

Media Release

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All women should be offered midwife-led care - International and NZ evidence that Midwifery led care gets the best outcomes

“New Zealand women and their families can be confident that their midwifery care is safe and birth outcomes are in line with international and national evidence”, says Karen Guilliland, CEO New Zealand College of Midwives (NZCOM).

Two recent reports highlight the advantages of midwifery led care, where the midwife is the main care provider for mother and baby, making appropriate referrals to other health professionals as required. Currently about 75% of women have a midwife as their lead maternity carer (LMC). Firstly the New Zealand College of Midwives has launched its review of 10,000 births throughout New Zealand in 2004. The Care Activities and Outcomes Report produced by the MMPO practice management system for midwives gives the public and the profession a wide range of outcomes to compare within New Zealand and other maternity systems globally. Clinical information supplied by the MMPO midwives is entered into a database from which relevant maternity data can be measured.

The report, co-produced by University of Canterbury Health Sciences Centre and NZCOM researchers summarises the outcomes for mothers and babies based on birthing facility types, age, ethnicity, smoking and a whole range of other information including smoking antenatally and postnatally.

Chris Hendry, MMPO Director comments, “Following years of technical development we now have access to a fantastic amount of reliable data. This will not only enable comparisons to be made from one year to the next but we can really start to drill down into the successes of midwifery care in New Zealand”.

The report provides information for women who gave birth in 2004, which enables comparisons with other New Zealand reports – such as the MOH Report on Maternity 2004. All MMPO midwives are members of the New Zealand College of Midwives, which sets standards to ensure high quality midwifery care.

“A picture is emerging of a higher percentage of normal births, a lower elective caesarean section rate, fewer assisted births for women, less episiotomies, less haemorrhage and more likely to give up smoking when attended by an MMPO midwife. Most importantly it reinforces the safety of midwifery care in New Zealand” Norma Campbell, NZCOM Midwifery Advisor.

Secondly, the recent publication by the world renowned Cochrane Research Collaboration where they analysed 11 Randomised control trials of midwifery led care paints a similar picture. The New Zealand outcomes in the MMPO report reflect the

outcomes in the Cochrane meta analysis of all the research trials comparing midwifery led care to other forms of maternity care.

The international evidence found that midwife led care was associated with a number of benefits for mothers and babies, and had no identified adverse effects. The main benefits were a reduced risk of losing a baby before 24 weeks, reduced use of regional analgesia, fewer episiotomies or instrumental births. Midwife led care also increased the chance of vaginal birth and initiation of breastfeeding. The review concluded that all women should be offered midwife-led models of care which puts women in control of the birthing process.

MMPO is a membership organisation and now has approximately 74% of New Zealand's LMC midwives on their database. Hendry states "although the number of midwives included in the 2004 data is much lower than current membership we are very excited to be in a position to provide this information and this is only the starting point – we plan to have 2005, 2006 and 2007 reports sequentially over the next year."

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