



The NHS Community Midwifery Model would give all women access to one-to-one midwifery care. **Laura Abbott** reports

There is a new campaign sweeping the UK. The 'one mother, one midwife' movement started on 15 June 2005 and has women and midwives campaigning together with the same goals and the same vision – for every UK woman, of whatever background and socio-economic status, to have the opportunity to choose her midwife and be provided with a maternity service built on choice, information and partnership.

Under the proposed 'NHS Community Midwifery Model' put forward by the Independent Midwives Association (IMA), a standard midwifery contract (such as that already in place for general practitioners) will enable both NHS-employed and independent midwives to use NHS facilities and provide one-to-one midwifery care to all women, regardless of background. This ideology is not out to replace other models of care but will stand alongside current models, increasing choice and putting women at the centre of the maternity service provision, where they belong.

'One mother, one midwife' (OMOM) is about promoting continuity of midwifery care and forming a partnership between mothers and their midwives, thus

promoting trust and confidence. The evidence is clear that continuity of care reduces the need for intervention in labour (Hodnett 2004). Evidence also suggests that the type of one-to-one care proposed by the NHS Community Midwifery Model reduces the need for pharmacological drugs in labour and Caesarean sections, increases breastfeeding rates and maternal satisfaction, and reduces overall costs to the NHS (Homer et al 2002, Hodnett 2004, Page et al 2001).

Women report feeling frightened and alone in labour, and the incidence of post-traumatic stress disorder is steadily increasing (Hillan 2000 and Laing 2001). OMOM is committed to changing this. As one campaigner says: "If we as mums allow this sort of conveyer belt system to carry on then our daughters and grand-daughters will end up with more and more intervention and poor care".

Standard 11 of the National Service Framework (NSF) (DoH 2004) declares that women should be able to access a midwife as their first point of contact. All women should be supported by a known midwife with easy access to high-quality maternity services. It also states that women should

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make informed choices in partnership with professionals with equal access to high-quality care. Choice is central to the NSF, with talk of easy access to information, facilitation of normal childbirth wherever possible and choosing the place of birth. The implementation of the NHS Community Midwifery Model and the aims of OMOM would achieve the aims of the NSF.

How the NHS Community Midwifery Model would work

The basic principles are as follows (see also Figure 1):

- Pregnant woman has list of midwives from which to choose.
- She contacts midwives and chooses the person with whom she is most comfortable.
- Midwife enters into standard NHS contract with set fee per woman.
- Midwife and woman have full access to NHS facilities.
- Woman chooses place and type of birth that most suits her needs.

How funding would work

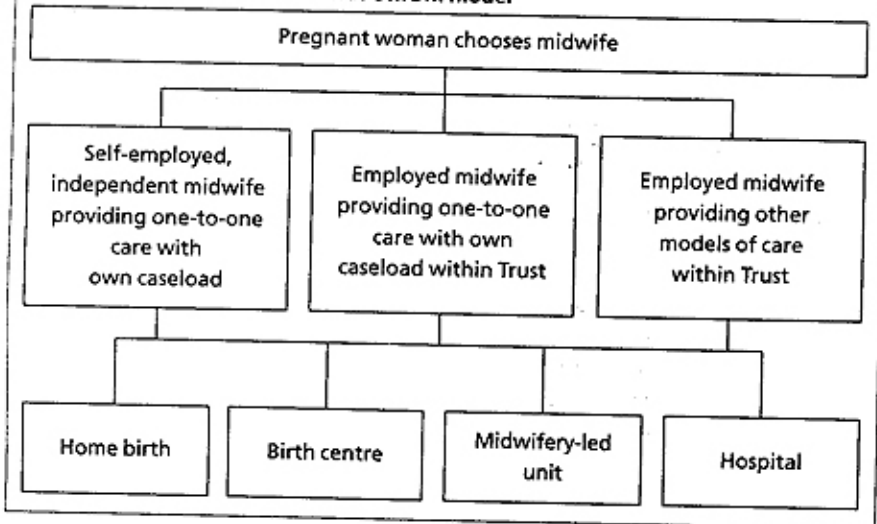
The proposed method of funding is shown in detail in Figure 2.

The New Zealand experience

A similar model was introduced throughout New Zealand in the early 1990s, and is the basis of all maternity care in the country. Since this style of care was introduced, more than half of all New Zealand women choose a midwife practising independently as their lead maternity professional for their pregnancy, birth and the postnatal period.

Many maternity establishments are short-staffed, but through the NHS

FIGURE 1 Choices for woman with OMOM model





Community Midwifery Model we are offering a solution to the problem of recruitment – and particularly retention – of midwives. Midwives will be encouraged to stay in the profession by maximising the use of their skills and raising the overall standard of care. There is now mounting evidence that midwives want this option (IMA 2004 and RCM 2005), and OMOM campaigners believe that by having this model in place many midwives will be attracted back into the profession with improved working conditions and flexibility of workload. It is also recognised that the increased autonomy this model would invariably bring would help retain midwives (Stafford 2001).

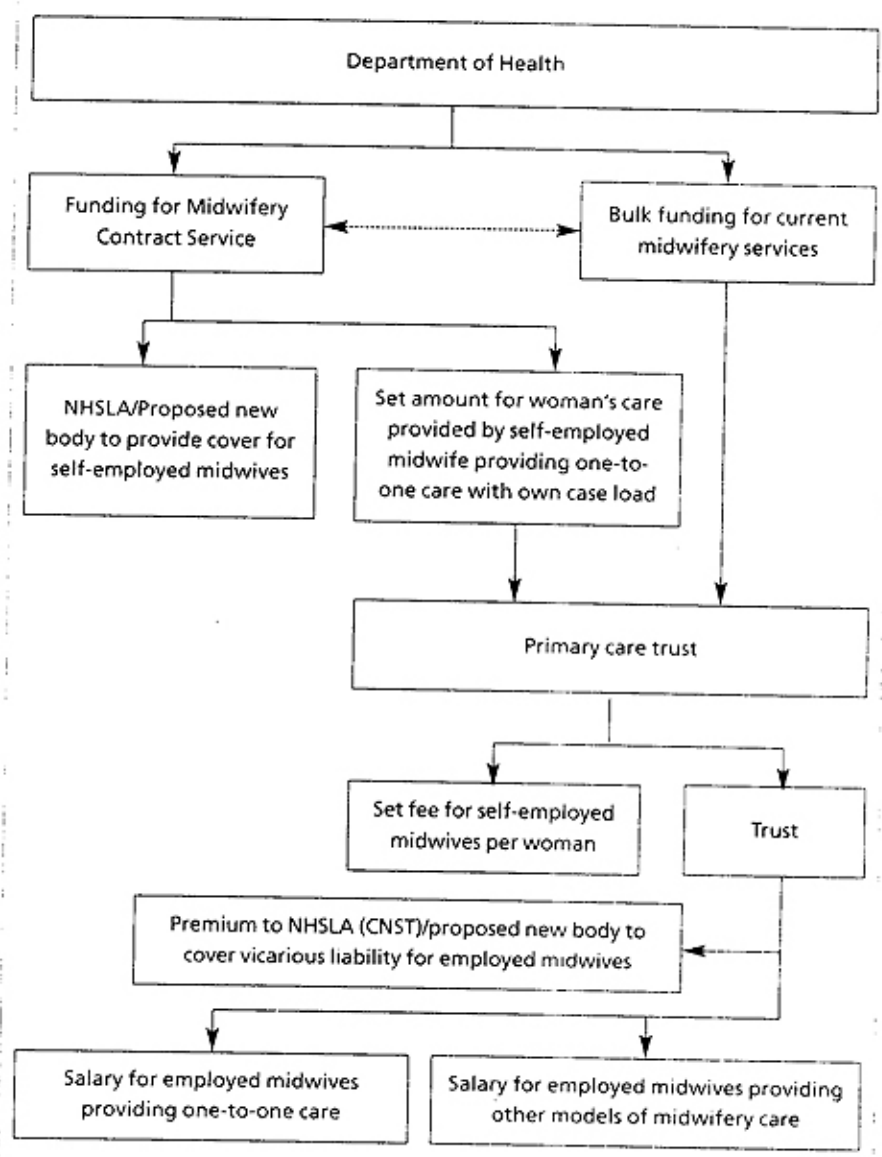
Women could still choose to have their care, and midwives could choose to work, under the current systems. The NHS Community Midwifery Model is proposed to provide a structure in which midwives could choose to work in a different way by offering one-to-one care to a caseload of women.

Supervisors of Midwives (SoMs) already have an integral part to play in empowering midwives, enhancing their autonomy and boosting their confidence to ensure that the highest quality of care is provided to women and their babies (LSA 2001, ENB 1999, NMC 2002). With the NHS Community Midwifery Model, it is envisaged that SoMs will be fundamental in the continuing support and empowerment of midwives. As a profession we will be setting a benchmark of excellence by working autonomously, in partnership with women. TPM

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www.onemotheranemidwife.org.uk

FIGURE 2 Funding the OMOM model



Source: van der Kooy (2005)

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