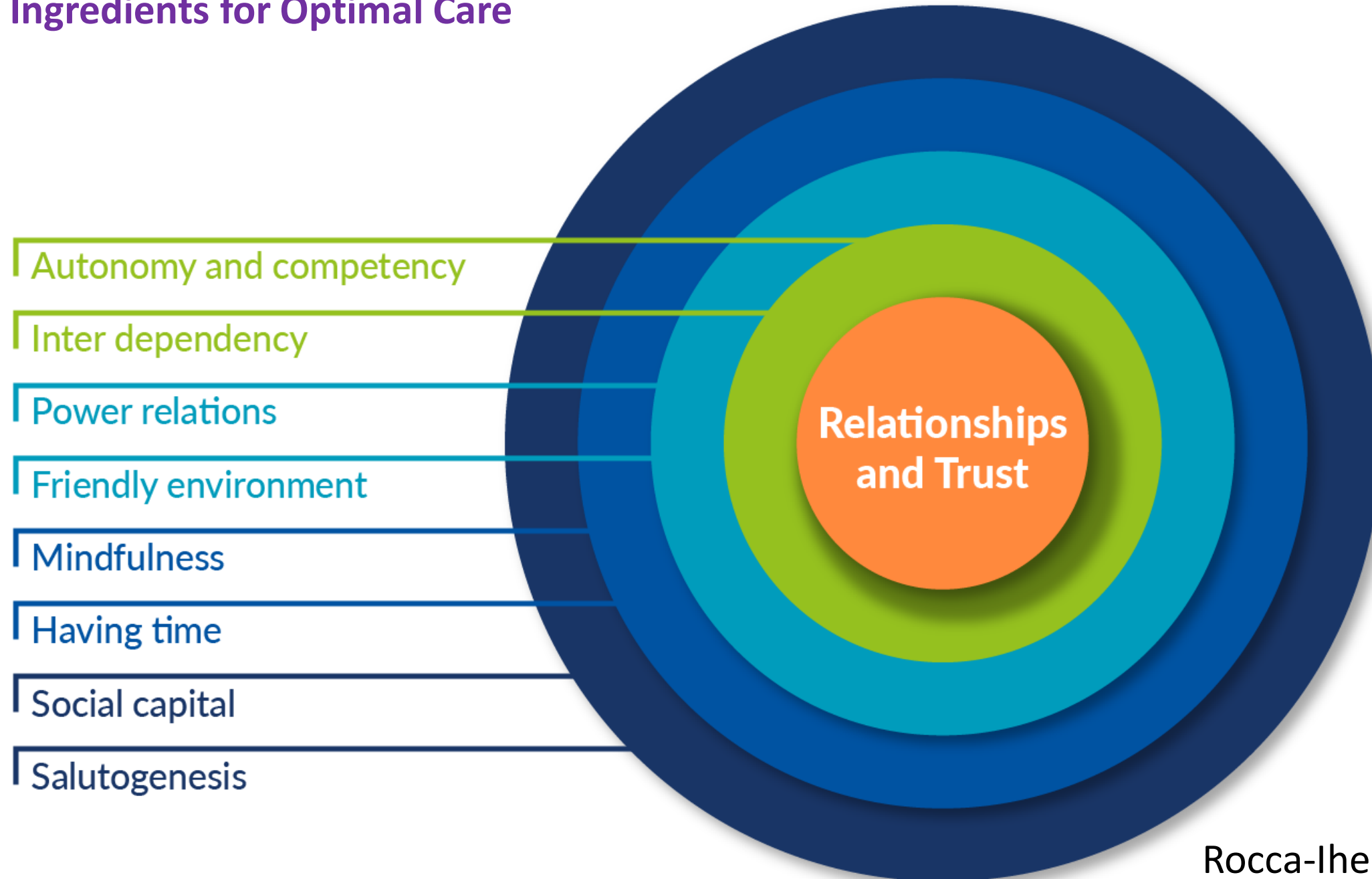
Boundaries of normality

10 Pillars for Optimal Care



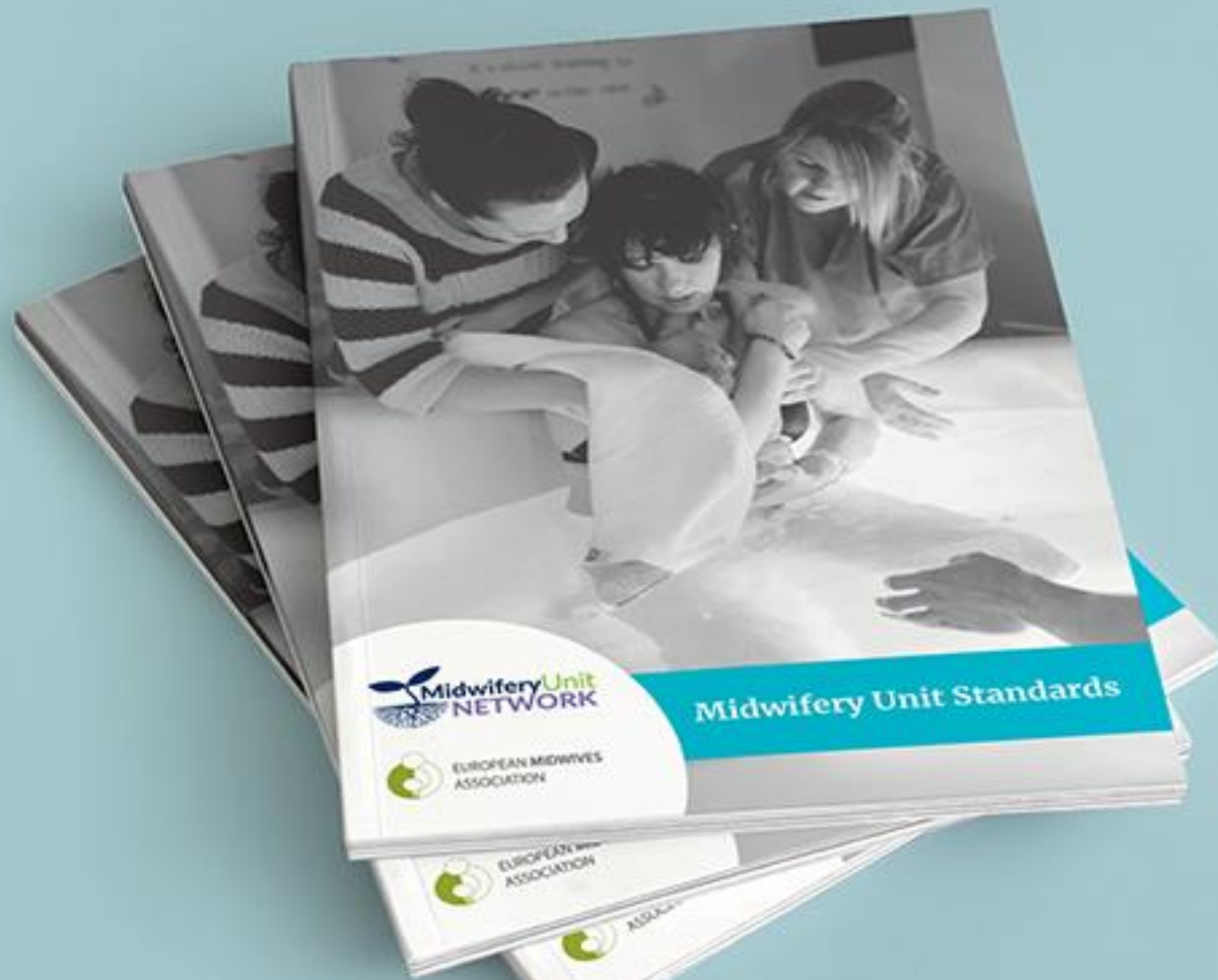
1. **Continuity of carer**
2. **Birthplace options**
3. **Personalised care plans**
4. **Positive communication**
5. **Supporting physiology**
6. **Mobilisation**
7. **Giving time**
8. **Immersion in water**
9. **Detecting and treating abnormalities**
10. **Preparing for complications**

Ingredients for Optimal Care

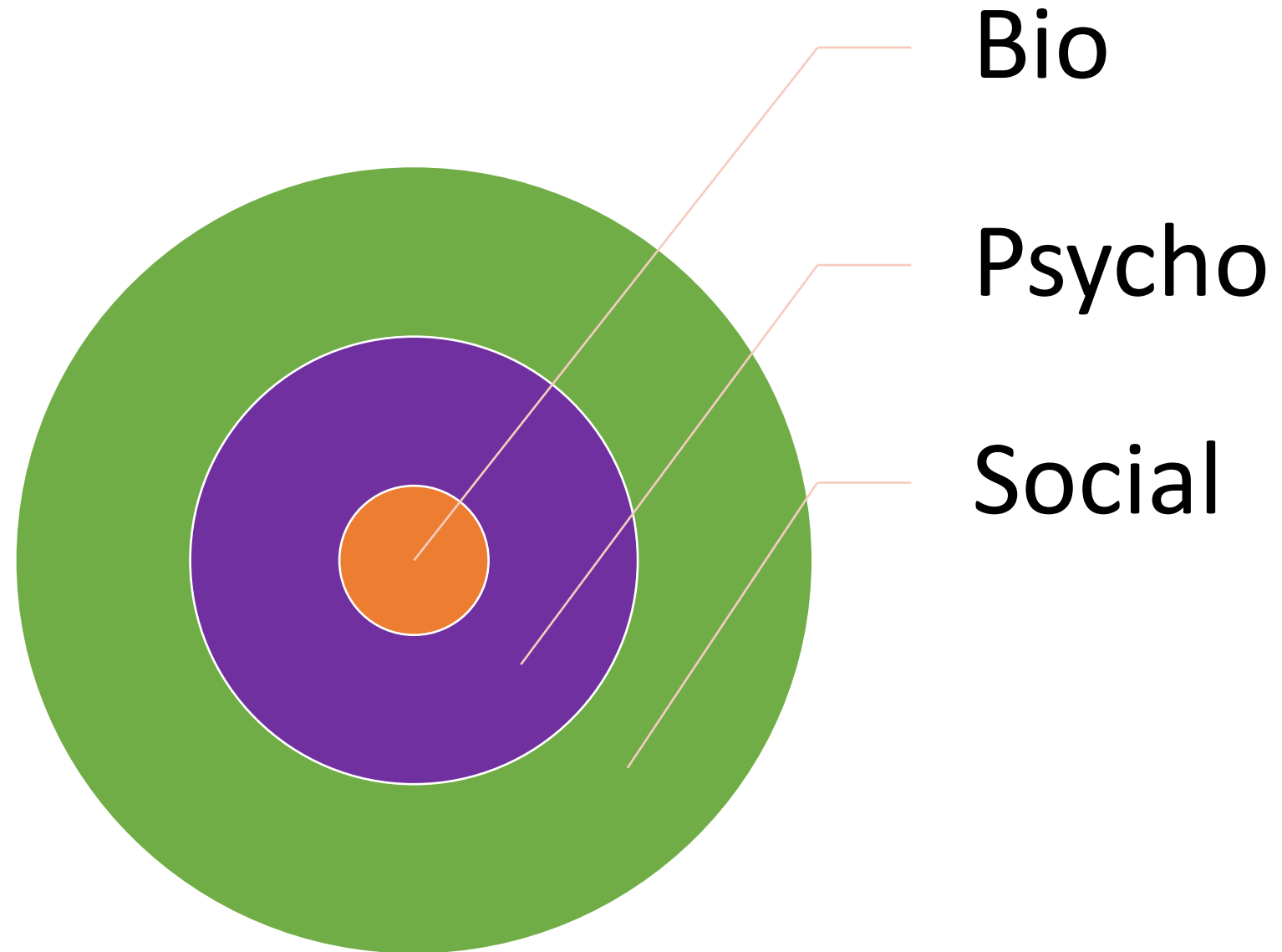





Midwifery Unit Standards



What is the essence of a Midwifery Unit?





Ensuring
growth while
maintaining
quality

DEFINITION

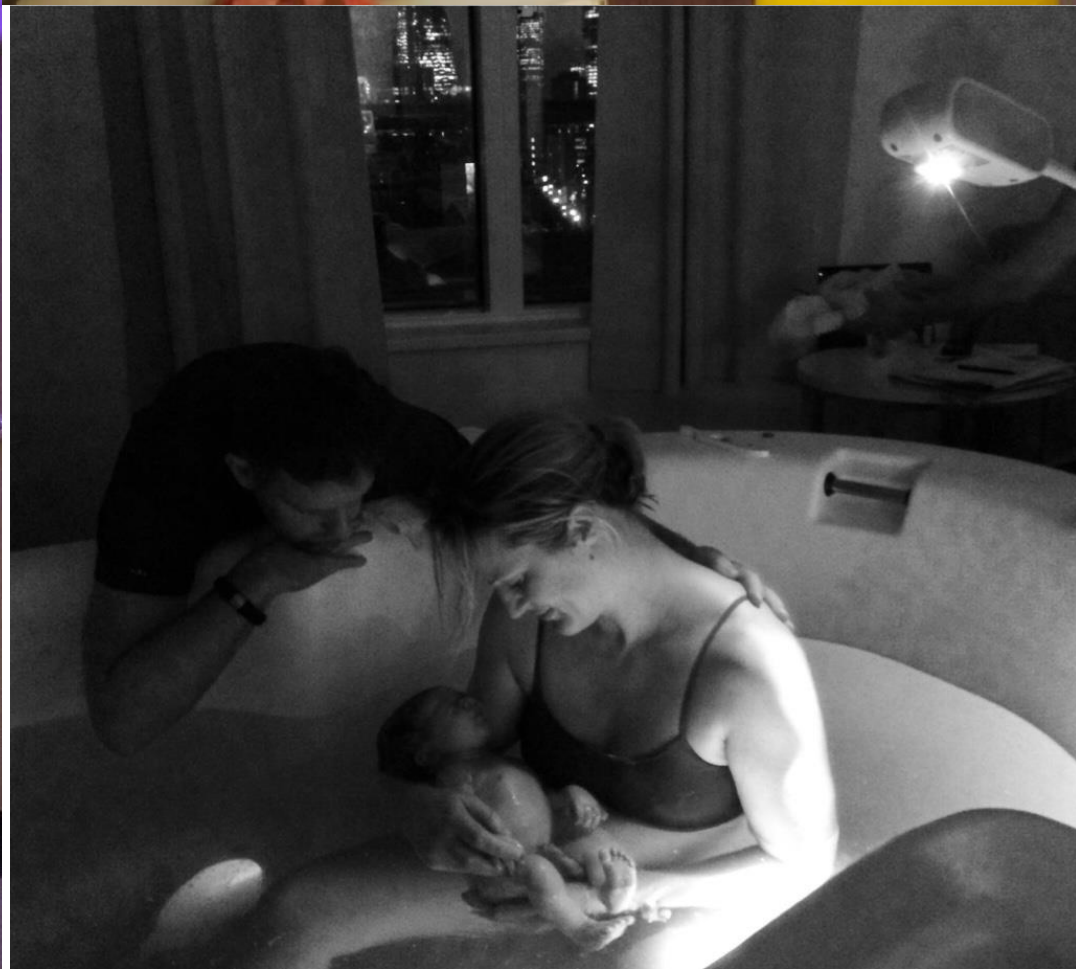
A midwifery unit (MU) is a location offering maternity care to healthy women with straightforward pregnancies in which midwives take primary professional responsibility for care. Midwifery units may be located away from (Freestanding) or adjacent to (Alongside) an obstetric service.

Alongside midwifery unit (AMU) - during labour and birth, medical diagnostic and treatment services, including obstetric, neonatal and anaesthetic care are available to women in a different part of the same building, or in a separate building on the same site.

This may include access to interventions that can be carried out by midwives, for example electronic fetal heart monitoring. To access such services, women will need to transfer to the obstetric unit, which will normally be by trolley, bed or wheelchair.

Freestanding midwifery unit (FMU) - medical diagnostic and treatment services and interventions are not available in the same building or on the same site. Access is available as part of an integrated service, but transfer will normally involve a journey by ambulance or car.

Modified from: Rowe, R. and the Birthplace in England Collaborative group, 2011





1st December 2019 Launch of our eLearning modules!




Module 1 – Midwifery Units: an Introduction

Module 2 - Personalised care and partnership in decision making

Module 3 - Optimal Intrapartum Care: how to safely reduce unnecessary interventions

Module 4 - Intermittent 'intelligent' auscultation



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Czech



Italy



FANNE^{tw}
Federación de Asociaciones de Mujeres de España

Spain



Connections further afield

FACILITATORS

WOMEN'S VOICES

WOMEN POSITIVE EXPERIENCE

GUIDELINES STANDARDS

STANDARDS
ACCREDITED EVIDENCES

REGULATION

REGULATION

INDEPENDENT SYSTEMS

POSITIVE LEADERSHIP

PROACTIVE MIDWIFE WITH ENTHUSIASM
VISIONARY LEADERSHIP

NETWORKING

NETWORK SUPPORT NETWORK INTERACT

MEDIA CAMPAIGNS - CULTURAL CHANGE

BARRIERS

KNOWLEDGE/SKILLS

LACK OF UNDERSTANDING OF PHYSIOLOGICAL BIRTH
LACK OF MIDWIFERY SKILLS
LACK OF KNOWLEDGE OF PHYSIOLOGY
LACK OF KNOWLEDGE OF PHYSIOLOGY
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PROFESSIONAL AUTONOMY

LACK OF PROFESSIONAL AUTONOMY
LACK OF SUPPORT FROM REGULATION BODIES
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LACK OF SUPPORT FROM REGULATION BODIES

PAYMENT

PAYMENT

POLICY

POLICY

MEASURING OUTCOMES

MEASURING OUTCOMES

CULTURE

CULTURE

FEAR

FEAR

MEDIA

MEDIA

FEAR

Embedding Midwifery Units in Europe





Conclusions

Let's :

- Grasp opportunities
- Be brave
- Identify opportunities for improvement self/system
- Challenge the status quo
- Stick together and bring others with us
- Share philosophy, knowledge and skills
- Optimal birth is defined by the woman
- Focus on offering optimal care

Why are we
here?





Optimal intrapartum care and optimal birth
are human rights