A New Balance in Midwifery Care

A healthy start is an investment for life

Utrecht, June 2012
For the midwife the woman and her partner are the focus of her work. While planning for parenthood, during pregnancy, childbirth and the post-partum period the woman and her partner need an accessible and approachable care provider. Midwives provide personalised care, information, advice and support in all phases of this process.

A midwife offers care in the community, either at home or close to where the pregnant woman and her partner live. She accompanies the pregnant woman during childbirth at home, in a birthing centre or in the hospital. Her care contributes to the well-being of both mother and child and an optimal start for young parents.

Quality and continuity of care provision for pregnant women and their partners are key aspects of this. They are realised by broadening and deepening tasks and competencies on the one hand, and close collaboration between midwives, obstetricians/gynaecologists (ObsGyn) and other care providers on the other. In this integrated care model, the care providers themselves make agreements based on equality and retain their own competencies and responsibilities. This creates a new balance in the organisation and collaboration with direct partners in midwifery care.

**The pregnant woman**

- considers the midwife to be a medical professional, who supports her during the entire process of planning for parenthood, pregnancy, childbirth and the post-partum period;
- makes her own choices.

Every woman has a right to midwifery care. This care promotes the process from planning for parenthood to pregnancy, childbirth and the post-partum period. Women consider midwives a natural part of their life during their childbearing years. Midwifery care stresses the individual client’s needs.

Pregnant women consider freedom of choice to be essential. The midwife provides objective and clear information about the benefits and disadvantages of different choices in each phase of care. Based on this information and her own expectations, the pregnant woman can make a well-informed decision. This also applies to the decision of where to give birth: at home, in a birthing centre or in an outpatient clinic in a hospital. Healthy women can choose to give birth at home. The choice for home birth is a responsible one; it is safe and has a favourable effect on the course of childbirth.
The midwife

- is an independent, autonomous, medical professional;
- acts as case manager and advocate during pregnancy, childbirth and the post-partum period;
- coordinates the midwifery care;
- has a professional profile and is academically trained;
- can support her actions with scientific evidence.

The reproductive process is primarily physiological. The midwife employs her knowledge and skills to promote the physiological aspects of each woman’s pregnancy, childbirth and post-partum period. She acts in an evidence-based manner to provide personalised medical and psychosocial care. She is the expert and authority in the field of the normal course of pregnancy, childbirth and the post-partum period.

The midwife is the case manager and advocate during pregnancy, childbirth and the post-partum period. An EVA (primary midwifery contact) is one of the midwives on the team who coordinates the care provided and accompanies the pregnant woman and her partner.

Midwives have one professional profile and are academically trained. They possess the necessary skills to work successfully as a medical professional, counsellor, coach, public health professional, innovator, advocate, scientist, educator, networker and organiser.

Midwives combine tasks and skills from primary and clinical health care. This implies a broader range of tasks coming from a physiological perspective with knowledge of pathology and public health. There are also specialisations within this broad field.

Midwifery care is scientifically based. Midwives act on the basis of a combination of medical knowledge and their own experience, the client’s wishes and the latest insights from scientific research.

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1 While ‘she’ is used throughout this document, both ‘she’ and ‘he’ should be understood.
2 Marlies Rijnders. Intervention in midwife-led care in the Netherlands to achieve optimal birth outcomes: Effects and women’s experiences. 2011
Organisation of midwifery care

• continuity of care;
• autonomous (BIG; Individual Healthcare Professions Act);
• direct accessibility;
• good collaboration in the care process.

The midwife is responsible for continuous supervision and care. From the start of labour, she stays with the pregnant woman. If an increased risk of complications arises, the midwife continues to offer care where medically appropriate. She then works in close collaboration with the midwife employed by the hospital, the ObsGyn on call and any other disciplines. Following guidelines, protocols and other agreements, midwives and ObsGyns work closely together, which encourages mutual consultation. The midwife is responsible for conducting the risk analysis. In high-risk situations, she refers the pregnant woman to an ObsGyn.

The midwife provides medical care and support. She handles according to the guidelines of her professional organisation. The expected outcome of care and the client’s wishes are key aspects of this care. The midwife is registered under the Individual Professions Healthcare Act (BIG). The midwife carries the responsibility for case management and referral in midwifery care and conducts the risk analysis.

Midwifery care is easily and freely available for all pregnant women at home or elsewhere. Safe midwifery care also demands an enabling environment with easily accessible hospital facilities within an agreed timeframe. Agreed national emergency response times apply to ambulances to guarantee emergency accessibility of midwifery care in hospital (the WTZi-norm).

Professionals involved in perinatal care meet periodically to discuss matters in the Perinatal Care Partnership (VSV). The Netherlands Perinatal Audit (PAN) and a well functioning VSV contribute to bringing challenging areas up for discussion and look at the quality of the hands-on work and cooperation. Midwives form part of a network of public health facilities with other professionals who provide care in the community, like maternity assistants, primary care physicians, dieticians and physiotherapists. Communication between them is supported by PWD (perinatal web based medical records). These professionals are jointly responsible for properly coherent processes of care. Collaboration that stretches further than one practice can be part of larger multidisciplinary facilities, in which the independent and autonomous position of midwives is guaranteed. These types of horizontal and vertical collaborations work cooperatively on the basis of mutual trust and respect.

4 KNOV standard, Prenatal midwife supervision, 2008